

EVALUATING ASPECTS OF THE COMPASSION MODEL AS AN ALTERNATIVE
TO THE TRADITIONAL MODELS OF WORKING WITH PEOPLE EXHIBITING
ABUSIVE BEHAVIOUR

PYNOO8: Project

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Statement of original authorship

I certify that the attached material is my original work. No other person's work has been used without due acknowledgement.

Signed:

Dated:

Acknowledgments

I would like to dedicate this thesis to the men and women who have participated in this program.

Thank you.

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Abstract

This study evaluates aspects of the Compassion Model of Anger Regulation. 27 participants in the program who had completed eight or more sessions of the ten-session program completed a survey that measured their perceptions of the program content, program design, course facilitation, program environment and program outcomes. Open-ended responses were also sought on what was most useful, least useful and suggestions for change. While respondents evaluated all aspects of the program positively and found the program changed their behaviour significantly, some useful feedback was received in the areas of content and design, which will be used to modify future presentations of the program. Further research needs to be conducted to evaluate the long-term extent of the change.

Chapter 1

Introduction

In my career as a Counsellor there has been persistent enquiries from men and other colleagues for a program that would effectively help men overcome their abusive behaviours and to maintain respectful relationships with their loved ones. These enquiries started an extensive search for an alternative anger regulation program to what was already available. The Compassion model of anger regulation was found from an Internet search. Available data on the program suggested it had far superior outcomes than the models currently used in Australia. Further inquiries established that Steven Stosny, the Author of the material, was being sponsored to run a training workshop for professionals in Perth in March 2001. I attended this four day training and came away convinced that this program had a lot of potential for helping men and women change their abusive behaviour.

I have been privileged to work with my individual clients and group participants who have decided to participate in this ongoing program. These people have struggled with their behaviour and the effect this has had on their relationships and how they felt about themselves. Seeing them experiencing the pain and to eventually heal their hurts and grow is a wonderful experience. For most, learning to regulate their vulnerable emotions has been a life changing experience.

The causes of abusive behaviour are many and complex and its very doubtful if the origins of abusive behaviour can be simply defined as a power and control issue as many researchers claim. It has been my experience that men who are labelled as abusive, are feeling far from powerful. Many of my clients and program participants express shame about how they behave and feel quiet confused as to why they act the way they do. Without exception, these men desperately want loving and

respectful relationships with their partners and children. They are hurting badly when they contact me for help.

The traditional models available for working with men who display abusive behaviours have been feminist-based. These community-based programs have a heavy emphasis on blame, responsibility and punishment. This feminist approach does not appear to have a successful track record, with high recidivism rates. Yet despite this, many men are mandated to attend such a program. A search for an alternative program resulted in my adoption the Compassion Program as a treatment model for working with people who resort to abusive behaviours as a way to deal with their vulnerable emotions. This program is based on the belief that anger is the result of feeling core hurts. The program is non-blaming and non-shaming. The emphasis is on learning how anger works in ones' body and learning how to heal that hurt with a healing technique that effectively does that. Basically, the program is designed to significantly increase participants emotional intelligence and in turn to learn how to regulate their vulnerable emotions in ways that are in their long-term best interests and in the long-term best interest of their loved ones. The program is based on attachment theory.

My background I believe helps me to relate to the participants in this program. I have a trade background, so have worked with large groups of men in cities and remote locations. I have experienced many of their frustrations and vulnerable emotions that they have experienced and I have had to deal with many similar issues in my own life and relationships. I have grown through many of my own shortcomings and after my own marriage ended I have experienced considerable change in my life. My career change six years ago and move into the profession of

counselling has allowed me to have the privilege of sharing other men's journey from fear to relative autonomy.

The aim of this study was to evaluate the Compassion Model as an alternative to the traditional models of working with people exhibiting abusive behaviours. This was achieved by asking face-to-face clients and group participants who took part in the anger program to fill out a questionnaire in the second last session of the program.

Chapter 2 reviews the relevant literature while Chapter 3 provides an overview of the methodology used. The results are presented in Chapter 4, which shows a bar graph of the results of each question, as well as, a coalesced summation of program content, program design, course facilitation, program environment, and program outcomes. Finally, Chapter 5 discusses the results and examines the implications for counselling.

Chapter 2

Review of Selected Literature

2.1 Introduction

As previously stated, the purpose of the study is to examine the effectiveness of the Compassion Anger Regulation Program. The chapter deals with the review and analysis of the studies specific to this topic. The literature review has been divided into three sections. The first section deals with the effects of abusive and aggressive behaviour on relationships and the community. The second section provides an overview of the literature on the traditional programs used to deal with people who use abusive and aggressive behaviour to deal with vulnerable emotions. The third section deals with an alternative Compassion Model for the treatment of abusive and aggressive behaviour.

2.2 Effects of abuse and aggression on relationships and community

Violent or abusive behaviour cause problems that will not simply go away; eventually consequences of some kind will eventuate. The consequences of violence and abuse can be profound for everyone involved. Extensive research on the effects abuse has on children for example shows that their emotional and intellectual development can be severely damaged by being a victim or by witnessing violence or abuse between parents (Stosny, 1995). Children also learn by observation and hearing how adults deal with their problems (Frances, 1994).

Likewise, all victims of family abuse, as well as abusers, children and all witnesses of abuse lose some degree of dignity and the ability to decide their own thoughts, feelings, and behaviours (Stosny, 1995).

According to the Queensland Domestic Violence Task Force (1988) the justice provisions for health, welfare, and criminal justice provisions are staggering. Their estimate for refuge funding in Australia from 1986-1987 was \$27.6 million. This figure they claim is just the tip of the iceberg. The direct cost of policing, hospital and other medical services, court services and legal consultations, marriage guidance and other forms of counselling, social security payment, and housing provision to name a few, must be added to the cost of refuge funding. Roberts (1988) estimates that the cost of services generated by 20 victims of domestic violence is \$1,024,494. In 1997 an initiative between the Commonwealth, States and the Territories saw the endorsement of "*Partnerships against Domestic Violence.*" The role of this partnership was considered a down payment to find out more about what works and then to consider future priorities. The Commonwealth Government committed a total of \$25.3m over a three and a half year period to June 2001. This was to be shared between States, Territory and Commonwealth projects and initiatives (Strategic Partners Pty Ltd in collaboration with the Research Centre for Gender Studies, University of South Australia, 1999).

2.3 Traditional Programs

2.3.1 Introduction

Prior to 1966, no research of any significance was conducted into domestic violence. From the inception of the Journal of Marriage and Family Therapy in 1939 until 1971, the word "violence" did not appear in any of the published Journal articles (Domestic Violence Action Group, 1989). The past two decades has witnessed profound changes in the legal remedies for domestic violence. The criminal justice system has experienced substantial reforms; shelter and advocacy services have

been expanded, as well as treatment programs for offenders, with a steady growth in research and evaluation activities (Shepard & Pence, 1999).

2.3.2 The Duluth Model

In 1980 the Domestic Abuse Intervention Project (DAIP) was initiated in Duluth, Minnesota. The DAIP became recognised as the first community-based reform project to succeed in negotiating an agreement with the key intervening legal policies and introduced procedures that restricted individual discretion in the way cases were handled. This restriction subjected practitioners to minimum standards of response. Pence and Palmer's study (as cited in Shepard & Pence, 1999) said the Duluth Project's main accomplishments were to develop a mandatory arrest policy and the creation of an educational program for batterers that focused on power and control as the reason and purpose of battering. This education program has been adopted by many agencies around the world, including those in Australia, and referred to as the Duluth model.

Instead of being a freestanding program, the Duluth model is a community-wide framework that is designed to hold physically abusive men accountable and provide safety for victims of violence and their children. In Duluth this meant that physically abusive men were to be arrested, tried and given the option of serving their sentence or being placed on probation with strict conditions of refraining from further violence and attending a mandatory batterer intervention program (Shepard & Pence, 1999).

The guiding principles of the DAIP as on their Web site (<http://www.duluth-model.org/daipgpi.htm>); DAIP, undated) are:

- The first priority of intervention should be to carry out policies and protocols, which protect the victim from further harm, and whenever possible, the burden of holding abusers accountable should rest with the community, not the victim.

- To make fundamental changes in a community's response to violence against women, individual practitioners must work cooperatively, guided by training, job descriptions, and standardized practices that are all oriented toward the desired changes.
- Intervention must be responsive to the totality of harm done by the violence rather than be incident or punishment focused.
- Intervention practices must be accountable to the victim, whose life is most impacted by our individual and collective actions.
- Victims must have access to safe emergency housing, information and advocacy necessary to act in the courts, and should not be denied protection because of the cost of professional assistance.
- Except in the case of self-defence, violence is a criminal offence and the police and court are used to prevent further assaults. The intensity of intervention is based on the need for protection from further harm and on creating a deterrence to the abuser.
- The primary focus of intervention is on stopping the assailant's use of violence, not on fixing or ending the relationship.
- In general, the court avoids prescribing a course of action for the victim, e.g., does not force a victim to testify by threatening jail, nor mandate treatment for the victim.
- The courts and law enforcement agencies work cooperatively with victim advocacy programs and provide the advocacy/shelter program and victim with the broadest possible access to legal information.

- When appropriate, the courts mandate educational classes for assailants and impose increasingly harsh penalties for any continued acts of harassment and violence.
- All policies and procedural guidelines benefit from review by members of the communities not represented by majority culture (e.g., communities of colour, the gay/lesbian/bisexual community, people who are low income). Their review should include a close look at monitoring procedures to safeguard against the use of race, class, or lifestyle biases in implementing policies.
- Policies and procedures should act as a general deterrent to battering in the community.
- All practices and policies should be continually evaluated for effectiveness in protecting victims and to plan ongoing training for agencies.
- All interventions must account for the power imbalance between the assailant and the victim. Adherence to these principles helps to produce consistent results regardless of the beliefs or values of an individual practitioner.

2.3.3 A questioning of the assumptions underlying the Duluth Model

The Duluth model is based on the belief that men batter women because they are from a patriarchal system and the abuse is based on power and control issues. However, this basis of abuse has been challenged. Moore, Greenfield, Wilson, and Kok (1997) argue that after reviewing case records, the factors contributing to family violence are complex and cannot be reduced to power and control issues. Rather the case records suggest a need to classify or typify the most serious problems that people struggle with in society. Moore et al. suggests that it might be more

appropriate to develop a social profile (or set of characteristics or behaviours) for someone who abuses and then strategies could be developed to treat them.

Additionally, domestic violence researchers appear to be hesitant to criticise the feminist Psychoeducational model, and because of this the feminist-based Duluth-type model remains the unchallenged treatment of choice for many communities. However, in longitudinal studies of graduates of the Duluth group program show that the intervention had no impact on recidivism after five years (Vincent & Jouriles, 2000). Consequently, these writers suggest that although these educational interventions mix well theoretically with the criminal justice viewpoint, there are both theoretical and empirically-based reasons to question the usefulness of a purely Psychoeducational intervention for domestic violence. For example, Edleson (1995) stated that there are strongly opposing views from practitioners, policy makers, and researchers as to what works and what does not work. It seems to depend on the definition of “works”. Edleson (1995) suggests that if such a time should arrive that agreement is reached, it is very unlikely that the Psychoeducational programs aimed at target groups of men will be the most effective way to facilitate the desired changes in men’s behaviour to women. Moore et al. (1997) report that the Psychoeducational programs have recidivism rates of 50% to 75%. So these programs do not appear to be successful. Also, Brandl (1990), in a discussion paper on programs for batterers’, came to the conclusion that there was no cause and effect relationship between law enforcement intervention, such as jail sentences and batterers’ treatment programs, and the reduction or elimination of domestic violence.

Additionally, Moore et al. (1997) suggest that disagreement about treatment approaches for abusers is widespread. As well, they contend that outside the Psychoeducational, power-and-control schools of thought, little agreement exists

about the length of treatment needed for behavioural changes to occur. They call for the need for abusive-partner treatment programs that draw on applied research as a foundation for establishing guidelines and standards, as opposed to trends that institutionalise a “one theory fits all” intervention models. Differential treatment based on extensive clinical assessment of abusive partners is proposed.

Politicisation of theory, historically, is a strategy frequently employed to counter evidence-based criticism (Moore, et al.). For example, we live in a time when feminism is “in” and Governments have a tendency to go with the dominant theories, despite that there may be evidence to the contrary, for fear of possibly upsetting vocal lobby groups.

In defence of batterer-program standards, Bennett (1998) argues that if Moore and colleagues’ had presented a more balanced treatment of the issues about batterer-program standards in their article, it would have been more useful. Such an article would have acknowledged the shortcomings of research with regard to its cultural, political, and economic context. In particular, Bennett (1998) takes exception that the article does not explain why the spoken and written words of battered women and their advocates are not considered empirical evidence.

A post-structuralist review of literature surrounding wife abuse identifies several discourses at work within the field of domestic assault and men’s violence in the home. O’Neill (1998) says the five discourses identified are pathology, expressive tension, instrumental power, social systems, and learned behaviour. The *pathology perspective* reflects a medical discourse, which positions abusing men as being victims of a disease beyond their control. This serves to reduce their responsibility for their behaviour until the cause of the violence disappears or is otherwise treated before the violence stops. The *expressive tension discourse* positions violent men

as being subject to potent forces from within over which they have little control.

Instrumental power is another discourse that says men's violence is intentional and men are responsible for their choices in behaviour. The implications of this discourse for stopping men's violence include offering violent men new, non-violent alternatives for solving conflict situations. Additionally, this discourse supports using legal interventions for punishing men who violate the rights of their partners. The *social system discourse* is viewed as a logical extension of various cultural norms and institutional practices in Western society. Male violence from this perspective suggests that violence in the home is not so much abnormal, but is an extreme and understandable outcome of existing norms and values surrounding violence. Finally, there is a *pervasive discourse* that all attitudes and behaviour including violent behaviour is a learned experience. Because this perspective provides a model of how behaviour is learned and changed, it provides the means by which violent behaviour may be changed.

It appears from the concerns expressed by Moore et al. (1997) and Vincent and Jouriles (2000) that the feminist-based Duluth-model of domestic violence intervention has limited effectiveness in reducing or eliminating the undesirable behaviour experienced in family abuse. It is suggested that it is a simplistic solution to a complex problem, and it appears the Duluth model's popularity is based more on political expediency rather than on valid research. O'Neill (1998) offers a comprehensive discourse of an alternative approach which suggests that male violence is an undesirable outcome of existing norms and values. He also suggests that this model of how attitudes and behaviour are learned provides the means by which violent behaviour may be changed. Therefore, keeping open minded to

alternatives until research provides evidence for the effectiveness of any particular intervention is desirable.

2.4 The Australian Experience

In Australia, the thrust for the growth of modern responses to domestic violence came from the women's refuge movement in Sydney in 1974. The refuge movement has played a continuing key role in services developed to assist women and children escaping violence. The early endeavours against domestic violence were characterised by efforts to move the issue from the private to the public sphere, by emphasising the criminal nature of domestic violence. The success of efforts to involve Governments in the process of social change in Australia has been attributed to the willingness of grassroots feminists and feminists working within government bureaucracy to work towards common goals (Laing, 2000).

Laing's (2000) report states that during the 1980s, State and Territory governments responded to the plea for action against domestic violence by commissioning reports that explored the extent of the problem and developed blueprints for action. The key focus of this blueprint for action was legal reform. There were two aims of this reform. The first was to strengthen the criminal law so as to be more effective in dealing with assaults occurring within the privacy of the home. The second aim was to provide safeguard from future harassment and violence for victims through the creation of protection or restraining orders.

The increased involvement of the federal government towards the end of the 1980s marked a new stage in Australia's response to domestic violence. National surveys of community attitudes to domestic violence were commissioned, opening

up for discussion a subject that was once shrouded in secrecy but has now assumed prominence on all levels of governments (Laing, 2000).

McGregor (1990) and Townsend (1991) (cited in Laing, 2000) observed that perpetrator programs for men have been subject to vigorous debate, and because of this, perpetrator programs in Australia have tended to develop in an *ad hoc* manner. The National Crime Prevention Group (1999), carried out a comprehensive study of perpetrator programs in Australia and concluded that little is yet known about the effectiveness of perpetrator programs in Australia and the evaluation of treatment programs are problematic and inconclusive.

For example, the Duluth model or some variation of it is the basis of most abuse intervention programs in Australia. The underlying assumption is that men abuse women because of power and control issues. Control is maintained by societal institutions, which are used to justify, support, and enforce dominance and exert considerable effort to seek acceptance of the premises that hierarchy is natural and that those lower down are there because of their own shortcomings.

Information outlined in the Duluth domestic violence information manual says that transformation of men's abusive behaviour can only occur if certain conditions exist. First, the community must hold the abuser fully responsible for his use of violence and the community must enforce consequences for continued acts of abuse. Second, the men must have an environment that is non-violent, non-judgemental, and respectful of women and children to support making these changes. And finally, he must be willing to be painfully honest while he is working through this process of change, and he has to become fully accountable to the women he has harmed (Pence & Paymar, 1993).

Dimopoulos, Baker, Sheridan, Elix and Lambert (1999) conclude from their review of the Australian literature that women who have been abused must leave or separate from the relationship if real progress towards a satisfactory outcome is to be achieved. Only then, with the support of the wider community, can abused women establish a new life for themselves and their children. It is interesting that the report does not make any recommendations for men.

A review of national and international literature was carried out by Strategic Partners Pty Ltd in collaboration with the Research Centre for Gender Studies, University of South Australia (1999). This review was a partnership initiative between the Commonwealth, the States and Territories, to foster a common goal of preventing domestic violence across Australia. Six major themes were identified as the focus for projects funded under this partnership:

1. Working with children and young people to break the cycle of violence between generations.
2. Working with adults to break patterns of violence; working with victims and violent men.
3. Working with the community, educating against violence.
4. Protection of the Law.
5. Information and best practice.
6. Helping people in rural and remote communities.

The conclusion from this evaluation was that although there was much known across these six major themes, there was less known about what specialist services are most effective in meeting the needs of children and young people and preventing domestic violence in future generations. Also, they concluded that a great deal is known about women survivors' experiences of domestic violence and some of the

services that have been effective, whereas, less research attention has been given to males who resort to violence to resolve family problems.

Research findings comparing the social information processes used by men in maritally violent relationships indicate that there are broad differences in the way violent and non-violent men process social information, and these differences have direct implications for the design of effective interventions to curb marital violence. Effective treatment, it is argued, should teach maritally violent men how to alter the interpretations they place on their partners' behaviour, their decisions regarding possible responses, and how they implement or observe the impact of these responses (Vincent & Jouriles, 2000).

In an article presented at Relationships Australia's (NSW) (1998) 50th anniversary conference, claims that women's violence towards their male partners is a hidden and unacknowledged form of domestic violence was critically examined. It was considered that women's violence is not equivalent to men's violence because men's violence is more severe. Women's violence is often a response to frustration and stress, whereas men's violence is most often an attempt to dominate and control. Women's violence is most likely to occur in self-defence, and women's violence is often a reflection of dependence, whereas men's violence is a reflection of dominance. These assertions were examined in more detail, concluding, that therapists must distinguish between two possibilities. Is the woman's violence occurring in self-defence or retaliation? Or is a women's violence towards a partner who is not dangerous and whom she does not fear being used to belittle him and is contemptuous towards him?

If the former case, the article claims the woman is putting herself at increased risk and needs to take responsibility for her safety. Therapists should assist women to

put safety before protest. In the latter case of women who are violent towards their non-violent husbands, it is important that therapists take a position against violence (Relationships Australia, 1998).

2.5 Summarising Thus Far

By reviewing the literature on violence it is evident there are numerous explanations for aggressive behaviour. A unified concept of the roots of violence is yet to be explained. There is ample evidence that supports the detrimental effects of family violence of every member of the community as well as the financial burden placed on the whole community. Family violence has a tendency to perpetuate from one generation to another unless the community or the affected person intervenes to stop the cycle.

The traditional models of intervention are mostly feminist-based which propose that domestic violence has its roots in the patriarchal society where men use power and control to dominate women. Researchers who extol the power and control view suggest that men use power and control tactics in a deliberate effort to oppress women. This view is reinforced by victims' advocates, and backed up by law enforcement. However, this approach has been accused of suffering from a rigid definition on domestic violence. Everything appears to be seen as a power and control issue. In contrast with this point of view, some researchers argue that a sense of powerlessness, rather than a sense of power underlies the motivation to abuse women. These two opposing views of the cause of family abuse suggest that many possible explanations are feasible.

Most of the programs designed to treat domestic violence are based on a Psychoeducational model. Beneath this approach, the main reasons that perpetuate

acts of domestic violence are patriarchy and coercive control. Those supporting this point of view appear to see domestic violence as a black and white issue.

The area of domestic violence discourse and research is a sensitive area that seems to be clouded by political correctness, with many questioning the statistics' reliability and honesty. It seems that a collaborative effort to understand and treat domestic violence would expedite successful treatment of this major problem.

Another model, which is non-blaming, non-shaming, and which uses compassion to regulate the vulnerable emotions of anger will be discussed. This model counters the power and control model and uses cognitive-behavioural techniques to change abusive behaviour.

2.6 The Compassion Model

2.6.1 Overview

The Compassion Model (Stosny, 1995) is a cognitive-behavioural intervention based on attachment theory. The model locates the origin of abusive behaviour in the abuser's use of anger to avoid feeling the painful emotions of shame and distress, which can be experienced as being disregarded, devalued, rejected, powerless, unimportant, accused, guilty, or unlovable. These painful labels are called "Core Hurts". A cognitive-restructuring technique called HEALS (an acronym for the steps of the cognitive-restructuring approach: Healing, Explain to yourself, Apply self-compassion, Love yourself, Solve). This technique aims to improve the batterers' capability to regulate their own emotions and to engender compassion and empathy using cognitive-behavioural techniques designed to disrupt the batterers' violent emotional response to guilt, shame and fear of abandonment.

The compassion program is a didactic, future-oriented program which runs for 12-sessions of 2 hours each. This program aims to develop self-compassion and compassion for others and is decidedly non-confrontational in its presentation. The first half of the program focuses on the development of internal skills, such as emotional regulation (including the concept that controlling others cannot satisfy one's emotional needs), self-empowerment and building self-esteem. The second half of the program focuses on applying these skills to relationship issues, such as avoiding power struggles, developing relationship skills such as, regulating fear of abandonment and fear of engulfment, closeness and distance, resentment and intimacy and creating plans for the future. The final session is for the participants to read aloud their "healing letters" in which they apologise to the people they have hurt and acknowledge the destructiveness of their past behaviours, and outline what they need to do to continue their recovery. The purpose of the letter is to acknowledge past abuse, and as a relapse prevention tool to be used at vulnerable times.

The program uses two short films "Shadows of the Heart" and "Compassion". The first film is used to break down resistance to treatment and to stimulate compassion among the participants. The film shows a domestic violence situation through the eyes of a five-year-old who feels responsible for his mother's victimisation. The second film depicts using the HEALS technique under pressure and how compassionate behaviour can create a greater sense of personal power than violence.

A search of the literature shows strong support for the relationship between aggression and attachment styles. Finzi, Ram, Har-Even, Shnit, and Weizman (2001) compared physically abused and neglected children with non-abused children in terms of their attachment styles and their levels of aggression. They found that

physically abused children were significantly characterised by avoidant attachment styles and displayed significantly higher levels of aggression, and the neglected children were characterised by the anxious/ambivalent attachment styles. Further, they found that physically abused children were at risk of antisocial behaviour and continual suspicion towards others, and neglected children were at risk of social withdrawal, and social rejection and feelings of incompetence.

In a study to examine the roots of proactive and reactive aggression in relationship to the quality of children's attachment with their mothers and the quality of children's social behaviour with peers, it was found that children with higher levels of reactive or proactive aggression displayed less secure attachments with their mother and lower prosocial orientation. Additionally, they found that both reactively and proactively aggressive children were rejected, and they also reduced their prosocial responses to peers (Marcus & Kramer, 2001).

Simons, Paternite, and Shore (2001) examined a model of the relationship between adolescents' perception of the quality of parent/adolescent attachment and adolescent aggression. In this study they found a unique association between adolescents' perception of others and self-reported reactive temperament. Additionally, McClellan & Killeen (2000) explored whether understanding of violence towards women by their intimate partners is enhanced by attachment theory and found that the evidence about intimate partner violence is consistent with attachment theory.

For example, the extension of infant attachment theory to the study of adult romantic attachment Hazan and Shaver, 1987 (cited in McClellan & Killeen, 2000) conceptualised three adult patterns of romantic attachment. Securely attached adults who are emotionally stable and have a predisposition to form lasting

relationships based on friendship and trust. Adults categorised as having an avoidant pattern of romantic attachment typically resist forming close relationships. When stressed, avoidant individuals maintain a sense of emotional detachment by remaining aloof and avoid disclosing their feelings. The third type of adult pattern of romantic attachment, anxious-ambivalent, is characterised by hyper vigilance, perceptual distortions, and mistrust of others. Anxious-ambivalent individuals fear being rejected, need extreme intimacy in close relationships, and may unduly restrict their partners' autonomy. Anxious-ambivalent individuals have a tendency to overact in stressful situations, losing control of their emotions, display excessive anger, and attempt to gain control over the stressful situation by coercive power (McClellan & Killeen, 2000).

2.6.2 Attachment

2.6.2.1 *Overview*

The ethological theory of attachment is a theory formulated by John Bowlby, which views the infant's emotional tie to the familiar caregiver as an evolved response that promotes survival. This is the most accepted view of the infant's emotional tie to the caregiver (Berk, 1997). According to Bowlby (1980), development of attachment occurs in four phases: pre-attachment, attachment-in-the-making, clear-cut attachment, and formation of a reciprocal relationship. Depending on their experiences during these four phases, children develop a lasting affectional tie with the caregiver, which allows them to use the attachment figure as a secure base across distance and time. This inner representation of the parent-child bond becomes a critical part of personality, which serves as a set of expectations about the availability of attachment figures, and their likelihood of providing support

during times of stress and the self's interaction with those figures. This image becomes the guide or model for all future close relationships.

Parker (2002) says that from our earliest childhood what we learn about ourselves and others is dependent on what is experienced within the context of significant relationships. Further, adult attachment behaviours become working models of how we view ourselves and others that are usually unconscious and mostly stable. Attachment theory helps us understand the thoughts and feelings of people who are experiencing a range of symptoms that do not make sense to them. This framework for understanding disparate feelings gives psychological meaning to real experiences, which helps to neutralise feelings and encourages self-reflection. It allows for explanation without blaming the client. Additionally, Parker (2002) suggests that attachment theory allows focus on the regulation of affect.

2.6.2.2 Violent Behaviour and Attachment Theory

Umberson, Williams, and Anderson (2002) argue that violent behaviour is an expression of emotional upset, particularly among certain groups (e.g., men). This they say is not to provide justification for violence, but is intended to provide another perspective of looking at emotional upset and violence. Further, Umberson et al. (2002) argue that just because people repress emotions and feelings, it does not mean that they are free of distress. They emphasise that violent behaviour is an external expression of emotional upset in society, which conveys the message that emotions and feelings are to be repressed and that the use of violence is a suitable way to respond to frustrations and stress. In contemporary society, violent behaviour is a serious social problem and social norms advance and support this way of expression. The rate of violence in our society suggests that this is not an unusual way of expressing upset.

2.6.2.3 *Violent Emotions*

Retzinger's (1991) review on conflict contends that alienation plays an important part in the theory of conflict, as well as the role of face saving in escalating conflict. Characteristic behaviours such as increased threat, demeaning criticism, contempt, disgust, blame, perceived injustices, rebuff, and feeling of being devalued, have strong emotional connotations. Studies cited in Retzinger (1991) suggest that emotions are central to marital conflict. Conflict escalation needs to be understood in terms of bonding systems, alienation, and emotional process. Intact bonds are flexible and are characterised by, pride, joy, and happiness. When bonds are damaged or threatened they are marked by insecurity, sadness, anger, and shame.

Further Retzinger (1991) asserts that emotions are culturally shaped and biologically given, since no newborn baby has to learn to smile or cry. McDougall (1908) cited in Retzinger (1991) states that shame appears to be the most social of all human emotions, which is second to none in its significance in human relationships. Shame is different to other families of emotion in that its main characteristic is that it involves the self in its relationship to other persons; it is the only emotion characterised by "self-other process". Shame is about preservation of solidarity, it is not concerned with the organism as an isolated entity, but with relationships between people. Shame always occurs in response to other human beings.

The notion of individualism is a myth, which Retzinger (1991) argues, denies the inherent bond with others, as well as the emotional system that helps preserve the bond. Shame has been deemed unimportant in this day and age and instead the focus has been on guilt. The powerful mechanism of shame is a normal and

necessary part of a well-functioning society. Shame is the human mechanism used to monitor the self in social context. Shame affects the whole self. When experienced, there is a sudden exposure of deficiency in one's own eyes as well in the eyes of the other. In the experience of shame, the self feels helpless, not in control, and the reaction to shame is to hide. In contrast, guilt is about behaviours done or not done and the self feels in control and intact. The reaction to guilt is to make restitution.

For shame to occur we must care about the other. The relationship is open to destruction if one refuses to acknowledge threats or damage to bonds. Often, events that appear trivial can elicit shame. Once shame is experienced, one wants to avoid the experience so as not to feel the pain of rejection. This unacknowledged shame can play havoc in relationships. It is unusual to find protracted anger without shame being present and visa versa. In partner abuse, the aggressor usually feels shamed by the victim's manner. From this perspective, the violence can be seen as a form of self-defence against a perceived or imagined attack on the self, which is overly dependent. Unacknowledged shame acts as both a generator and an inhibitor of anger, rendering the individual impotent to express anger towards the other, while simultaneously generating further anger, which can lead to demeaning or hostile criticism, blame, insult, withdrawal, or worse (Retzinger, 1991).

Rage is quick to follow if intense shame is unacknowledged. Each emotion serves as a stimulus for the other, and when shame is unacknowledged, one partner is likely to project the problem onto the other, which brings into consciousness the damaged state of the bond. When this occurs, the tendency is to perceive the self as victim and the partner as the problem, instead of acknowledging feelings, and joint involvement in the problem, and the need for love, care and connection. This

shame experience is followed by denial or hiding of vulnerable feelings or one's own responsibility, followed by projection of blame onto the other. Shame helps to clarify why it is so easy to blame or criticise the other, and how it is that some quarrels never end (Retzinger, 1991).

The main ingredients from the above review in protracted conflict are as follows:

1. The social bond, with its many parts is threatened; this threat often involves disrespect.
2. Shame signals damage to the bonding system.
3. Shame is denied; the self feels estranged and experiences the other as the source of the attack.
4. Anger follows, further signalling threat to the self and bond, and may be a protest against the threat. When the bond is ignored, anger serves as a mechanism for saving face.

People kill for social reasons such as, lost honour, lost affection, or other highly moral reasons, so this formula should not be taken lightly.

Stosny (1995) asserts that important ethical questions are raised when treating attachment abusers in regard to how clinicians go about helping clients behave morally. To avoid the risk of using power and authority to impose the majority's familial values on a minority, treatment needs to avoid the temptation to advocate particular values and endeavour, instead, to help clients build skills to make moral judgements and to act on them with integrity (Stosny, 1995). Stosny (1995) argues that a powerful sense of self, reinforced by the internal reward of compassionate constructions of self and others will produce moral agency. Berkowitz (1990) cited in Stosny (1995) asserts that a person who already feels bad about himself is more

inclined to convert the inappropriate feelings into anger, and thus, become less inclined to adhere to morally guided behaviour and become more impulsive.

According to Broucek (1991) ours is a shaming culture. Stosny (1995) suggests that there is increasing understanding that the cause of escalating violence and the tendency towards narcissistic behaviours being observed in modern society involves the trivialisation of prosocial motivations such as compassion and forgiveness. This could well be the cause, instead of the result of the culture of violence.

2.6.3 Research associated with the Compassion Model

There is not a great deal of research associated with the Compassion Model but initial evidence provided by Stosny (1995) shows that the compassion program outperforms feminist-based Psychoeducational groups. This is based on victims' report of recidivism of violence and psychological abuse at one year follow-up using the Conflict Tactic Scale, the results of which shows an 87% success rate over eight years. Additionally, 71% of males are free of verbally aggressive behaviours as attested to by their spouses or girlfriends (<http://compassionpower.com/statisti.html>; abuse data, 2002)

Some concerns have been raised about the effectiveness of the Stosny (1995) evidence because of the small sample, as well as the reliance of the outcome data solely on victims' reports, not on arrest data. However, this design fault is common in both the Compassion program data and those of other comparison programs, so this cannot be used to account for any difference in success rates (Healey, Smith, & O'Sullivan 1998).

The evaluation of this program to be reported here is designed to build on and extend the existing research on the compassion program, by evaluating the participants' experience of the program.

2.6.4 Discussion of some of the key concepts and processes used in the Compassion Model

The following explanations are from *The Compassion Workshop Introduction for Group Leaders* material prepared by Stephen Stosny (Stosny, undated).

2.6.4.1 *The Denial of Clients*

Stosny (undated) says that primitive defences such as denial represent desperate attempts at pain-relief. He contends it is not rational to expect human beings to give up the only pain-relief they know before learning others. Further, he contends that non-compassionate confrontation mobilizes and consolidates the more primitive defences. Therefore the approach of the Compassion Model treatment is not to take something away from abusers, but to give them a more effective pain-reliever than they have ever known. From this approach, responsibility becomes a desired goal, not a punishment. The program teaches responsibility is power. When you blame your experience on someone else, you remain powerless over your experience. He who seizes responsibility for his experience gains control of it.

2.6.4.2 *Mixing Abusers in Groups*

Stosny states that there are two advantages of mixing abusers in groups:

- It avoids the doubtful assumption underlying the segregation of abusers according to whom they victimise: that they use abusive

power and control over one family member while treating all others with dignity and respect.

- Abusers clearly see the cycle of abuse in its creation: in child-rearing behaviour that inhibits the child's development of natural compassion for self and others. Once abusers learn compassion for self (the internalised gift of compassionate parents) they are free to experience compassion for all loved ones.

The mirror of attachment relationships is universal; deficits in one will play out in others. Stosny contends that the Psychoeducational tasks must focus on enhancing the Core Value of the self so that it can relate with compassion to the Core Value of all past, present and future loved ones. When this is achieved, clients can relate as non-abusers and non-victims to all present and future loved ones.

2.6.4.3 Mixing Victims with Perpetrators in Group

Stosny believes that the risk of mixing victims and perpetrators in the same group ceases to exist when groups are highly structured, and where client participation is limited before emotional regulation techniques are learned. More important, when the victim is part of the group, all the membership is invested in her well being, which acts as a powerful deterrent to abuse. An abuser finds himself experiencing compassion for another man's wife who bears the same scars from subtle and overt abuse as he has caused his own spouse. Also, abusers and victims alike need to be reminded often that nothing a partner does justifies abuse. Although victims cannot be the cause of their abuse or be considered to blame for it, abusive behaviour in retaliation for perceived abuse is unjustified and only causes greater damage to the attachment bond.

As long as participation is voluntary, to deny the victim the same treatment as the abuser is a cruel kind of re-victimisation. Stosny says before he opened the Compassion workshop to the spouses who wanted it, he had countless complaints about the unfairness of excluding victims from what seemed to be an obvious benefit to their husbands.

2.5.4.4 Other issues

Another area that needs to be considered is the education and literacy level of some participants. In the groups or one to one sessions I conduct, I have found it important to offer extra assistance to participants who have difficulty in this area. Any participant concerned with his or her level of understanding is invited to contact me privately so I can devote extra assistance.

2.5.5 The Format for the Compassion Program being Evaluated

The program has been changed from a 12-session format to a 10-session format. The reasoning was twofold. One, to cut down on cost without compromising the integrity of the program and two, the class sizes are small (max 15) so the time to conduct session 4 was not required and session 12 is also considerably reduced.

The Compassion program is a disciplined, intensive, initially didactic, skill-building program in basic self-regulation skills that reduce the motivation to abuse. The format includes ten 2-hour sessions, written homework assignments, and 750 repetitions of the emotional regulation skill, HEALS.

The primary skills and concepts taught in the program are: sensitivity to internal experience of self and loved ones, internal causes of abusive behaviour, self-regulation as the only route to personal power, well-being and self-esteem

dependent on compassionate behaviour, and perspective-taking in disputes (value while disagreeing).

There are six modules to the program:

Module 1, sessions 1-3. Self-compassion and the HEALS technique.

Session 1 gives an overview of the program, an explanation of how to approach the homework, support offered to participants who may have poor literacy skills, some emergency tactics to help participants until they learn self-regulating skills, and contact numbers in case participants need support between sessions, and finishing off watching a video to help demonstrate what compassion is by getting in touch with our basic instinct to protect the ones we love.

Session 2 gives an in-depth account of how anger works in their body from a physiological, cognitive, and behavioural perspective.

Session 3 is devoted to explaining the HEALS emotional regulation technique and how it works.

Module 2, sessions 4-6. Compassion is power.

Session 4 explains the function of compassion, what it is and what it is not, how to use self-compassion as a defence, instead of using anger, understanding the abuse cycle, and normal feelings verses symptoms and defences.

Session 5 covers an overview of difference between how boys and girls are socialised, viewing a video doing HEALS under pressure, learning the difference between lateral self-esteem and hierarchical self-esteem, and taking charge of your self-esteem.

Session 6 focuses on creating interpersonal power (avoiding power struggles).

Module 3, session 7. No-lose self-esteem, responsibility is power.

Module 4, session 8. Empowerment (no more power struggles, resentment, hostility).

Module 5, session 9. Relapse prevention Growth skills in attachment relationship (recovery dimensions, fear of abandonment, post traumatic stress, resolving resentment).

Module 6, session 10. Statement of compassion.

The processes used to evaluate this 10-session program are dealt with in Chapter 3.

Chapter 3

Methods and Procedures

3.1 Introduction

This chapter presents the methods and procedures of the study. After briefly describing the approach, the process of developing the program questionnaire is presented, followed by a description of the participants, and a summary of the actual procedures used to carry out the evaluation.

3.2 An overview of the total research design

The design used was a simple survey design where clients who had successfully completed the Compassion program were asked to complete a program evaluation questionnaire. Such "one-off" surveys, the simplest of the cross-sectional group of survey designs, ". . . are used to collect data that reflects current attitudes, opinions or beliefs" (Creswell, 2002, p. 397). One such use for this type of survey is to evaluate a program as "such a survey provides useful information to decision-makers" (p. 398), in this case, the presenter of the program who is attempting to improve its presentation.

3.3 Development of the questionnaire

The objectives of the compassion anger regulation program are:

- To learn emotional self-regulation skills,
- To build self-esteem,
- To develop internal power through taking responsibility for one's own internal emotional experience, and to heal their own hurt using a learned technique,

- To learn to empower self and loved ones by giving yourself and loved ones the right and confidence to solve problems, rather than using dominance or coercion, and finally,
- To build satisfying and respectful relationships with self and others.

The survey instrument was designed in the form of a questionnaire to provide data on the effectiveness of the compassion program to fulfil these five objectives. The aim of the questionnaire was to measure the participants' perceptions of the:

- Program content
- Program design
- Facilitation of the program
- Learning environment and
- Program outcomes.

It was designed by the writer and was based on various published instruments (http://www.mapnp.org/library/np_progs/evl_mod/evl_mod.htm; McNamara, undated-b; <http://www.mapnp.org/library/evaluatn/outcomes.htm>; McNamara, undated-a http://mime1.marc.gatech.edu/MM_Tools/evaluation.html; Evaluation tools, undated). Several versions of the questionnaire were reviewed by work colleagues and peers and piloted with several clients similar to those who were to be involved in the main study before the final questionnaire were adopted.

The final form of the questionnaire is shown in Appendix A and consists of:

Part A: Background information such as, age group, employment status, and gender.

Part B: Twenty-four questions assessing participants reactions to the program

- Program content (Items 1-3 e.g. *The five objectives of the program listed above were met*).

- Program design (Items 4-10 e.g. *The written material was useful*)
- Facilitation of the program (Items 11-13 e.g. *The facilitator was well prepared*)
- Learning environment (Items 14-15 e.g. *The training venue was comfortable*)
- Program outcomes (Items 16-23 e.g. *I will be able to effectively use what I have learned in this program*) and
- Overall reaction (Item 24)

The first 24 items used the seven-point Likert scale and, rather than keeping the response formats all the same (e.g. "strongly agree" . . . "strongly disagree"), the response options were designed to match the intent of each item. For example:

Question 1. *The five objects of the program listed above were met.*

Response options: 'extremely well', 'very well', 'fairly well', and 'not well at all'

Question 22. *My relationships are more satisfying and respectful.*

Response options: 'very much', 'quite a lot', 'some', and 'very little'.

This was not seen as a problem during analysis as there was no intention to collapse all of subgroups of items into a single score.

For each item, the four response options were spread evenly along the seven point scale.

For example, the response format for question 1:

1. The five objectives of the program (listed above) were met.

7	6	5	4	3	2	1
Extremely well		Very well		Fairly well		Not at all well

See appendix A for the response formats for each question.

All the items in Part B were expressed positively (e.g. "*The five objectives of the program were met*") and were not interspersed with negatives ones (e.g. "*The five objectives of the program were not met*"), despite the danger of participants double-

guessing the designer and providing only answers that seemed to be expected of them. The reason for this policy was to prevent confusion with double negatives.

Part C: Questions 25, 26 and 27 was the open-ended section which gave participants a chance to express in their own words:

- What was most useful for them (Item 25).
- What was least useful (Item 26), and
- Suggestions for improving the program (27).

The procedures used to collect the data are described below.

3.4 The sample

The participant's were 25 males and 2 females who contacted the agency and identified themselves as having an anger problem that was affecting their relationships with significant others and expressed a desire to take action to change their behaviour. The individuals had to complete the Compassion program to be included in the study. There were no other selection criteria for program participation.

3.5 Actual Research Process

Before commencing the project, application was made to the Queensland University of Technology Ethics Committee. Ethical clearance was eventually granted and the sample selection and data collection proceeded. The sample was drawn from individuals who participated in the Compassion program in a group setting or one to one and had completed at least the substantial part of the program. This was the first eight sessions of the program. The remaining two sessions were relapse prevention and preparing and presenting a letter of apology. It was considered that after participants had completed the eighth session, they would have gained all the skills of anger regulation and relationship enhancement offered by the

program. The sample was drawn from participants who met the criteria from 4 February 2002 and 14 August 2002. Twenty-three questionnaires were administered in a group setting and four were returned from clients who participated on a one-to-one basis. Another ten questionnaires were posted to ex one-to-one clients who did not return them.

Participants' were asked if they would consent to answering the questions honestly and were assured that they were under no obligation to participate. All participants willingly agreed to participate in the program evaluation.

The collected data was analysed and the results are presented in Chapter 4

Chapter 4

Results

4.1 Part A: Background Information

The participants were 25 males and two females. The majority of participants (12 or 44.4%) were in the age range of 40-49. Nine or 33.3% were in the 30-39 age group, and six or 22.2% were in the 20-29 age group. Participants who were employed were 17 or 63%, unemployed but looking for work 3 or 11.1 %, and on a benefit because they were unable to work 7 or 25.9%.

4.2 Part B: Reactions to the Program

4.2.1 Program Content

Reactions to the Program Content were assessed by Items 1 to 3. The results for each of these items and a coalesced summation are shown in Figures 1 to 4.

Question 1. The five objectives of the program (listed above) were met.

Response options: 1 = not at all well. 3 = fairly well. 5 = very well. 7 = extremely well.

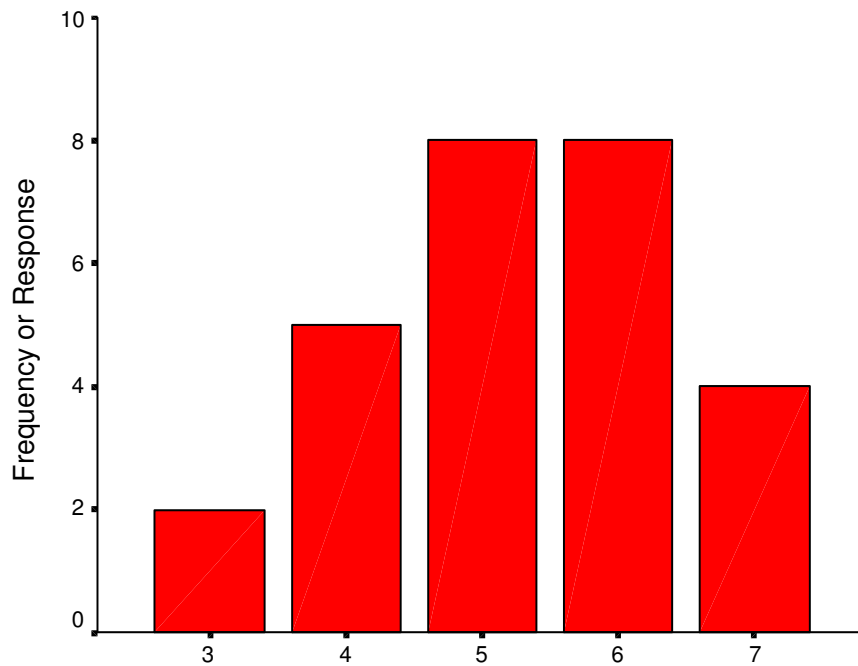


Figure 1: Question 1: Participants Rating on Likert Scale 1-7

Figure 1 shows that the majority of the participants believed they achieved the five objectives of the program. However, seven of the participants were below the mean rating of five.

Question 2. The program met my needs.

Response options: 1 = not at all well. 3 = fairly well. 5 = very well. 7 = extremely well.

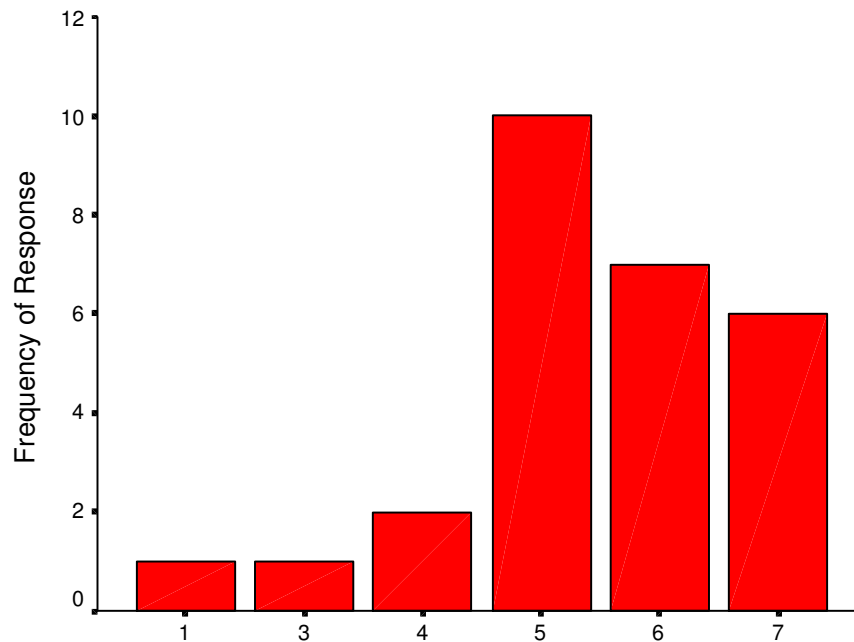


Figure 2: Question 2: Participants Rating on Likert Scale 1-7

Figure 2 shows the majority of the participants believed the program met their needs.

However, four participants were below the mean rating of five.

Question 3. The program met my family's needs.

Response options: 1 = not at all well. 3 = fairly well. 5 = very well. 7 = extremely well.

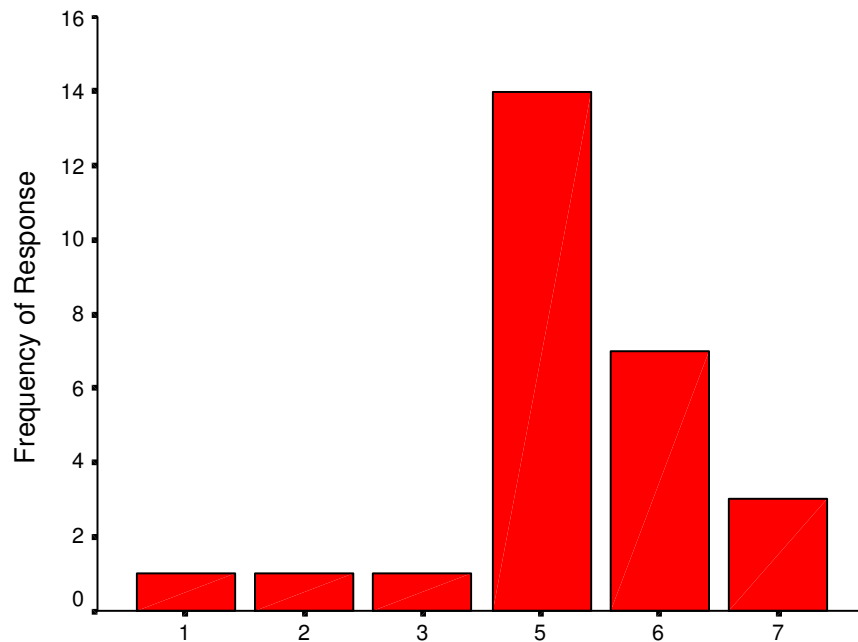


Figure 3: Question 3: Participants Rating on Likert Scale 1-7

Figure 3 shows the 24 participants believed the program was beneficial to their family. However, three participants rated the benefits to their family as only “fairly well” to “not well at all”.

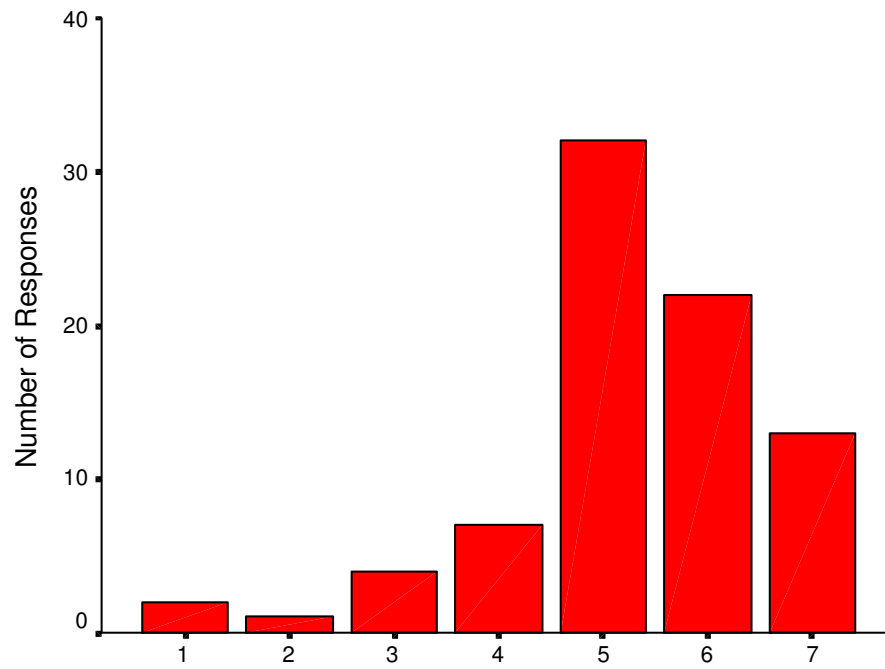


Figure 4: Program Content: Coalesced Summation (Questions 1-3)

Figure 4 shows the blended overall "satisfaction" level for program content. As the graph shows, most responses were positive on the Likert scale where 7 is positive and 1 is negative.

4.2.2. Program Design

Reactions to the Program Content were assessed by Items 4 to 10. The results for each of these items and a coalesced summation are shown in Figures 5 to 12.

Question 4. The written material was useful.

Response options: 1 = not useful at all. 3 = fairly useful. 5 = mostly useful. 7 = extremely useful.

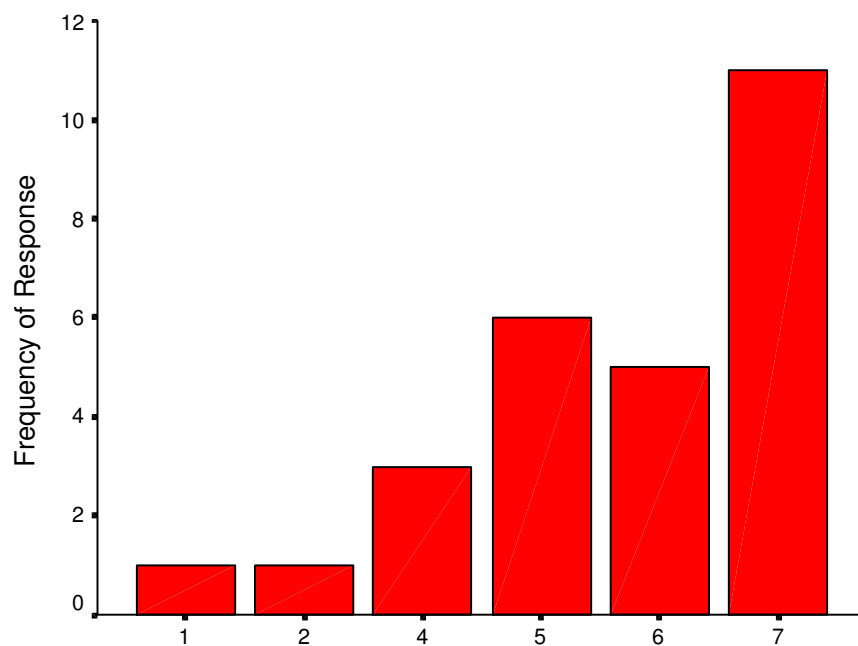


Figure 5: Question 4: Participants Rating on Likert Scale 1-7

Figure 5 shows that although most participants found the written material useful, quite a few did not. Five participants rated the written material below the mean, with one rating the written material not useful at all.

Question 5. The written material was easy to understand.

Response options: 1 = not easy at all. 3 = fairly easy. 5 = mostly easy. 7 = extremely easy.

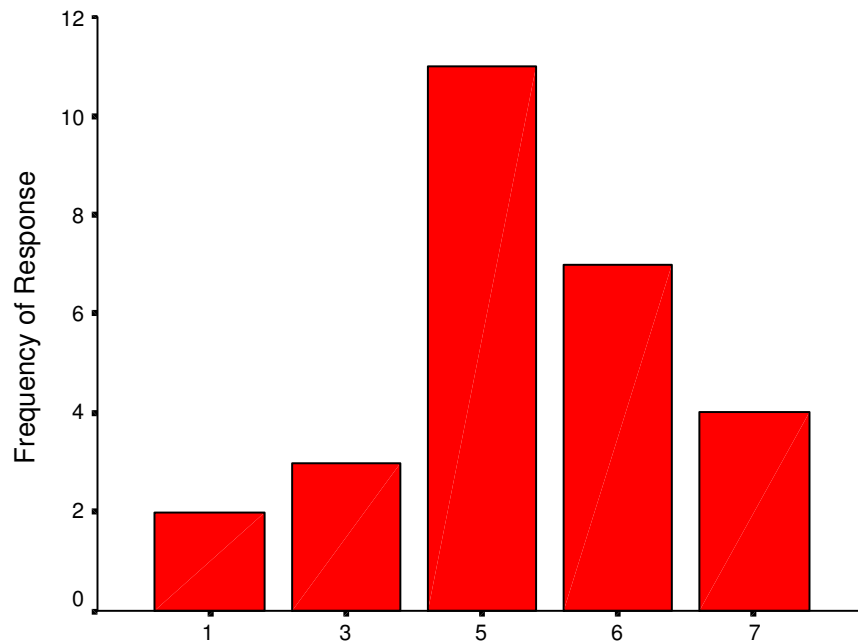


Figure 6: Question 5: Participants Rating on Likert Scale 1-7

Figure 6 shows that participants generally found the written material understandable. However, five rated their understanding of the written material below the mean of five.

Question 6. The program stimulated my learning.

Response options: 1 = very little. 3 = some. 5 = quiet a lot. 7 = very much.

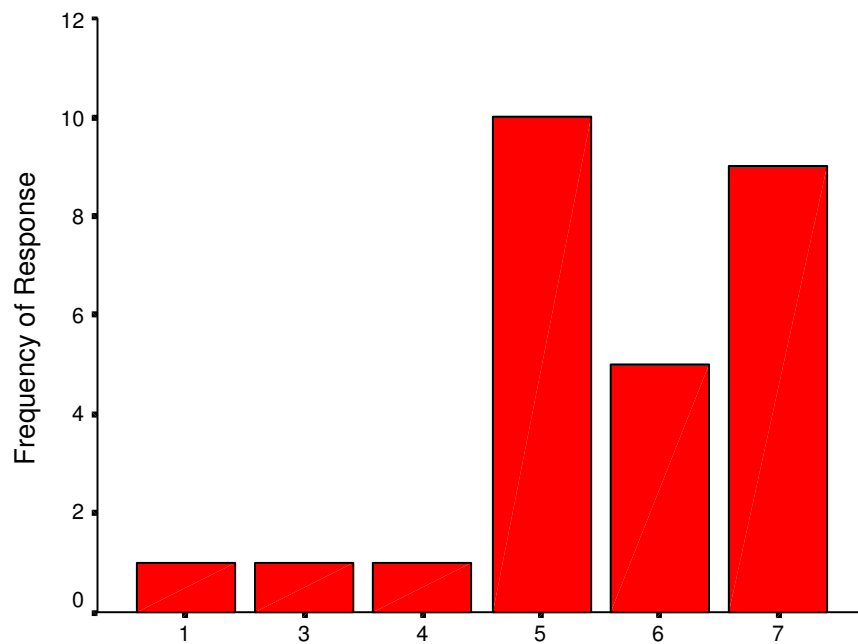


Figure 7: Question 6: Participants Rating on Likert Scale 1-7

Figure 7 shows that the majority of participants found the program stimulated their learning, while two participants rated the learning stimulation low.

Question 7. The program gave me sufficient feedback on my homework.

Response options: 1 = very little. 3 = some. 5 = considerable. 7 = large amount.

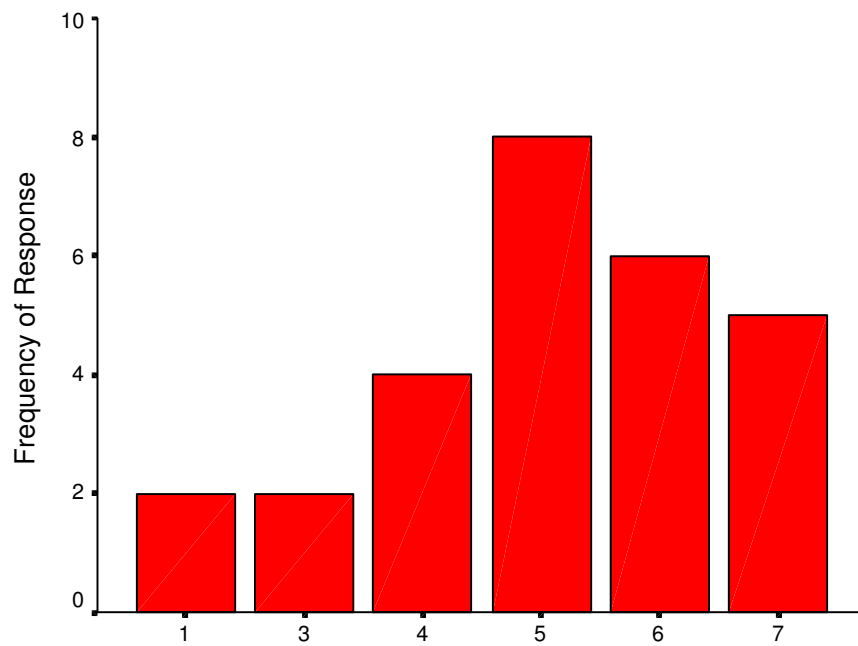


Figure 8: Question 7: Participants Rating on Likert Scale 1-7

Figure 8 shows that while the majority felt they received sufficient feedback on their homework, about one third felt the feedback they received was not adequate.

Question 8. The program gave me sufficient opportunity to practice skills.

Response options: 1 = very little. 3 = some. 5 = considerable. 7 = large amount.

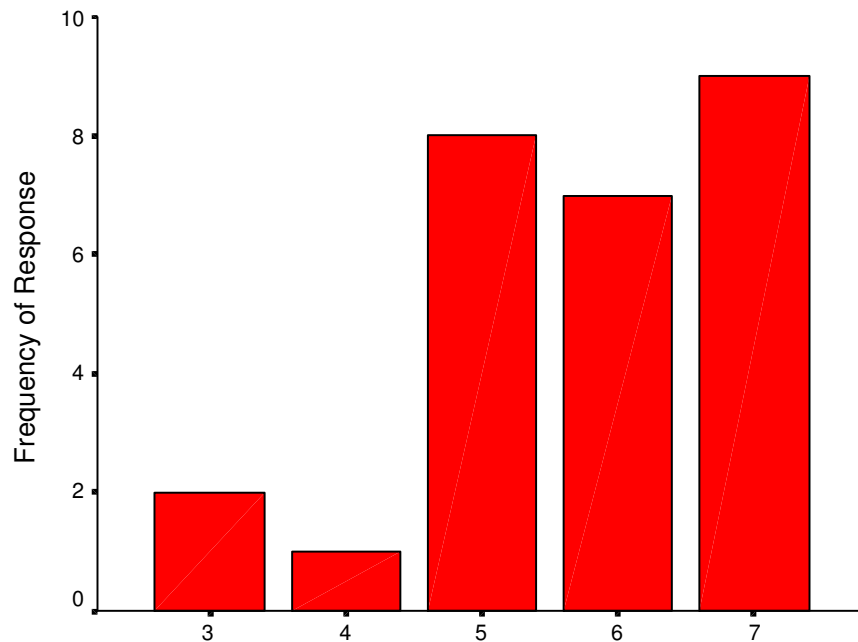


Figure 9: Question 8: Participants Rating on Likert Scale 1-7

Figure 9 shows that even though most thought they had ample opportunity to practice skills, three participants indicated they would have liked more opportunity to practice skills.

Question 9. The difficulty level of this program was appropriate.

Response options: 1 = not very appropriate. 3 = fairly appropriate. 5 = mostly appropriate. 7 = very appropriate.

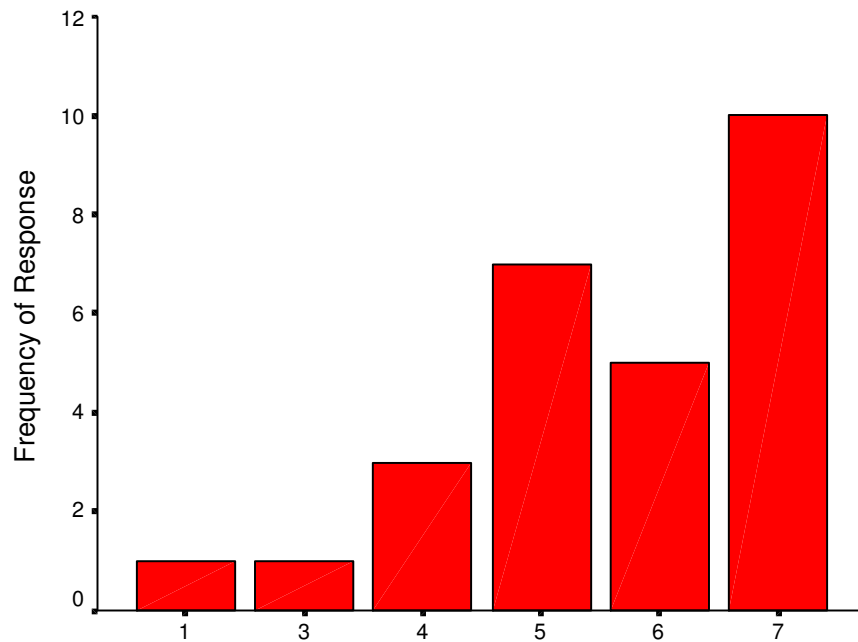


Figure 10: Question 9: Participants Rating on Likert Scale 1-7

Figure 10 shows that the majority of participants rated the difficulty level of the program mostly appropriate, while five participants found the difficulty of the program challenging.

Question 10. The pace of the program was appropriate.

Response options: 1 = not very appropriate. 3 = fairly appropriate. 5 = mostly appropriate. 7 = very appropriate.

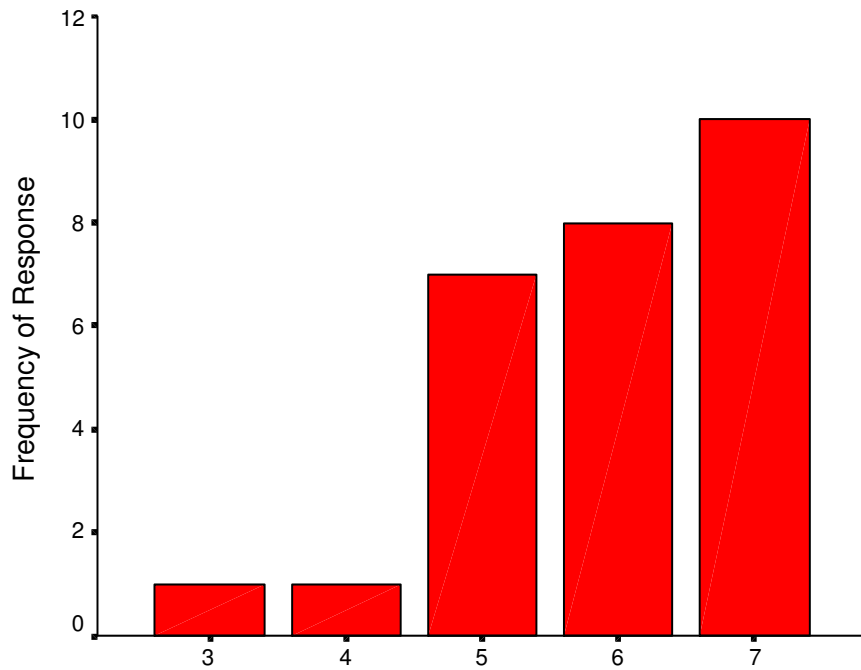


Figure 11: Question 10: Participants Rating on Likert Scale 1-7

Figure 11 shows most found the pace of the program was acceptable.

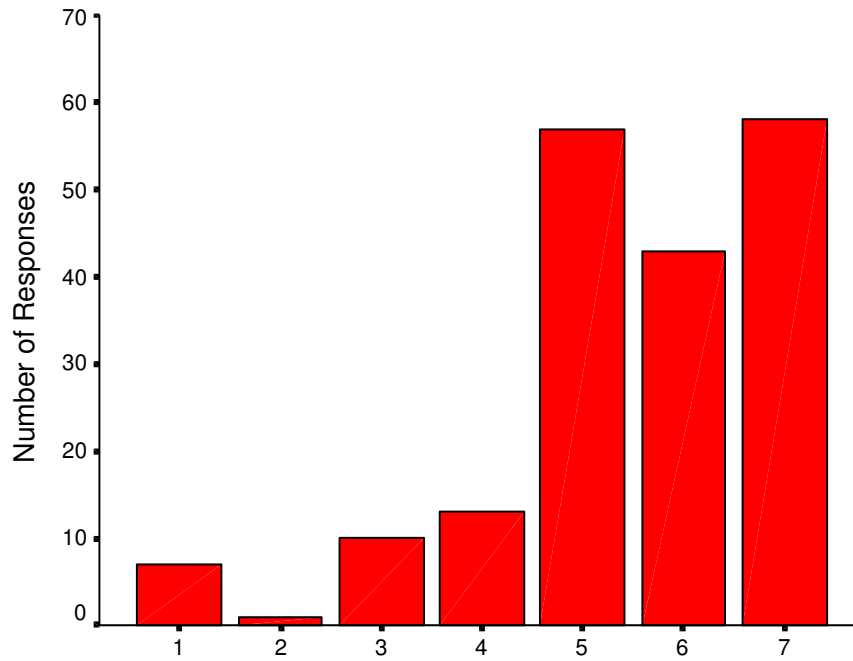


Figure 12: Program Design: Coalesced Summation (Questions 4-10)

Figure 12 shows the blended overall "satisfaction" level for program design. As the graph shows, most participants rated the program design highly.

4.2.3. Course Facilitator

Reactions to the Course Facilitator were assessed by questions 11 to 13. The results for each of these items and a coalesced summation are shown in Figures 13 to 16.

Question 11. The facilitator was well prepared.

Response options: 1 = not very prepared. 3 = fairly prepared. 5 = mostly prepared.

7 = very prepared.

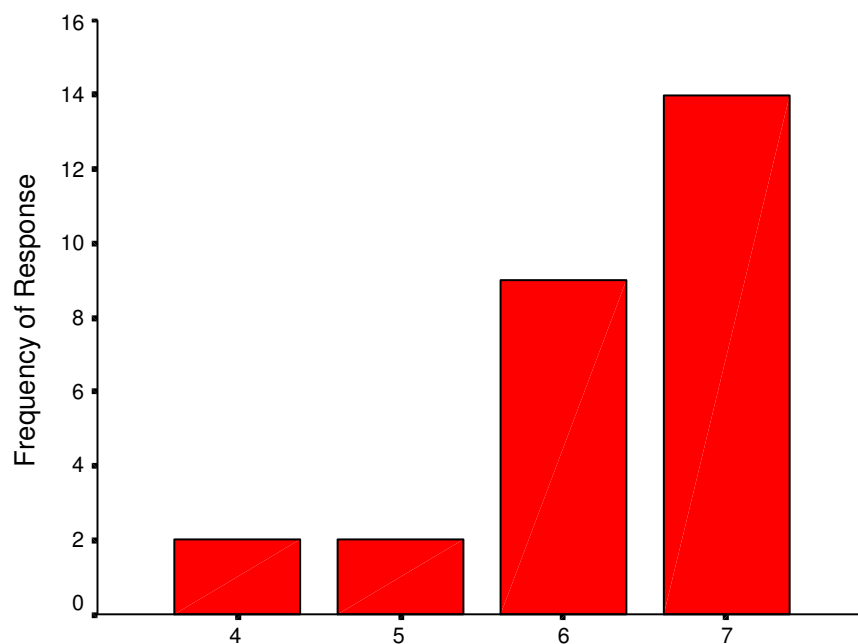


Figure 13: Question 11: Participants Rating on Likert Scale 1-7

Figure 13 shows the majority of participants rated as the facilitator as preparing well for the sessions.

Question 12. The facilitator was helpful.

Response options: 1 = not very helpful. 3 = fairly helpful. 5 = mostly helpful. 7 = very helpful.

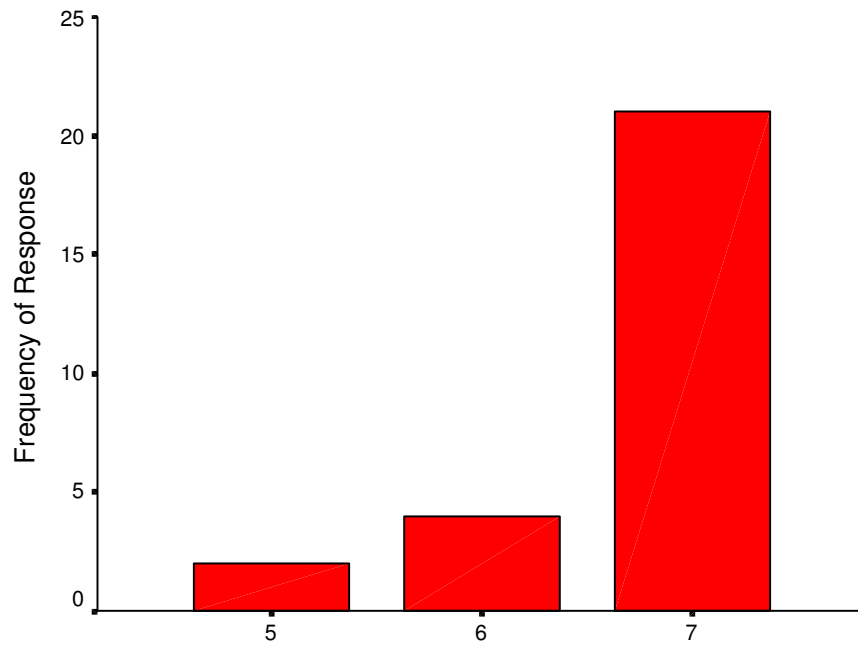


Figure 14: Question 12: Participants Rating on Likert Scale 1-7

Figure 14 shows that all participants rated the helpfulness of the facilitator “mostly helpful” to “very helpful”.

Question 13. The presentation by the program facilitator was....

Response options: 1 = not very good. 3 = fairly good. 5 = good. 7 = excellent.

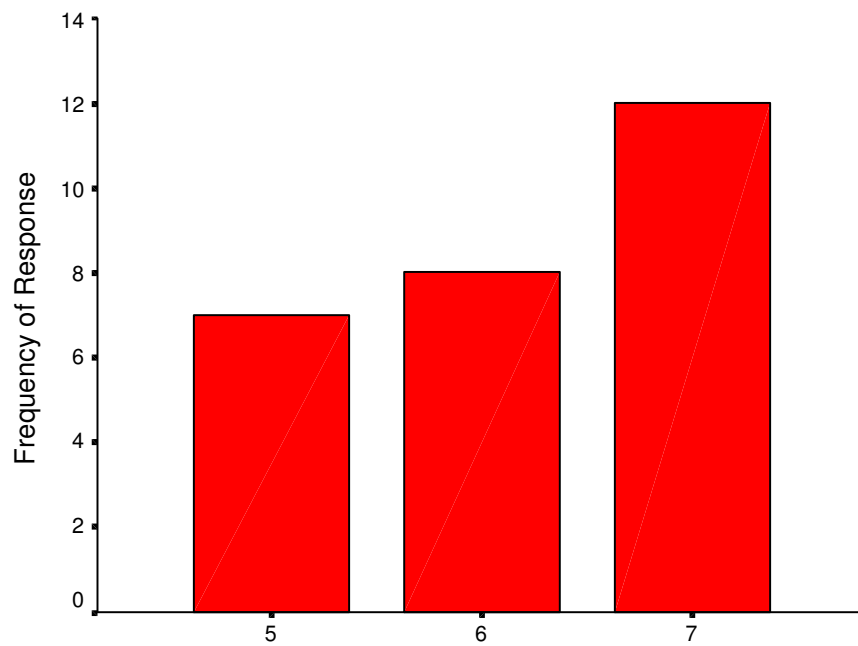


Figure 15: Question 13: Participants Rating on Likert Scale 1-7

Figure 15 shows participants rated the facilitators presentation of the program from “good” to “excellent”.

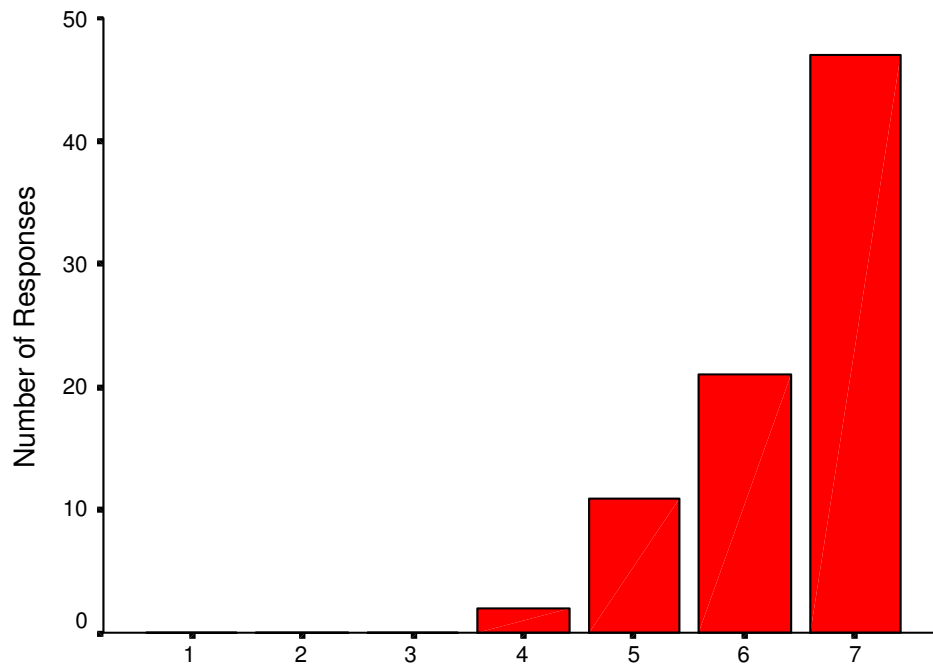


Figure 16: Course Facilitator: Coalesced Summation (Questions 11-13)

Figure 16 shows the blended overall "satisfaction" level for program facilitation. As the bar graph shows, most participants rated the program facilitation highly.

4.2.4. Program Environment

Reactions to the Program Content were assessed by questions 14 to 15. The results for each of these items and a coalesced summation are shown in Figures 17 to 19.

Question 14. The training venue was comfortable.

Response options: 1 = not very comfortable. 3 = fairly comfortable. 5 = comfortable.

7 = very comfortable.

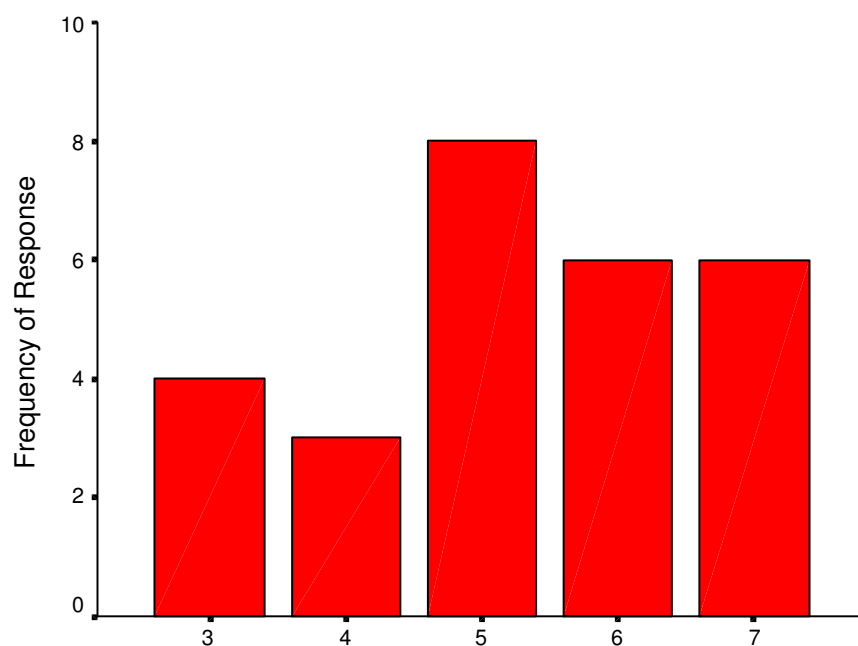


Figure 17: Question 14: Participants Rating on Likert Scale 1-7

Figure 17 shows participants' rating of the comfort level of the venue from "fairly comfortable" to "very comfortable".

Question 15. The training venue provided resources I needed to assist me to learn (eg. White board, VCR's, TV).

Response options: 1 = poorly resourced. 3 = fairly resourced. 5 = well resourced. 7 = very well resourced.

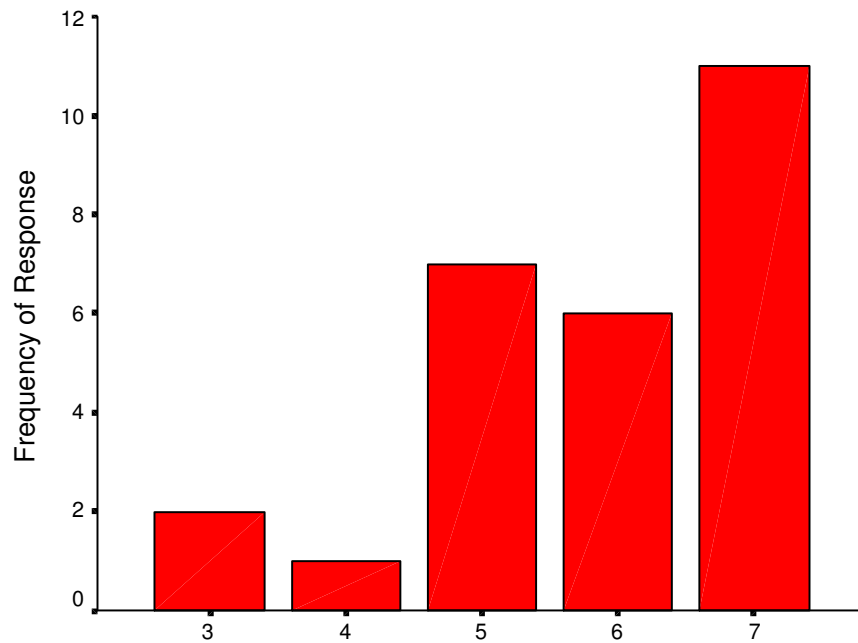


Figure 18: Question 15: Participants Rating on Likert Scale 1-7

Figure 18 shows most participants indicated that the resources provided assisted their learning.

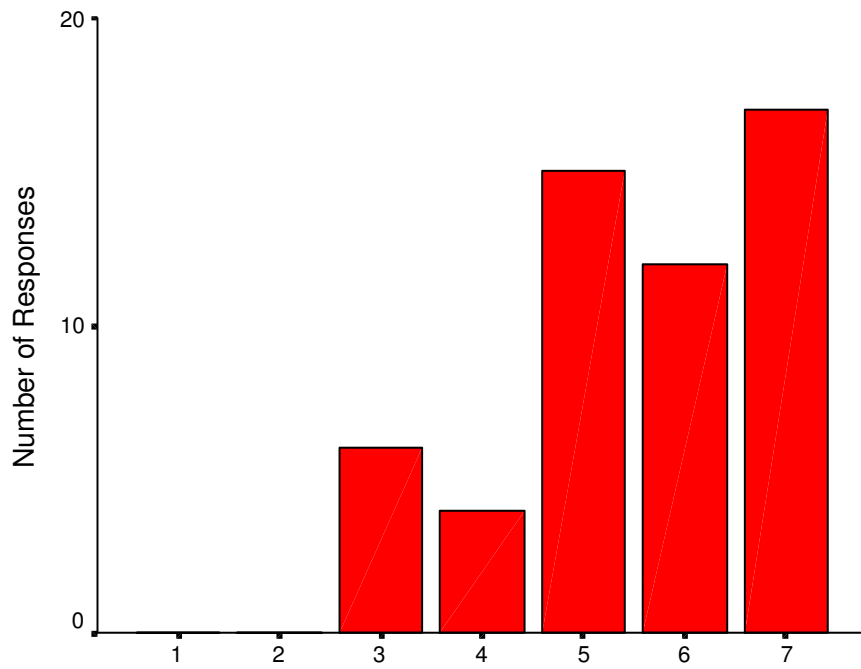


Figure 19: Program Environment: Coalesced Summation (Questions 14

Figure 19 shows the blended overall "satisfaction" level for program environment. As the graph shows, most participants rated the program environment highly.

4.2.5. Program Outcomes

The program outcomes were assessed by questions 16 to 23. The results for each of these items and a coalesced summation are shown in Figures 20 to 28.

Question 16. I will be able to effectively use what I have learned in this program.

Response options: 1 = not at all well. 3 = fairly well. 5 = mostly well. 7 = extremely well.

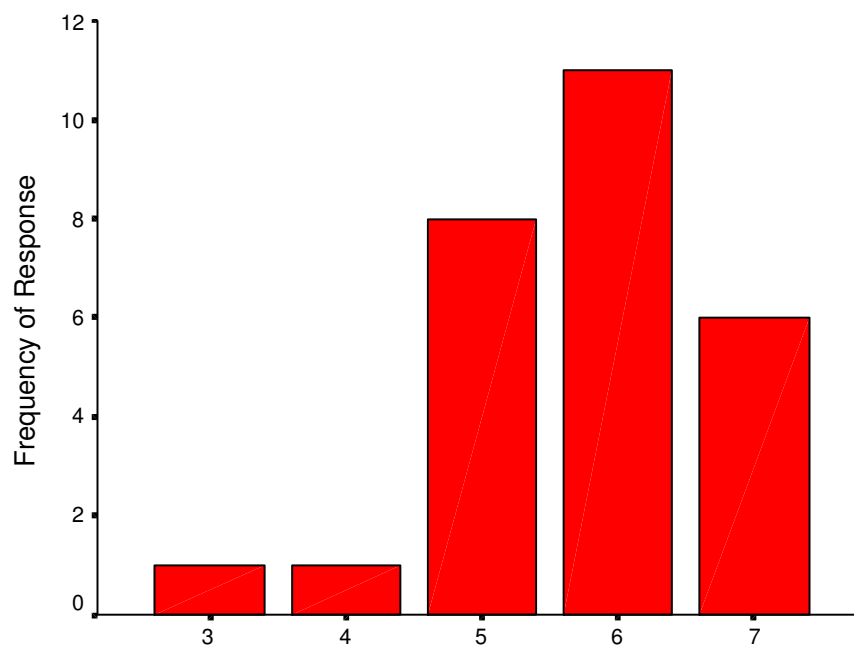


Figure 20: Question 16: Participants Rating on Likert Scale 1-7

Figure 20 shows the majority of participants rated their ability to implement what they had learned highly, though two rated their ability below the mean of five.

Question 17. I am able to deal more effectively with problems that arise.

Response options: 1 = not at all well. 3 = fairly well. 5 = mostly well. 7 = extremely well.

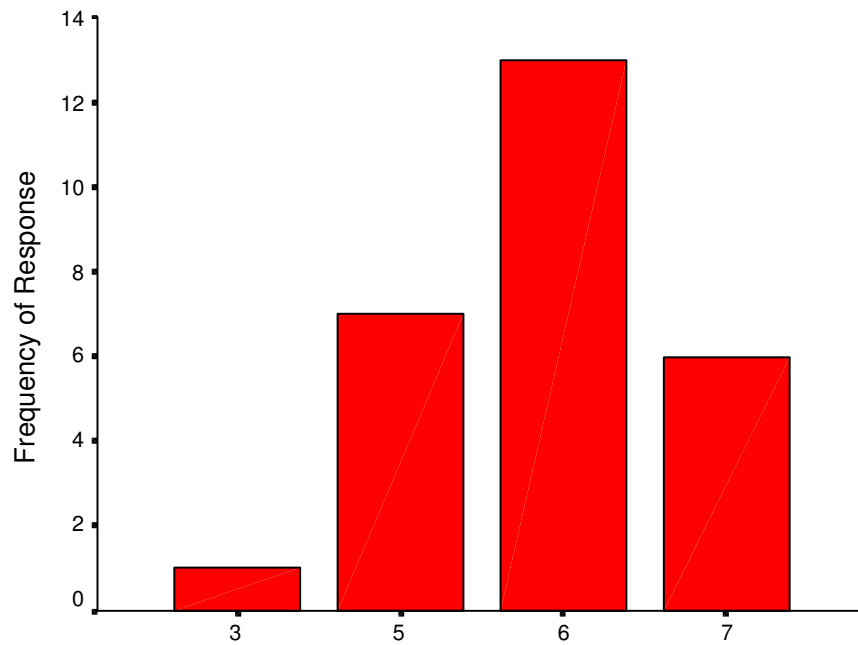


Figure 21: Question 17: Participants Rating on Likert Scale 1-7

Figure 21 shows that the majority of participants rated their ability to solve their problems had increased.

Question 18. I am able to self-regulate my emotions.

Response options: 1 = not at all well. 3 = fairly well. 5 = mostly well. 7 = extremely well.

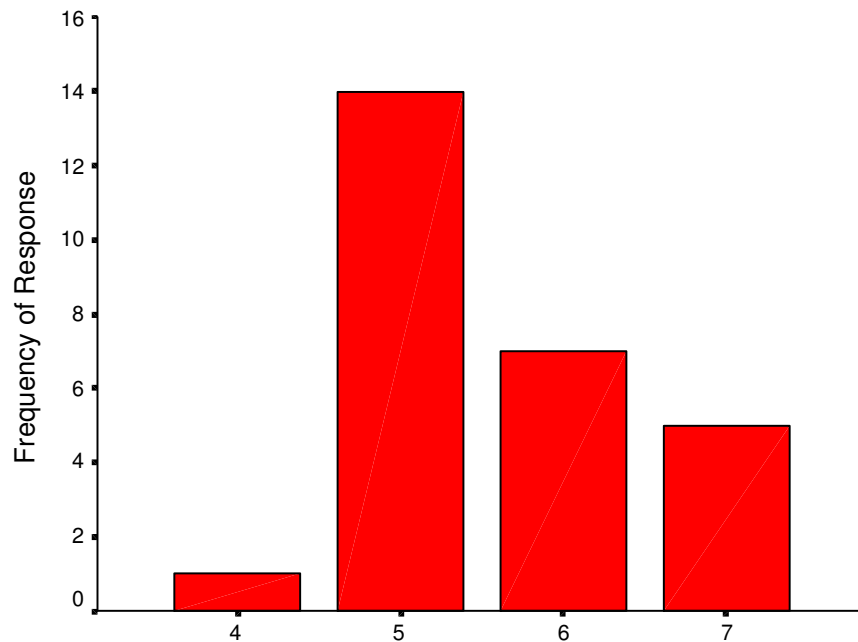


Figure 22: Question 18: Participants Rating on Likert Scale 1-7

Figure 22 shows an impressive majority rated their ability to self-regulate their emotions from “mostly well” to “extremely well”.

Question 19. My self-esteem has improved.

Response options: 1 = very little. 3 = some. 5 = quite a lot. 7 = very much.

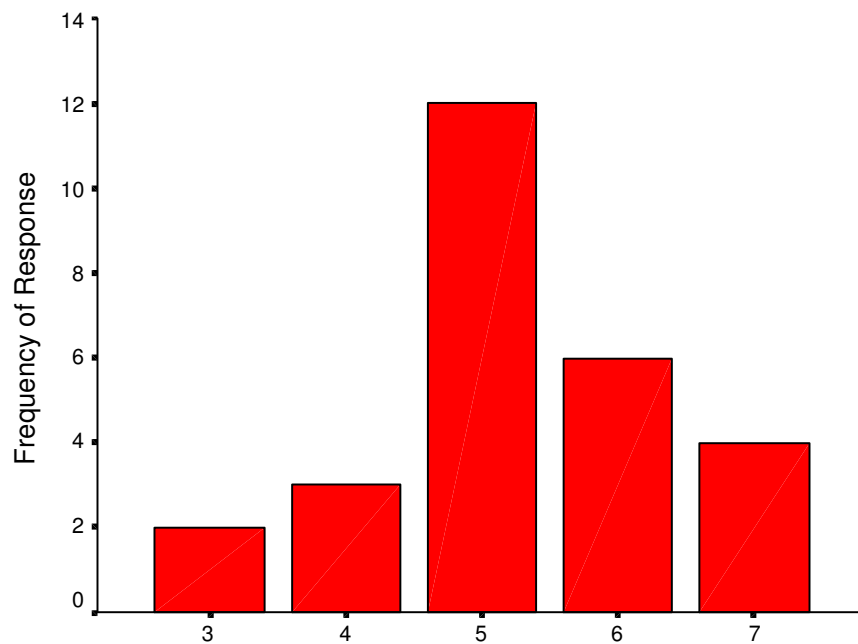


Figure 23: Question 19: Participants Rating on Likert Scale 1-7

Figure 23 shows all participants rated an improvement in their self-esteem, 23 of them from “quite a lot” to “very much”.

Question 20. I feel my internal power is stronger.

Response options: 1 = very little. 3 = some. 5 = quite a lot. 7 = very much.

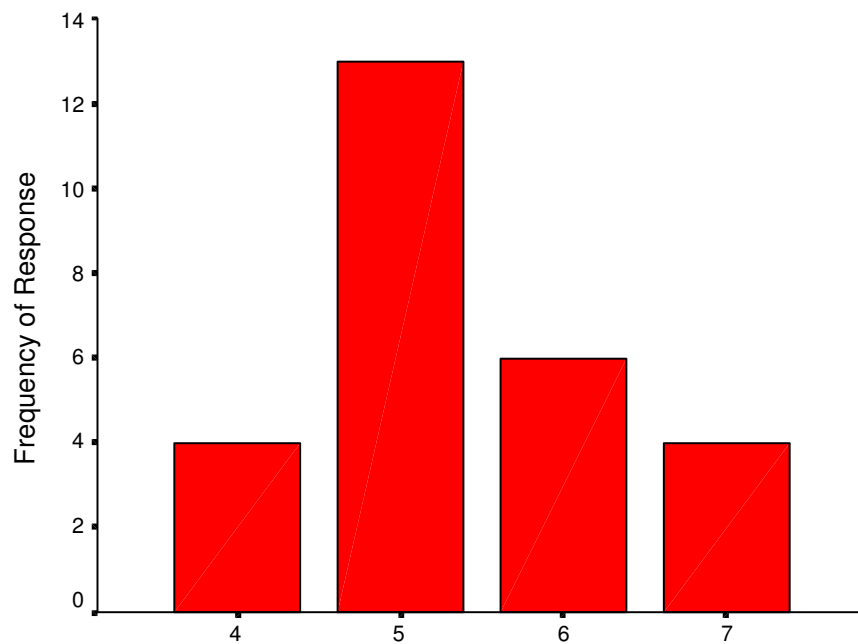


Figure 24: Question 20: Participants Rating on Likert Scale 1-7

Figure 24 shows all participants rated an increase in their internal power, 23 of them “quite a lot” to “very much”.

Question 21. I am able to empower myself, and my loved ones.

Response options: 1 = very little. 3 = some. 5 = quite a lot. 7 = very much.

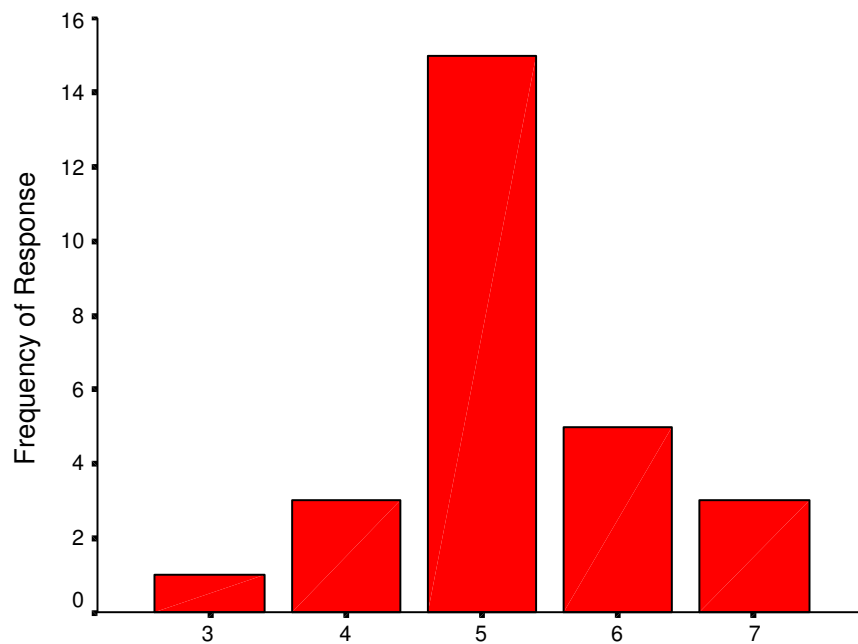


Figure 25: Question 21: Participants Rating on Likert Scale 1-7

Figure 25 shows 24 participants rated their ability to empower themselves and loved ones as “quite a lot” or higher. The other three participants rated some improvement.

Question 22. My relationships are more satisfying and respectful.

Response options: 1 = very little. 3 = some. 5 = quite a lot. 7 = very much.

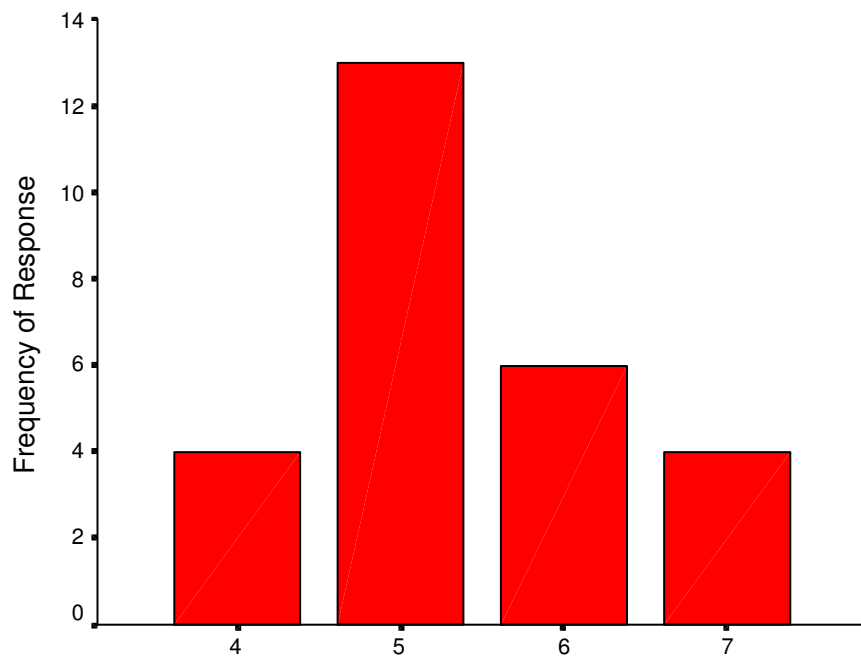


Figure 26: Question 22: Participants Rating on Likert Scale 1-7

Figure 26 shows that the majority of participants now found their relationships more satisfying and respectful.

Question 23. I understand that the cause of my anger is from feeling Core Hurts.

Response options: 1 = very little understanding. 3 = some understanding. 5 = quite a lot of understanding. 7 = very high understanding.

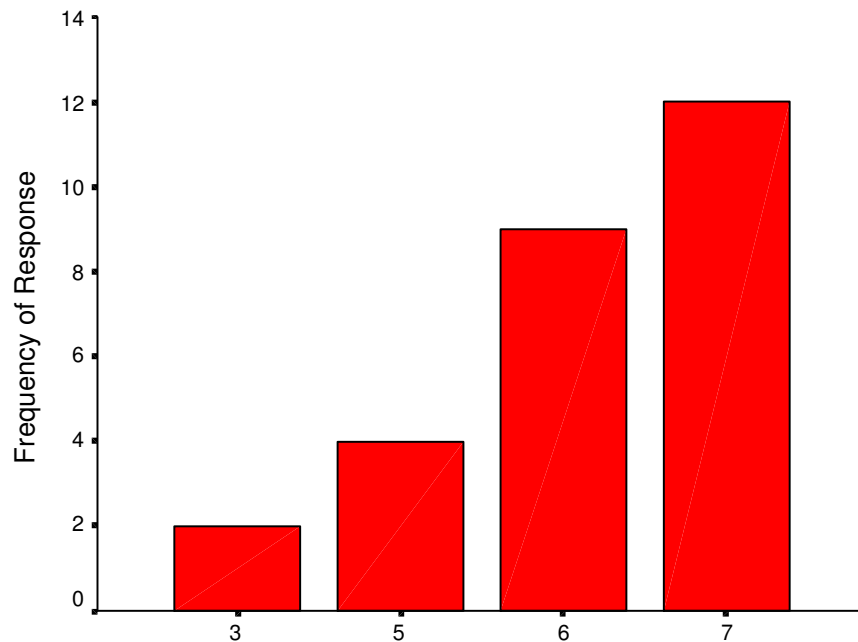


Figure 27: Question 23: Participants Rating on Likert Scale 1-7

Figure 27 shows an impressive increase in participants understanding of the underlying cause of their anger.

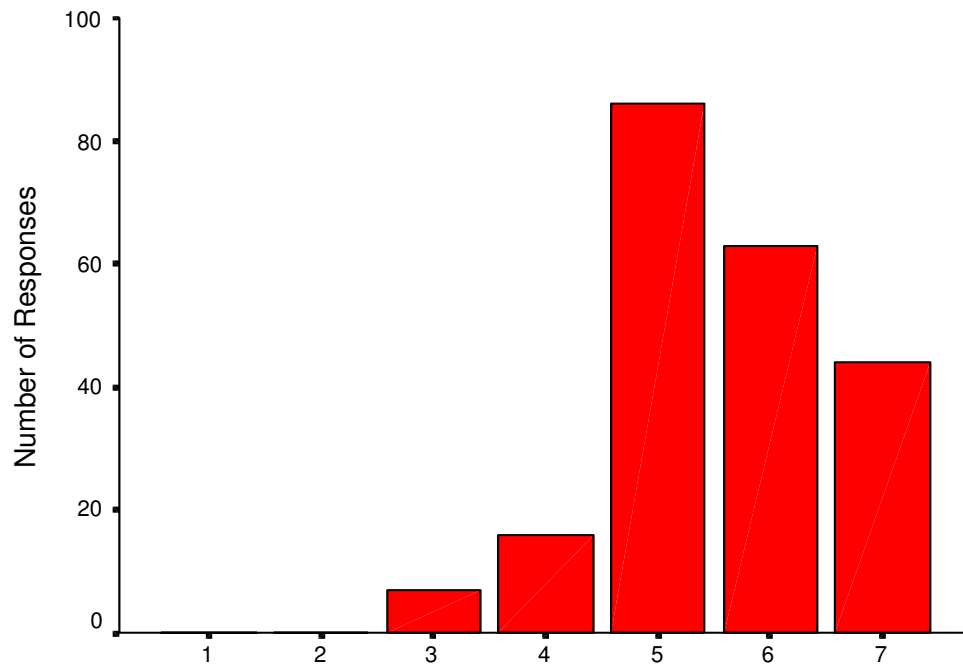


Figure 28: Program Outcomes: Coalesced Summation (Questions 16-23)

Figure 28 shows the blended overall "satisfaction" level for program outcomes. As the graph shows, most participants rated the program outcomes highly.

4.2.6. Summing it all up.

Question 24. In your opinion, how would you describe your behaviour at this point.

Response options: 1 = poor. 3 = fair. 5 = good. 7 = excellent.

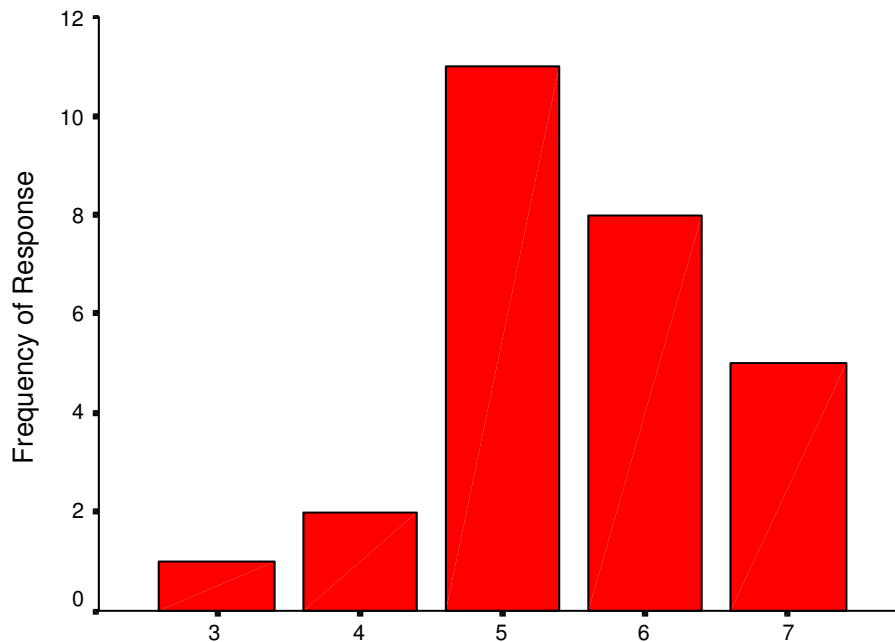


Figure 29: Question 24: Participants Rating on Likert Scale 1-7

Figure 28 shows that the majority of participants rated their behaviour “good” to “excellent”. However, three participants rated their behaviour as fair to poor.

4.3 Part C: Written responses

In Part C, participants were given the opportunity to write about what part of the program was most useful for them, what part of the program was least useful to them, and to make any suggestions on how the program could be improved.

4.3.1 Most useful aspects of the program

Question 25 asked “What part of the program was most useful to you?” Seven believed that all aspects of the program was useful to them, and as participant 18 said “The whole lot, as I had tried many things and had found no solutions. However, now I’m feeling a lot better about myself and others most of the time”. The main theme of the response to this question was learning about the aspects of

anger, the causes of anger and how to heal the hurts that cause their anger. Three participants offered no comments.

4.3.2 Least useful aspects of the program

Question 26 asked “What was the least useful part of the program? One participant said the distance travelled to the venue was the least useful part of the program, and one said all the paperwork and literature they had to fill out was the least useful. Fourteen said all parts of the program were useful and eleven participants offered no response to this question.

4.3.3 Recommendations for change

Question 27 asked “How would you improve the program?” There were five requests for more group interaction and practice. There were five requests to slow the program down, with three requests to make the program less difficult for the less educated and three requests for increased content. Ten participants offered no comments on how to improve the program.

4.4 Summary of Results

The components evaluated in Part B of this study were the program content, program design, course facilitation, program environment, program outcomes, and overall behaviour change. In each of these components of Part B, the majority of participants rated above the mean of five. Responses to all items on the questionnaire were negatively skewed (e.g. A majority of high or “positive” responses). In Part C of the questionnaire where the participants were given the opportunity to express the most useful and least useful part of the program as well as suggestions for improvement, several participants responded with suggestions,

while others did not express any comments. Again, the majority of comments were positive.

Overall the evaluation questionnaire responses suggest a high level of satisfaction with the program. Although the responses suggest a high level of satisfaction with the program, a part of this positive response could be from the halo effect. However, from my observations and unsolicited comments during, after, and the end of the program, I am inclined to believe the program has been of considerable benefit to the participants.

The results and their implication for counselling are discussed in Chapter 5.

Chapter 5

Discussion and Implications for Counselling

5.1 Compassion Program evaluation

The purpose of this study was the evaluation of the effectiveness of the Compassion Model as an alternative to the traditional models of working with people exhibiting abusive behaviour. The aim of this study was to use a specifically prepared questionnaire to evaluate several aspects of the program using the Compassion Model for the teaching of anger regulation skills to people who use abusive and aggressive behaviour in their relationships with others. The principal aspects that were being evaluated were the achievement or otherwise of the program objectives, from the participants perspective. The questionnaire was administered in face-to-face conditions and in-group programs. It was hoped that the program would be successful in helping the participants change their abusive or aggressive behaviours. Participants who participated in this evaluation had completed at least the first eight of the ten sessions.

The evaluation of the program showed that most aspects of the program were rating highly. As a result of the program content, design, facilitation and environment will remain largely unchanged. However, changes that would be worth considering, which showed some support in the feedback, would be to increase the number of sessions to slow the pace of presentation down, as well as, re-designing the presentation of the key concepts of what compassion is and spending more time exploring and improving the understanding of core hurts and core value. The possible inclusion of role-plays may facilitate this understanding.

5.2 Domestic Violence and the Compassion Program

The review of the literature relative to the purpose of the study, presented conflicting views as to the origin and causes of violence, particularly male violence in relationships. The vast majority of the literature focuses on male violence and appears to ignore female violence or blames female violence on men. This is despite the fact that domestic violence is just as prevalent in gay and lesbian relationships. The strong feminist view of the causes of domestic violence and the assertion the males are the sole cause of abusive and aggressive behaviour in relationships, together with the politicisation of this views appear to be a barrier to working together and using scientific and validated research to find effective intervention programs that actually work at illuminating abusive and aggressive behaviour, no matter whether its male or female violence. The literature reviewed many issues of concern relative to the effective intervention in treating abusive and aggressive behaviour. Some literature even suggests that data feminist use supporting their claim that men are violent and women are only violent because of mans abuse of them has been taken out of context.

This review has shown there is considerable division among researchers as to the causes of violent and abusive behaviour. There seem to be considerable lack of support or evidence for the power and control perspective held by many advocates fighting against domestic violence. The causes of domestic violence and aggressive behaviour appear to be elusive and complex. In counselling sessions with many men who presented seeking help with their anger, they describe their feelings of powerlessness to change the conflict occurring in their relationship. There does seem to be multiple causes of domestic violence. It seems to be a combination of these, to which both male and female partners seem to contribute.

However, there are many researchers committed to scientifically evaluating alternative intervention treatments and open to peer review. These researchers are focusing on multiple causes for aggressive and violent behaviours and seem to believe that one model will not fit all.

Most of the participants in the Compassion Program evaluated, stated that their behaviour had improved considerably since completing the program. This is in contrast to the literature on the success rate of the Psychoeducational-based programs; for the most part these programs seem relatively unsuccessful.

It would be worth noting some of the comments from participants who completed the program. Participant 5 said the most useful part of the program was “learning how to deal with problems in my family, how to treat others, and how not to hurt loved ones.” Participant 8 said, “learning about core hurts and understanding where my anger comes from” was the most useful part. “Learning about my core hurts, being able to take control of my anger, and opening up my eyes and brain” were the most useful parts of the program for participant 9. For participant 13, learning about his core hurts, breaking the chain of resentment, and using compassion to solve problems. Learning HEALS and understanding why he got angry and how to regulate it, as well as, learning what to do to prevent it was the most useful part for participant 15. Finally, participant 18 said the whole program, because he had tried many things in the past and had not found any solutions to his anger. He said he now feels a lot better about himself and others most of the time.

The common cycle of violence that is commonly used to explain domestic violence suggests that a person gets angry, explodes, becomes aggressive, then feels sorry and vows never to do it again. However, from the Compassion Model, it is suggested that most people who have an anger problem maintain a medium level of

anger like an attitude, resentment or frustration that never really reduces to a baseline of no anger. This situation lowers the margin for safely dealing with obnoxious events that happen in one's life. An obnoxious event if experienced from a base line of no anger can more than likely be easily dealt with; however, the same obnoxious event experienced from a base line of resentment could easily result in an explosion of dangerous or abusive behaviour.

Understanding the causes of anger and how to heal the hurts is one of the key features of the Compassion program, as well as improving deficits in emotional awareness, compassion, and self-regulation skills. There is no blame or shaming experience from participating in the program. It is explained to the participants that the angrier you are, the more hurt you are, and the true compassionate self lies in understanding where the anger comes from and in healing the hurt.

This non-blaming approach works for both people who abuse and for victims. This approach focuses on everyone taking responsibility for their own healing. Further, it is explained that you do not have power over something you do not own. This program teaches participants that genuine power only comes from inside, and never in the environment. This emotional intelligence training leads the participants to feeling proud and powerful.

The abusive person's response to conflict situations is a common element in domestic violence. In attachment relationship, all parties have the power to make you feel really great about yourself, or really bad. Learning emotional regulation skills teaches participants to use this power with great responsibility.

The Compassion Model focuses on changing dysfunctional and potentially violent interaction between significant others by using a collection of skills and the HEALS technique which is a key element of the program. This collection of skills reinforces

compassionate identity as the best form of self-empowerment. Thus, these self-regulation techniques lower emotional reactivity in the family, allowing greater individual freedom and expression.

There are still many unanswered questions as to the causes of domestic violence and aggressive behaviour in general. It is my experience in talking with my clients that they struggle to do their best with limited life skills in many instances. Men still see their role as providing for their family and I believe they are happy to do that. It is my view that most men realise the patriarchal system is lost in history and most are attempting to change with the times. Confusion about gender roles, financial pressures, high unemployment all increase stress, and these demands on families can result in high stress which seems to be a contributing factor in abusive behaviour from both men and women.

There is still a significant amount of research required to continue finding effective ways to prevent the development of abusive behaviour and to improving the way individuals and society attempts to regulate their hurt feelings.

5.3 Implications for Counselling

The implication for counselling is for practitioners to continually hone their skills in working with aggression and abusive behaviour. From my experience, clients who present with issues of aggressive behaviour already have low self-esteem and feel extremely bad about their behaviour. It is critical to take care in building a solid relationship with the client. This involves being mindful of your own body language, tone of voice, and how you react to disclosures of abuse. If the Compassion Program tells us anything, it is that anything the therapist might do that would convey any disapproval (“shaming”) of the client as a person is almost certainly damaging.

As a result, it is probably going to be the last time the therapist will see that person. Therapy I believe, and this is a premise of the Compassion Program, is about helping people to improve their self-image. I believe as a therapist you will probably only get one chance to engage a client who has been abusive. If you do anything to lose that opportunity, that person may never have the courage to approach anyone again for help and the abuse will continue.

Therapists who work with abusive people need to make sure they have truly healed their own hurt if they have ever been a victim of abuse, before they attempt to work with abusive people. Unless the therapist has healed him or herself, I believe it would be unethical to work in this area, even with other victims.

The relevant elements of the Compassion Program that a therapist needs to focus on are, maintaining a non-blaming attitude with the client, fostering the salient attachment emotion of self-compassion, which is learning to understand one's own internal experience, validating that experience and changing the negative meanings about the self. Self-compassion makes it easier to have compassion for others, by understanding the experience of others, validating their experience, and supporting or empowering others to change.

These skills lead to emotional inter-regulation and self-building. This approach to counselling helps clients in the development of their loving and lovable self. The Compassion Model locates the origin of abusive behaviour in the abuser's use of anger to avoid feeling the more painful emotions of shame or distress, which the abuser may experience as being disregarded, devalued, rejected, powerless, or unlovable. Abusive behaviour begins with the inappropriate reactions to a perceived emotional threat posed by the victim. The therapist's role is to help the abuser to learn to feel worthy of support and love even in difficult situations. This lays the

groundwork for feeling positive emotions of attachment towards others, such as trust, intimacy, and commitment.

Chapter 6

Conclusion

It is evident for the literature that domestic violence and abuse in all its forms is a major problem in society in general and in families in particular. Multiple factors appear to contribute to this dysfunctional behaviour. Poor communication, issues of trust and respect, as well as lack of skills in being able to regulate vulnerable emotions seems to be a few contributing factors.

This research study aimed to gauge the effectiveness of the Compassion Anger Regulation Program based on the feedback received from participants using a questionnaire, which was administered at the end of the eighth session. The program outcomes evaluated in this study were the program content, program design, course facilitator, program environment, program outcomes, as well as, feedback about what was most useful, what was least useful, and how the program could be improved. The specific behaviours the program was attempting to change included violent behaviour, psychological abuse, and the use of non-violent conflict resolution skills during disagreement. This feedback is useful in assessing how successful the program is from the participant's point of view.

The treatment program was successful in communicating specific educational messages. The large majority of participants rated all aspects of the program on the Likert scale of 1 to 7 at 5 or above. Questions about specific types of helpfulness revealed insights into the type of benefits imparted. Treatment outcomes were rated high in avoiding abusive behaviour, recognising the cause of their anger, and building their confidence in regulating their vulnerable emotions.

This evaluation was limited by not having a comparison group, the small number of participants, a captured audience, no survey of partners, and the short-term

measure of the outcomes. Further assessment need to be conducted over a 12 or 24-month period to assess the long-term benefits of the Compassion Program.

Further research should address these issues by using a larger sample group of participants, survey of partners at a 12 or 24-month interval to assess the long-term change in abusive behaviour, and by using a comparison group to assess whether any change in behaviour was due to participation in the Compassion Program.

This study however, limited as it was, provides the confidence to pursue these broader research goals.

References

- Abuse Data (2002). Recidivism based on report of victims. Retrieved August 24, 2002 from the World Wide Web: <http://compassionpower.com/statisti.html>
- Bennett, L. W. (1998). In defence of batterer-program standards. Families in Society, 79(1), 93-97.
- Berk, E. L. (1997). Child development (4th ed). Needham Heights, MA: Allyn and Bacon.
- Bowlby, J. (1980). Attachment and loss: Vol 3. Loss. New York: Basic Books.
- Brandl, B. (1990). Programs for batterers: A discussion paper. Department of Health and Social Services. Retrieved August 31, 2002 from the World Wide Web: <http://comnet.org/bisc/brandl.html>
- Broucek, F. J. (1991). Shame and the self. New York: Guilford Press.
- Creswell, J. W. (2002). Educational research: Planning, conducting and evaluating quantitative and qualitative research. Upper Saddle River, NJ: Prentice Hall.
- DAIP (undated). Guiding principles of intervention. Retrieved June 5, 2002, from the World Wide Web: <http://www.duluth-model.org/index.htm>
- Dimopoulos, M., Baker, R., Sheridan, M., Elix, J., & Lambert, J. (1999). Mapping pathways of service provision: Enhancement of family violence protocols and interagency linkages: Canberra, Australia.
- Domestic Violence Action Group. (1989). Domestic Violence Workshop Manual for counsellors, health and welfare workers (6th ed.). Adelaide.
- Edleson, J., L. (1995). Do batterers' programs work? Minnesota Centre Against Violence and Abuse (MINCAVE). Retrieved August 31, 2002 from the World Wide Web: <http://www.mincava.umn.edu/papers/battrx.htm>

Evaluation Tools. (undated). Questionnaires. Retrieved March 5, 2002 from the World Wide Web: http://mime1.marc.gatech.edu/MM_Tools/evaluation.html

Finzi, R., Ram, A., Har-Even, D., Shnit, D., & Weizman, W. (2001). Attachment styles and aggression in physically abused and neglected children. Journal of Youth and Adolescence, 30(6), 769-786.

Frances, R. (Ed.). (1994). Mirrors, windows and doors: A self help book for men about violence and abuse in the home. Richmond, Australia: V-Net.

Healey, K., Smith, C., & O'Sullivan, C. (1998). Batterer Intervention: Program approaches and criminal justice strategies. Office of Justice Programs. Retrieved August 30, 2002 from the World Wide Web: <http://www.ojp.usdoj.gov>

Laing, L. (2000). Progress, trends and challenges in Australian responses to domestic violence: A background paper to the Issues Paper Series. Sydney, Australia: Australian Domestic & Family Violence Clearinghouse.

Marcus, R. F., & Kramer, C. (2001). Reactive and proactive aggression: Attachment and social competence predictors. The Journal of Genetic Psychology, 162(3), 260-275.

McCellan, A, C. & Killeen, M, R. (2000). Attachment theory and violence toward women by male intimate partners. Journal of Nursing Scholarship, 32(4), 353-359.

McNamara, C. (undated - a). Basic guide to outcomes-based evaluation for non-profit organizations with very limited resources. Retrieved July 17, 2002 from the World Wide Web: <http://www.mapnp.org/library/evaluatn/outcomes.htm>

McNamara, C. (undated - b). Designing you program evaluation plans (including outcome-based evaluation). Retrieved February 24, 2002 from the World Wide Web: http://www.mapnp.org/library/np_progs/evl_mod/evl_mod.htm

Moore, K. J., Greenfield, W. L., Wilson, M., & Kok, A. C. (1997). Towards a taxonomy of batterers. Families in Society, 78(4), 352-360.

National Crime Prevention Group. (1999). Ending domestic violence? Programs for Perpetrators. Canberra, Australia: Author.

O'Neill, D. (1998). A post-structuralist review of the theoretical literature surrounding wife abuse. Violence Against Women, 4(4), 457-490.

Parker, J. (2002). Attachment and adult psychotherapy. Clinical Social Work Journal, 30(1), 113-116.

Pence, E., & Paymar, M. (1993). Domestic violence information manual: The Duluth domestic abuse intervention project. Retrieved August 4, 2002 from the World Wide Web: http://www.eurowrc.org/05.education/education_en/12.edu_en.htm

Queensland Domestic Violence Task Force (1988). Beyond these walls: Report of the Queensland Domestic Violence Task Force to the Honourable Peter McKechnie. Minister for Family Services and Welfare Housing. Brisbane, Australia: Dept. of Family Services.

Relationships Australia (NSW). (1998, August). Domestic violence: Current responses, future directions: Conference proceedings. Sydney: Relationships Australia.

Retzinger, S. M. (1991). Violent emotions: Shame and rage in marital quarrels. Newbury Park, CA: Sage Publications. Inc.

Roberts, G. (1988). Domestic violence: Costing of service provision for female victims – 20 case histories. In Beyond these walls: Report of the Queensland Domestic Violence Task Force to the Honourable Peter McKechnie. Minister for Family Services and Welfare Housing. Brisbane, Australia: Dept. of Family Services.

Shepard, M. F., & Pence, E. L. (Eds.). (1999). Coordinating community responses to domestic violence: Lessons from Duluth and beyond. Thousand Oaks, CA: Sage Publications.

Simons, K. J., Peaternite, C. E., & Shore, C. (2001). Quality of parent/adolescent attachment and aggression in young adolescents. The Journal of Early Adolescence, 21(2), 182-203.

Stosny, S. (1995). Treating attachment abuse: A compassionate approach. New York: Springer Publishing Company.

Stosny, S. (undated). The Compassion Workshop. Introduction for group leaders: Material prepared by Stephen Stosny.

Strategic Partners Pty Ltd in collaboration with the Research Centre for Gender Studies, University of South Australia (1999). Meta evaluation: Partnership against domestic violence. Current perspectives on domestic violence. A review of national and international literature. Canberra, Australia: Pirie Printers Pty Ltd.

Umberson, D., Williams, K., & Anderson, K. (2002). Violent behaviour: A measure of emotional upset. Journal of Health and Social Behaviour, 43(2), 189-206.

Vincent, J. P., & Jouriles, E. N. (Eds.). (2000). Domestic violence: Guidelines for research-informed practice. London; PA: Jessica Kingsley Publishers.