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LOYOLA UNIVERSITY CHICAGO

THE PRESENCE OF EMPATHY IN MALE COMPLETERS OF A PARTNER ABUSE
INTERVENTION PROGRAM

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY

KATHERINE DAHLBERG

CHICAGO, ILLINOIS

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To my daughter, Bella Lin Dahlberg-Bowman

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ABSTRACT

There is an abundance of research which has explored the complex nature related to men who commit partner abuse including: causative factors, co-occurring variables, treatment efficacy, and attrition and recidivism rates. Although, all of these issues are relevant to understanding and eliminating the problem of partner violence, unexplored conditions still remain. For instance, the mystery surrounding an abusive man's level of remorse for his behavior; particularly, his capacity for empathy toward his victim and related insights to how his behavior has had an impact on his victim have been under-researched. Exploring the ways in which abusive men think and learn opens up opportunities which, may lead to a better understanding about what works in treatment. This researcher's questions related to male completers capacity for empathy toward their partners post treatment was examined.

A qualitative analysis of 17 court-ordered male completers of a partner abuse intervention program, (PAIP) examined the presence of four types of empathy: mutual, cognitive, affective, and action oriented empathy including a comparative non-empathic condition, personal distress. Findings revealed that the therapeutic group environment which, used psycho-educational and conscious raising methods emphasized by teaching power and control dynamics, encouraged men's insights and expressions of empathy toward their partners. Men's expressions of cognitive empathy was a predominant theme followed by mutual empathy, a term derived from the feminist based Relational-Cultural

model. The added influence of the judicial system was associated with expressions of personal distress. Implications related to the association between treatment modality and the men's expressions of empathy and personal distress is discussed. Suggestions for practice, policy, advocacy, and future research is explored.

CHAPTER I

MEN WHO BATTER AND ASSOCIATED VARIABLES

Introduction

It has been over 40 years since the problem of domestic violence was brought to the forefront by the feminist movement, yet there is still limited research about what makes treatment successful for an individual abusive man (Pandya & Gingerich, 2002). Despite this gap in the literature, partner abuse is still prominent (Lundy & Grossman, 2005) with an abundance of research that has studied batterer intervention programs (see Babcock, Green, & Robie, 2002; Buttell & Pike, 2002; Dalton, 2001; Eckhardt, 2004; Gondolf, 2008; Gondolf, 2000; Jones & Gondolf, 2001; Levin-Rozalis, Bar-On, & Hartaf, 2005; McCloskey, Sitaker, Grigsby & Malloy, 2003; Pandaya & Gingerich, 2002; Saunders, 2008; Scott, 2004; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006; Smith, 2007), and those that have offered insight into male battering patterns including: re-assault rates across cities (Gondolf, 2000); motivation to change (Bennett, Stoops, Call & Flett, 2007); early dropout rates (Hamberger, Lohr & Gottlieb, 2000); deficits in emotional intelligence (Smith, 2007); problem solving capabilities, intimacy and impulsivity, and substance abuse problems (Hamberger & Hastings, 1991).

Pathology

Given that attrition rates within batterer treatment programs are high

(McCloskey, et al., 2003) and the problem of partner abuse continues to threaten relationships with substantial associated costs and consequences (Eckhardt, et al., 2004), it is not surprising that a good portion of the literature has focused on drop out and re-assault rates. For instance, research from programs that treat men who batter have looked at personality characteristics associated with specific behaviors, recidivism, and assault. One study on early dropout rates from a treatment program found a link with higher incidences of police involvement and paranoid personality characteristics (Hamberger, Lohr & Gottlieb, 2000). Others have found correlations with substance abuse, personality traits, and violence, while some have shown no link between these variables (Hastings, 1990; Hamberger & Hastings, 1991). In another study which assessed a sample of martially violent men and martially non-violent men, martially violent men were found to have difficulties in three general areas: problem solving skills, impulsivity, and intimacy (Hamberger, 1992). Deficits in emotional intelligence related to the capacity to recognize and regulate one's own feelings, empathy, and understanding another's emotional state have also been implicated in proneness to violence (Smith, 2007).

Personality deficits alone may not predict the outcome of a treatment program and may not explain why some men with personality disorders are successful at change and learn to avoid future abusive behaviors while others do not. Rather, other personal barriers such as conflicts in therapy styles between therapist and client, co-occurring disorders, (Pandya & Gingerich, 2002) and other external factors may be related to why some men are not successful program completers.

Co-occurring Variables and Social Factors

For instance, there are reviews that indicate that program completion may be influenced by substance abuse problems and unemployment (Dalton, 2001). Dalton's (2001) study on batterer characteristics and program completion found that being employed was correlated to successful program completion while substance abuse and unemployment was linked to program drop out. Others report that men who batter may be less likely to seek out treatment for their abusive behaviors, have cultural differences which may influence their decision to seek treatment or stay in treatment, and may have other factors that impact their choices to complete treatment such as: educational levels, emotional problems, personal history of abuse, and past criminal history (McCloskey, et al. 2003). Additionally, McCloskey's et al. (2003) review noted conflicting outcomes concerning the "typical" male batterer. For instance, predictive validity regarding batterers who complete treatment versus those who do not varies because research suggests that there is no known "typical batterer profile" (pg. 70).

Variations within factors such as: employment, educational attainment (Hamberger & Hastings, 1991), alcohol and drug use (Bennett, Tolman, Rogalski & Srinivasaraghavan, 1994), a history of childhood abuse (Hamberger & Hastings, 1991), and personality disorders (see Barnett & Hamberger, 1992; Bersani, Chen, Pendleton & Denton, 1992; & Hamberger & Hastings, 1991) can influence program completion for a man who batters, lending credence to the thought that males who batter are a heterogeneous group.

Other research has supported the notion that specific variables such as mental health problems or drug and alcohol abuse are not predictable factors in determining

completion of a treatment program for men who batter. Pandya & Gingerich's (2002) modest qualitative case study on men who batter suggests that a history of mental health issues and addictions were not, by themselves determining factors in predicting successful treatment outcomes.

Demographic Variables

Investigating demographic and psychological variables between drop out and treatment completers among abusive men entering a court mandated treatment program, Buttell & Pike (2002) found no differences between groups regarding variables as a predictor for treatment completion. The researchers discovered that among classification accuracy related to demographic variables such as: age, ethnicity, marital status, education level, and annual income, 100 percent of the completers were accurately predicted to finish treatment while those who did not finish the program were not at all accurately predicted by demographic characteristics to finish the program. What they did find was that of the 91 men who participated in the study, only 28 percent did not finish treatment. Moreover, the authors suggested that due to the strict law in the community from which the sample was drawn, and the fact that the men were court referred with a previous history with law enforcement officials, the aggressive support of the judicial system was part of the reason for the men's success. These findings are inconsistent with others who have found that education, employment, self-reported use of substances (Cadsky, Hanson, Crawford & Lalonde, 1996; DeMaris, 1989) are correlated with attrition while others have found that marriage, ethnicity, and being assessed as ready to change (Bennett, Stoops, Call & Flett, 2007) are important predictions to treatment completion.

Treatment Variables

In a similar attempt to understand what factors influence change in men's abusive behaviors, Scott & Wolf (2000) conducted a qualitative study of male program completers which focused on the men's accounts of factors that promoted change behavior. The team studied 9 reformed male completers of a feminist-oriented group treatment program. They found that 75% of the men indicated increased responsibility for past abusive behaviors, development of empathy for their partner's victimization, improved communication skills, and reduced partner dependency as significant contributors of change. In a recent study attempting to understand what facilitates change among men who batter, Silvergleid & Mankowski (2006) conducted in-depth interviews with 10 group facilitators and 9 male completers of a batterer intervention program. The authors found that one of the most prevalent factors associated with change was the relationship of trust and respect developed between the men and the group facilitators. Findings indicated that the facilitator's ability to demonstrate empathy, group member's ability to model and to teach fellow members through experience and camaraderie were all factors that promoted change. These findings suggest that establishing a feeling of human connectedness through meaningful exchanges experienced in a therapeutic group environment may be important factors which help to promote change in men who batter their intimate partners. In fact, some researchers suggest that a primary source of suffering in a person's life is a feeling of isolation which results in a state of disconnection and marginalization (Jordon, 2001). It is thought that mutually empathic exchanges within the therapeutic relationship break down these barriers by creating an environment of learning through respect and emotional responsiveness (Jordan 2008). If

modeling and establishing trusting relationships within a treatment setting can promote connectedness leading to increased capacities of empathic exchanges; then perhaps, these experiences can transcend into healthier relationships between men with abusive histories and their female partners.

Purpose of the Study

This study has grown out of the clinician researcher's commitment to social work. The tenets of social work practice seek client self-determination and empowerment of the most disenfranchised and disregarded groups of those among us. Certainly, men who batter are some of the most maligned and misunderstood although also some of the most difficult to understand. It is in the service of those who produce some of our greatest challenges and require our most determined use of social work tenets that I dedicate my work toward better understanding men who batter. Current gaps in the literature associated with what makes treatment successful for an individual man who has been abusive (Pandya & Gingerich, 2002) has raised questions relevant to the interests of this researcher. Moreover, there is even less information about an abusive man's capacity for empathy toward his victim (Marshall & Marshall, 2011; Covell, et al., 2007) with little information related to how one responds to another person's pain (Goubert, et al., 2005).

With this in mind, the purpose of this study was to examine qualitative data for the presence of empathy in men who have completed a partner abuse intervention program, (PAIP). The analysis was used to explore the research questions pertaining to the men's accounts and expressions that suggest empathy. The purpose for exploring this concept was to add to the body of research and to address current gaps in the literature

surrounding the capacity of empathy in men who batter their female intimate partners.

Important aspects of this study were to examine variables which may have contributed to the men's understanding of their abusive behaviors, and to their capacity to develop empathy toward their victims.

Some of these factors included program completer's treatment experience and relationships with treatment providers. Because intimate partner violence continues to plague society by impacting the development of healthy adult intimate relationships, endangering the lives of women and children, affecting the quality of life of the men who abuse, and putting an economic and emotional strain on society, this study bears importance. The study of the presence of empathy in male completers of a PAIP has revealed information related to what may influence how an abusive man may learn. Aspects of programming, such as treatment approach and curriculum may have contributed to their ability to express empathy and possibly avoid future abusive behaviors.

CHAPTER II

LITERATURE REVIEW

Empathy: Historical Underpinning and Theory to Moral Development

A review on the evolution of empathy and how it relates to moral development has revealed disparities among philosophers and theorists whose work suggests an interest in the human condition related to developing meaningful and caring relations with others. The historical research related to the capacity for empathy has been cited by many. These authors claim that, social influences shape moral development and prosocial behaviors which, become visible by the ability to empathize and provides evidence that the moral construct has been fully developed (see Feshbach & Roe, 1968; Iannotti, 1985; Eisenberg & Miller, 1987; Hoffman, 2000; Batson, et al., 2003; Broidy, Cauffman, Espelage, Mazerolle & Piquero, 2003; Feldman, 2007). Additionally, perspective taking abilities and empathy have frequently been referenced together and are considered to be central components to moral behavior (Johnson, 1993; Batson, et al., 2003; Feldman, 2007). The widespread belief of imagining oneself in another person's shoes as related to morality has been found in religious teachings, moral philosophy, and moral psychology (Batson, et al., 2003).

Immanuel Kant, who attempted to apply universal, impartially applied principals of justice, which later may have influenced Kohlberg's construction of universal moral stages (Hoffman, 2000) may have been some of the first philosophical and religious

views related to morality which have attempted to answer questions related to how one's moral character is developed. One answer, the "doctrine of original sin", which assumes that people are born self-centered and acquire a moral sense through socialization, is paralleled in early Freudian and social learning theories which, stress the importance of moral development by way of reward and punishment (Hoffman, 2000). The experiences of preverbal and emotional attunement between mother and child which, lead to the internalizations of social rules (see Freud 1916-1917/1955 and Kohut, 1971) are also thought to influence internal moral structures. The dialogical base of morality, emphasized by effective parenting skills denoted through warmth, clear boundaries, affective sharing, and matching of emotional states have also been described by Feldman (2007) and Hoffman, (2000) who have drawn from these historical teachings.

On the other hand, cognitive-developmentalists such as Piaget, assume that adults interfere with children's moral development and that children attempt to overcome this by actively acquiring moral norms through social interactions with peers (Hoffman, 2000). Humanists, such as Rogers, (1957/2007) have described empathy as an innate and involuntary response. Others have taken a similar stance, describing empathy from an evolutionary standpoint by claiming that mimicry and imitation, seen in both human and non-human social animals, are precursors to empathic behaviors (Preston & de Waal, 2002). The longstanding interest and perhaps concern related to the individual capacity to care for another human being is not a new concept and as this discussion suggests, an important aspect to what is critical in developing and maintaining meaningful connections with others. The implicated emphasis of morality related to human connectedness and the capacity to empathize suggests that empathy is valued as a

primary construct to the human condition. It is for these reasons that studying men who batter and their ability to empathize with their victims is important for their ability to develop meaningful and caring intimate partner relationships.

The moral and psychological and more recently, the clinical literature seek to understand and describe the evolution of the development of empathy. This is especially relevant when working with men who batter as it is an indication of their learned and/or re-learned ability to connect to others. Most specifically, it relates to their ability to relate to their victims, which is critical to evaluating the success of treatment programs. For the purpose of this study, understanding whether or not abusive men were able to make empathic connections with their victims could be important to the field of social work, working with men who batter, and ameliorating violence within intimate relationships. Understanding what empathy means and how it is expressed is part of the process of appreciating how individuals demonstrate compassion, connectedness, and an understanding of another's experience. However, as we will find, the concept of empathy has been explored from different perspectives revealing many facets which need to be mentioned in order to fully understand how it has been defined in more recent years.

Empathy

A good portion of the literature defines empathy as an individual's ability to act in a responsive way to the perceived feelings of another (Jolliffe & Farrington, 2004). Further, empathy is described as the ability to compare one's own perspective with that of another person (Mohr, Rowe, & Blanke, 2010; Baston et al., 2011). Due to its parallel with the philosophical moral construct, it has gained attention as one of the most important individual characteristics in the context of social behavior (Kampfe, Penzhorn,

Schikora, & Dunnzl, et al., 2009). Whereas a lack of empathy has been associated with callus, unemotional, and aggressive behavior (Ang & Goh, 2010) denoting the worst things human beings can do to one another, (Gerdes & Segal, 2011) the presence of empathy has been linked with psychologically healthy individuals, (Erera, 1997) emotional stability, (Roche, Shoss, Pincus & Menard, 2011) altruistic motives, (Snow, 2000) and prosocial helping behaviors (Kampfe, et al., 2009; Snow, 2000). Empathy denotes a sense of respect and acceptance that another person's experience is unique, but it also includes a vicarious component for which one person is able to connect to another's private world as though that world is their own (Rogers, 1957/2007). Empathy is an understanding that one person's feelings are separate from the experiences and feelings of another (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007). That is, the other person has desires and needs that differ from one's own, (Snow, 2000) and that there is a presence of self-awareness that does not blur the boundary between one's own feelings and the feelings of another (Decety & Moriguchi, 2007; Rogers, 1957/2007). Thus, the ability to continuously self-differentiate while maintaining emotional connectedness and proximity to others is crucial for the capacity to empathize (Freeberg, 2007).

Notwithstanding the various ways for which empathy has been defined and understood, many authors concur that the definition of empathy is multidimensional in nature (Ang & Goh, 2010; Shamay-Tsoory, Tomer, Goldsher, Berger & Peretz, 2004; Yeo, Ang, Loh, Fu & Karre, 2011; Hoffman, 2000) and consists of two distinct constructs: cognitive empathy and affective empathy (Goubert, et al., 2005; Snow, 2000; Jolliffe & Farrington, 2004; Yeo, et al. 2011; Young, et al. 2008).

Cognitive empathy. Cognitive empathy has been described as the ability to understand that another person is experiencing an emotion (Snow, 2000; Jolliffe & Farrington, 2004), while also understanding at the intellectual level how that person may be feeling (Young, et al. 2008). Cognitive empathy inherently involves intellectual processes related to intentionality, expectancies, decision making, interpersonal judgment (Goubert, et al. 2005), perception, recognition, and attribution (Covell, Huss, & Langhinrichsen-Rohling, et al. 2007). Goubert, et al. (2005) describe the process of cognitive empathy as a “top down process” which includes the use of cognitive functions such as understanding another’s situation based on one’s own experience and knowledge. Thus, cognitive empathy includes an understanding of another’s feelings based on one’s own experiences, and the ability to relate to the other person based on this knowledge.

Affective empathy. Goubert, et al. (2005) describe affective empathy as an awareness of another person’s experience and the ability to respond to another in an appropriate way (Marshall& Marshall, 2011; Young, et al. 2008; Snow, 2000). Specifically, affective empathy, sometimes referred to as emotional empathy (Gerdes & Segal, 2011; Shamay-Tsoory, et al. 2004) is the ability to identify with another’s emotional state based on the other’s facial and verbal expressions (Shamay-Tsoory, et al., 2004). This also involves the observer’s ability to display an appropriate and congruent change in mood in response to another’s circumstances by sharing in that person’s emotional distress (Young, et al. 2008). Moreover, many have claimed that affective empathy is distinguished by two qualitatively distinct responses: an orientation to the self-response, which is motivated by the need to relieve one’s own personal distress (Yeo, et al., 2011; Marshall & Marshall, 2011; Batson, et al., 2003; Eisenberg, et al.,

1988; Goubert, et al., 2005), and an orientation to the other response, which is an altruistic motivation to help the other (Goubert, et al., 2005).

Mutual empathy. Mutual empathy, derived from the feminist based Relational-Cultural Theory Model, of the Stone Center at Wellesley College (Freedberg, 2007) includes the primary components of cognitive and affective empathy. The distinguishing feature of mutual empathy is characterized by aspects related to mutual respect including: an understanding of cultural differences, power differentials, male privilege, and the importance of a shared power paradigm (Freedberg, 2007; Jordan, 2008). Gilligan's (1995) early contributions to these ideas support arguments against patriarchal paradigms which reinforce the "feminine ethic of care" (p. 122). This theory describes a condition which keeps women "separated politically and psychologically from a realm of individual autonomy and freedom which is the realm of justice and contractual obligations" (p. 122). The author describes this social condition as responsible for shaping ideas around a woman's sense of being and supports notions that she should care for and give to others in spite of herself. These conditions contribute to a woman dismissing her own autonomy which, increases inner conflict and guilt between that of meeting her own needs and the needs of others. Gilligan (1995) explains that a "feminist ethic of care" differs in that it exposes these disconnections and signifies the importance of "connection" between people including aspects that are considered "fundamental in human life" (p. 122). The author claims that old developmental theories central to male development (Gilligan, 1977) support a separate sense of self which blocks bonds within intimate relationships (Gilligan, 1995) and prevents interdependence between women and men (Gilligan, 1977). Thus, Gilligan's (1995), distinctions from the "patriarchal voice"

to the “relational voice” (p. 120) denounces disconnections between men and women and instead, promotes ideas that support relational bonds. Gilligan’s work is paramount to the Relational- Cultural theory which brings an awareness to the patriarchal marginalization and culture and power practices within a socio-cultural context. These include: male-oriented ideals, competition, and an understanding that resources and opportunities are often rewarded or withheld from certain groups, (for the purposes of this study-men) and are based on cultural privilege (Freedberg, 2007).

Thus, in order for empathic communication between men and women to be successful, there needs to be an understanding that a “woman’s worldview is filtered” through these experiences and as a result she may feel isolated and marginalized (Freeberg, p. 257). Connectedness and interdependence between men and women breaks down the barriers which prevent a balance of autonomy and inter-connectedness between men and women which are essential elements to healthy relationships.

Failure to understand the dynamics which create distance and power differences between men and women reinforces isolation tactics that abusive men have used as a main source of control over a woman (Jordan, 2008) and to marginalize oppressed groups within the societal context for which it occurs (Jordan, 2000; Jordan, 2008). Relational- Cultural Theory suggests that a main source of pain for people is isolation (Jordan, 2000; Jordan, 2008) and that people feel isolated when others cannot or will not connect; leaving a person feeling vulnerable, unlovable, and lacking confidence about his/her abilities in a relationship (Jordan, 2000). An important aspect to mutual empathy is that it breaks down isolation and allows the other to feel connected (Jordan, 2000; Jordan, 2008).

The ideas around the Relational-Cultural Model have been used to guide professional therapists in developing empathic client-worker relationships which aim to increase the capacity for a culturally aware, mutually reflexive and shared power paradigms which hope to empower and eliminate individual isolation (Freedberg, 2007; Jordan, 2008). But, the model can also be useful when it is applied to how men and women can learn to relate to one another and also, how men can learn to challenge existing notions about the way in which men and women should think and behave. Adopting this paradigm can lead to mutual empathy which would eliminate traditional philosophies that uphold and encourage the idea that people are autonomous and individualistic. Instead, people are considered interdependent and in need of a shared validation which supports and defines a sense of relational belongingness (Campo-Engelstein, 2009).

The Jean Baker Miller Training Institute at the Wellesley Centers for Women offers a descriptive glossary of relational-cultural theory terms including mutual empathy, mutuality, mutual empowerment, and relational-cultural mindfulness, which support the shared-paradigm principles necessary for empathy to take place in any type of relationship (Glossary of Relational-Cultural Theory Key Terms, nd.). The described key components for mutually empathic exchanges include: 1. Both people moving with a sense of mutual respect, 2. Both people having an intent for mutual growth, 3. Both people desiring an increased capacity for connectedness 4. Both people must see, know, and feel, that they are being responded to, having an impact, and mattering to one another. 5. Both people feeling a sense of attunement leading to movement within the relationship which is both affective and cognitive (see definitions for affective and

cognitive empathy). 6. Both people feeling an enlarged sense of community, and 7. Both people feeling a sense of supported vulnerability such that one's vulnerability will not be taken advantage of or violated (Jean Baker-Miller Training Institute, found online, n.d.).

Overall, mutual empathy includes a profound respect, authentic responsiveness, a sense of humility, non-defensiveness, an attitude of curiosity, mindfulness, awareness of patriarchal paradigms and an appreciation of the power of learning (Jordan, 2008).

Similar to other definitions of cognitive empathy, there is a well differentiated sense of the self, interest, responsiveness, and the intent to understand (Freedberg, 2007). Equally significant is the ability to recognize one's own contributions to the quality of connection or disconnection in the relationship wherein two or more people feel they are having an impact on one another (Spencer, 2000) including the willingness to shift from the "patriarchal voice" to a more "relational voice" of reasoning which supports the need for interconnectedness in male and female relationships (Gilligan, 1995/1977).

Anticipatory empathy. Finally, anticipatory empathy includes the ability to use one's own experience to assume the impact of one's behavior on the other person and is a critical component to mutual empathy (Jean Baker-Miller Institute: Glossary of Terms, n.d.). This aspect of mutual empathy mirrors the definitional aspects of cognitive empathy which supports the idea of understanding another person's experience by drawing from one's own experiences (Goubert, 2005). It also includes underlying assumptions which seem to align with the definitional component of affective empathy which includes the ability to recognize the impact of one's behavior on another. This type of empathic awareness seems pivotal as it relates to one's ability to make a conscious decision toward changing behaviors that may be harmful to another. For the

purpose of this study, it refers to a man's abusive behavior toward his female partner.

Since anticipatory empathy includes aspects of both cognitive and affective empathy it will not be used as a distinct definition in this study as it will be implicit in both the cognitive and affective empathy definitions.

Overall, empathy is best construed as a sense of knowing the experience of another person utilizing cognitive, affective, and behavioral components (Goubert, et al., 2005) while knowing how to appropriately respond to another's emotional state through understanding and experience about how another person might feel, including the ability to recognize another's feelings via facial expressions, body language, and verbal cues and taking some type of action to demonstrate care or concern (see Batson, et al. 2003; Marshall & Marshall, 2011; Hakansson & Montgomery, 2002). The capacity to understand cultural influences, power differentials between men and women, and how these factors shape one's view point, particularly a woman's viewpoint, adds to a fuller conceptualization of empathy. The multifaceted nature of empathy seems to require intellectual capacities which include the ability to "read" another person's current state of being through a process which is sensitive to individual differences, lacks control over another, and coordinates knowledge, experience, and one's own distress responses, which results in appropriate action toward another.

As suggested earlier, the ability to empathically respond to another person's emotional state may be connected to one's psychological and emotional stability. Undoubtedly, there is an abundance of research by various disciplines which have explored the factors that contribute to a person's psychological and emotional health. If the presence of empathy exists in psychologically and emotionally healthy individuals as

previously suggested, then the factors which may contribute to this are worth exploring.

The following section will discuss the complex nature of empathy and aggression and the various studies and hypothesis which attempt to explain how empathy is developed.

Personal Distress versus Empathy

Batson, et al., (1984) distinguished prosocial helping behaviors into two types of vicarious emotional responses: Feelings of personal distress and feelings of empathy. The author describes empathy as including “feelings of sympathy”, “feeling moved”, “compassionate” or “softhearted”, while feeling “troubled”, “disturbed”, or “worried”, are feelings experienced during times of personal distress. Both of these responses are considered “vicarious” in which one is able to sense another’s private world as though it is their own Rogers (1957/2007). However, as Batson, et al. (1984) distinctly point out actions resulting from feelings of personal distress are aimed to relieve one’s own anguish which has less to do with empathy because the intent for relief is toward oneself with very little regard for the distress of the other. Thus in Batson’s view, empathy and personal distress responses are thought to be two “qualitatively distinct” emotions with different “motivational” and behavioral outcomes (Batson, et al.1984/1987).

Batson’s, et al. (1987) early work describes the process of prosocial helping behaviors by distinguishing the “motivational differences” (p. 24). One response: “personal distress” (p. 26), aims to relieve one’s own discomfort and the other: empathy, is considered “altruistic” (p. 24) with the intention to relieve the other’s distress. Batson’s, et al. (2003) interest in moral motivation supports these distinctions in a perspective taking experiment. To test the concept of “putting oneself in another’s place,” participants were given specific scenarios for which they had the opportunity to

assign themselves, another, or both themselves and another to either an undesirable or a desirable task. Participants were asked to either imagine themselves in the other person's shoes, or to imagine how the other person might feel when given an undesirable task. Results indicated that perspective taking was most significant when the participant was able to both meet their own and the other person's needs and also more significant when the participant imagined what the other person was feeling versus imagining what they might feel like in a similar situation. More specifically, these findings support Batson's, et al. (1984/1987) earlier work which suggested that actions oriented to relieve one's own discomfort arise from personal distress while actions aimed to relieve another's distress denote empathic responses. Additionally, what Batson, et al. (2003) seemed to suggest is that the ability to take the perspective of another led to a moral response and that a moral response involved some type of action. In fact, 'action' has been described as an important component to what empathy means and how it is expressed. Similar to Batson's, et al. (1984/1987) description of empathy, which is expressed through sympathetic responses, Marshall & Marshall (2011) describe sympathy as a response of empathy and explain that the process of empathy and sympathy is an "integrative process" (p. 743). The authors explain that empathy is the ability to notice distress in another, while sympathy is the reaction that follows (Marshall & Marshall, 2011).

Eisenberg's, et al. (1988) examined action taken to relieve personal distress versus action in response to another's discomfort. The authors used more than self-reported indices to test the difference between sympathetic and distress reactions by measuring subject's physiological responses using facial and heart rate markers. In their study,

“sympathetic responses” parallel empathic descriptions claimed by other authors (see Batson, et al. 1984/ 1987; Batson, et al. 2003; Marshall & Marshall, 2001; Jolliffe & Farrington, 2004; Mohr, Rowe, & Blanke, 2010). The authors examined age and sex differences on two different modes of affective responses between third and sixth graders and adults. They found that heart rate was accelerated when subjects talked about personally distressing experiences and less so with sympathy inducing experiences. Results support the notion that personal distress and sympathy were two different emotional responses that were differentiated for children as well as adults. These findings support the idea that individuals may exhibit two different response modes toward distressing experiences: responses that create personal distress for the self and responses that create personal distress toward the other.

In an effort to illustrate situational aspects to when or how empathy may be expressed, Hoffman (2000) breaks down empathic distress into four components: 1. sympathetic distress, expressed by compassion for another; 2. empathic anger, which consists of either empathy for the victim’s anger or feeling empathic sadness or disappointment; 3. empathic feelings of injustice, described as a discrepancy between a victim and the victim’s fate, such as when there is an apparent violation of reciprocity or justice; and 4. guilt over inaction, when efforts fail to help someone leads to one’s view of self as causing another’s distress. Included in Hoffman’s (2000) theory on empathy and moral development, is the idea that empathic responses are placed within a prosocial moral framework in which moral action is categorized within five types of moral encounters: 1. The innocent bystander, who witnesses someone in personal distress; 2. The transgressor, who harms or is about to harm someone either by accident or through fights

or arguments; 3. The virtual transgressor, who is innocent but believes they have harmed someone; 4. Multiple moral claimants, which involves a dilemma over who one should help over another; and lastly, 5. Caring versus justice, which involves multiple moral claimants complicated by feelings of consideration for others and issues such as justice, duty, rights, and reciprocity (Hoffman, pg. 2-4).

Other variables which may effect the process of empathy and how it is expressed has been described by Marshall & Marshall (2011) in their work on empathy and sex offenders. The authors describe different types of attachment styles which influence reactions to others who are in distress. The author's claim that, deficits in "theory of mind" or the awareness that another person has thoughts which are separate from one's own inhibits one's ability to empathize and take action when another is in distress. The four types of attachment styles which are described include: secure attachment style, insecure attachment style, fearful attachment style, and dismissive attachment style (pp. 753-754.) The offender's theory of mind and type of attachment style determines whether or not they are able to recognize the impact of their behavior on another and subsequently, if their ability to take action to relieve the other's distress. Marshall & Marshall (2011) also developed a model that, "relies heavily on Batson's findings" (p. 749) (see Batson 1991; Batson, Fultz, & Schoenrade, 1987) and demonstrates the relationship between empathy and the attachment styles. This model includes the following steps: emotion recognition, or one's ability to recognize the emotional state of another; perspective taking, which denotes the observation of distress; emotional response, which leads to the empathizer's ability to respond appropriately to the given situation; and reparative action: the empathizer's ability to take action to ease the distress

of the other person. The individual's attachment style determines the type of response one has toward another in distress. This model is useful in three ways: 1. It provides a possible definition of empathy that includes one's ability to respond to another who is in distress by taking appropriate action, 2. The attachment styles and process through which empathy is expressed or not expressed offers a way to understand how men who abuse learn and how or whether or not they can express empathy and 3. The model offers implications which suggest that, "action" is perceived as an important aspect to being empathic.

Hakansson & Montgomery's (2002) experiment which investigated the role of "action" in empathy supports the theory that an "empathizer's actions" toward another in distress is an important aspect for the empathized to feel understood (p.p. 58-59) and also an important component to what it means to be empathic. The authors measured the role of action and empathy by conducting three experiments. Using a combination of vignettes to explore the role of a person's actions on how empathic a person is perceived from the perspective of an observer, the target, and the empathizer, the authors found that the role of action was significant for how empathic one is perceived. In addition, empathy was described as consisting of an internal process on the part of both the empathizer and the target which becomes "interpersonal" (pp. 50-59) when the empathizer is able to show concern through an action and the target reciprocates by communicating emotions through actions. These experiments demonstrated that empathy was best felt by both the target and the empathizer when action, in the form of a physical act that led to an outcome, reduced the stress of the target. "Action" in these examples was distinguished from verbal expressions of empathy.

Overall, what these studies seem to suggest is that, “action” is an important quality of what it means to be empathic. Particularly, early work from Batson’s et al. (1984/1987/2003) and Eisenberg et al., (1988) support distinctions between empathy and personal distress and also the idea of “action” as a specifier to what it means to be empathic. Hakansson & Montgomery’s (2002) study related to action versus inaction, further support these notions and later work by Marshall & Marshall (2011) related to attachment styles and expressions of empathy, provide useful models in determining how perspective taking, attachment style, and action relate to the expression of empathy. All of these studies support the idea that expressions of empathy include taking appropriate action toward another who is in distress. Additionally, Batson’s et al. (2003), Hakansson & Montgomery’s (2002) and Eisenberg’s et al. (1988) work provide good examples which provoke thoughts related to what motivates prosocial action (Batson, et al. 1984/1987, 2003) and the circumstances for which prosocial action takes place.

Empathy and Aggression

There has been a considerable amount of research regarding the interrelationship between empathy and deviant, aggressive, or delinquent behavior (Ang & Goh, 2010; Kampe, et al. 2009; Yeo, Ang, Loh, Fu & Karre, 2011). These investigations have operated under the premise that empathy and aggression are antagonistic constructs, suggesting that the presence of one generally inhibits the other (Covell, et al., 2007). One meta-analysis in the area of empathy and offending found that low cognitive empathy (the inability to understand that another is experiencing an emotion) was strongly related to offending (Jolliffe & Farrington, 2004). Others report that offender personality

characteristics such as low anger control and poor empathy for others have been associated with aggression and violence toward others (Foran & O'Leary, 2008).

Further, exposure to real life violence and violence in the media has been linked to attitudes about violence which are thought to shape one's capacity to empathize (Funk, Bechtoldt-Baldacci, Pasold & Baumgardner 2004). For instance, Tilley & Brackley (2005) found that the development of male violence in intimate partner relationships was associated with witnessing or experiencing violence as a child and socially accepted views of violence. Flood & Pease, (2009) support these concepts by suggesting that attitudes related to violence against women are formed by a wide range of social processes at multiple levels of the social order. For instance, demographic factors such as: ethnicity class, and personal experiences such as experiencing or witnessing violence, participation in violence supportive contexts, development, and use of pornography, and societal constructs such as criminal justice policies, and social movements all can influence individual attitudes about the problem of violence against women (Flood & Pease, 2009). The authors denote that attitudes have a fundamental and causal relationship to the perpetration of violence against women. Overall, what these reviews indicate is a significant link between external influences, shared attitudes, and perhaps a high tolerance toward violent behavior which may be related to low levels of empathy.

Some research suggests that people who fail to recognize the perspective of others struggle to establish healthy relationships and when frustrated may respond in non-empathic and aggressive ways. Studies which have shown that abusive men who struggle with identifying with another's perspective have trouble with regulating their emotions and often misread another's affective response as threatening, which often results in

aggressive reactions (Covell, et al., 2007). Yeo, et al. (2011) review on indirect and direct violence which they refer to as psychological and physical abuse respectively, suggests that some people have poor perspective-taking abilities and interpret other people's ambiguous intentions as hostile. Indirect aggressors are thought to struggle with perspective-taking and have low-cognitive abilities which lead to increased levels of aggression (Yeo, et al. 2011). As discussed earlier in this review, these individuals may struggle with differentiating their own feelings from another and may have trouble with recognizing that another person's observable emotion is separate from their own (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007). What is perhaps more problematic is that these men often times express thoughts that support, facilitate, or legitimize their abusive behaviors (Dempsey & Day, 2011).

In summary, men who abuse may struggle with cognitive distortions related to the inability to understand another person's perspective which, in part is thought to be a result of environmental and social, factors. There are multiple theories suggesting why men abuse women that expound on the relational, cognitive, social, and biological components of an individual that may help us to better understand why men abuse. Since any discussion of men who batter suggests a need to discuss the various reasons and theories which provide understanding of men's behavior, it would seem relevant here. However, although closely related to working with men who batter, and directly related to better understanding men who batter, these disparate theories are not directly linked to the focus of this study and therefore will not be elaborated in this literature review.

Empathy in Domestic Violence Programs for Men

There seems to be a sparse amount of research that has concentrated solely on the presence of empathy in male program completers of domestic abuse. Of the research investigated for this study, some have indicated that male abusers demonstrate higher levels of poor impulse control, lower emotional intelligence and lower levels of empathy (Covell, et al., 2007; Harmon, 2001). Empathic profiles of men who batter include: difficulty identifying with the perspective of others, and problems generating feelings of sympathy or generating concern for others (Covell, et al. 2007). Men who batter have been found to minimize their abusive behaviors and to dissociate themselves from their partners' physical and emotional injuries (Goodrum, et al. 2001). These findings support the idea that one cannot empathize with another if they cannot understand how their abusive behavior impacts another person.

Although most batterer programs include empathy intervention components, (van Wormer & Bednar, 2002) some suggest that empathy is a multidimensional concept that may vary among individuals (Ang & Goh, 2010; Shamay-Tsoory, Tomer, Goldsher, Berger & Peretz, 2004; Yeo, Ang, Loh, Fu & Karre, 2011; Hoffman, 2000). Therefore, it may be difficult to determine if an individual has empathy or lacks empathy because empathy may be situational and/or inconsistent. To counter this problem, some suggest that batterer programs should expand conceptualizations of empathy to more adequately determine its role in the expression of, or inhibition of aggressive behavior (Covell, et al. 2007). These authors suggest that by expanding our understanding of empathy, we can identify individual differences around how empathy is expressed and understood and thereby create more effective treatment programs.

Despite the variations of success rates, a study by Scott and Wolfe (2000) showed that men who have completed treatment for domestic abuse demonstrated reductions in violence toward their partners and showed an increase in empathy. Although a small qualitative study of nine reformed men, they found that eighty nine percent of the men demonstrated an understanding of his partner's perspective. Some suggest that successful program completion can be predicted by men's readiness to change. The transtheoretical model of change is a well-researched and effective model that has been used to describe level of change, determine appropriate interventions unique to individuals within a wide range of behavioral problems (Daniels & Murphy, 1997), and understand the process through which partner assaultive men attempt to change their abusive behavior (Eckhardt, et al. 2004). The stage of change model has been used to predict attrition among men attending batterer treatment programs (see Scott, 2004). Five stages outline behavior change: pre-contemplation, in which an individual is not willing to change; contemplation, which denotes that change is seriously being considered; preparation, where one is committed and prepared to take action; and maintenance, which includes the individual's ability to maintain a new, healthy behavior (Daniels & Murphy, 1997; Eckhardt, et al. 2004; Scott, 2004). Two major components of the model include: experiential change, which involves thinking or feeling an emotion about how one's behavior impacts oneself and another, and behavioral processes which involves active attempts to change one's problem behavior (Eckhardt et al., 2004). These elements align with what defines the presence of cognitive empathy which indicates the ability to understand the impact of one's behavior on another (See Snow, 2000; Jolliffe & Farrington, 2004; Goubert, et al., 2005) and affective empathy which includes attempts to

change one's behavior to alleviate another's distress (see Yeo, et al., 2011; Marshall & Marshall, 2011; Batson, et al., 2003; Eisenberg, et. al, 1988 and Goubert, et. al., 2005). Scott's (2004) study in which counselors assessed stage of change using the transtheoretical model to predict attrition among men in a batterer intervention program found that the model was useful in determining which men completed treatment. Others who have studied men attending batterer intervention and prevention programs and how process and stage of change altered abusive behaviors, found that individuals in advanced stages of change reported making more positive efforts toward reducing abusive behavior; however the authors note that these results did not result from the length that the men were in treatment (Eckhardt et al., 2004). Nonetheless, both of these studies indicate that a stage of change model may be useful for assessing men's readiness to change (Daniels & Murphy, 1997) and for determining types of "stage- appropriate interventions" (p.143). Equally important, is the implication that the model may be an ideal tool for determining the presence of empathy in relation to the stage of change in men who batter, men's ability to take the perspective of another and men's level of motivation toward changing abusive behavior. Along with other research, these studies and ideas around men's readiness to change associated to their capacity for empathy lay a foundation for the secondary data analysis that will be conducted for this research.

Definition of Terms

This researcher selected empathy and personal distress terms which seemed to fit best for use in this study. The process of identifying the elements of empathy were derived from an extensive literature review in which four different aspects of empathy have been defined: mutual empathy, cognitive empathy, affective empathy, action

oriented empathy, and one aspect of a non-empathic response, i.e. personal distress. The non-empathic definition helped to distinguish between the participant's empathic and non-empathic statements.

In an effort to gain greater clarity on the aspects of each definition, distinctions were found by this researcher which ultimately became itemized lists from one to seven different points for each concept. The itemization of these concepts allowed for greater clarity when listening and/or reading the participants statements. In addition, the operationalized definitions described later in this section, helped with identifying a more precise understanding of the behaviors, thoughts, and feelings to look for during analysis. Please see Table 2: Empathy and Distress Terms for a breakdown of the main definitional components and the operationalized definitions described later in this chapter.

To assure that the definitions were appropriate for use in this study, one of the principal investigators from the original research reviewed and approved the operationalized definitions of empathy and the definition of personal distress. Subsequently, the data analysis began by sorting the data for themes of empathy and personal distress which either corresponded or contrasted to the definitions.

The next section will describe the definitions which were used in this study and how the definitions were derived.

Mutual Empathy

Mutual Empathy was itemized with seven main points. These points correspond to the definition of mutual empathy, and are also in concert with the feminist concepts that are taught in the PAIP which the participants have completed. The itemized points specifically helped to identify indications of the participant's understanding of feminist

perspectives which are aimed to increase an awareness around male oriented ideals and issues related to inequality and male privilege.

The definition of Mutual Empathy along with the itemized points have been derived from a review of the literature. Reoccurring themes of the definition were noted among the authors Freedberg, (2007), Jordan, (2008) an online site: the Jean Baker-Miller Training Institute, (2012) and Gilligan (1995) which have all defined mutual empathy in the same way. Although mutual empathy includes aspects of cognitive, affective, and action oriented empathy, it is unique in that it focuses on connectedness and interdependence between two people including an awareness of social inequalities and a patriarchal structure. Therefore, only components related to an awareness and understanding of how a patriarchal society, male oriented ideals, and issues relevant to inequality and male privilege were included in the mutual empathy definition, while cognitive, affective, and action oriented empathy will be listed separately and will illustrate points relevant to the ability to understand another's emotional state through cognitive, affective and intellectual processes. Participant statements which reflected an understanding of the concepts unique to mutual empathy including expressed feelings of connectedness within the group setting were included as statements which denoted mutual empathy.

Cognitive Empathy

Cognitive Empathy became two distinct items which identified 1. The participant's intellectual understanding of his victim experiencing an emotion (Snow, 2000; Jolliffe & Farrington, 2004; Goubert, 2005) and 2. The participant's ability to use his own experiences as a way to predict how his behavior may have an impact the victim

Goubert's (2005). This definition fits with the intentions of this study because this study sought to determine if participant completers showed indications of empathy toward their victims after completing a PAIP. The PAIP is considered to be an experience of the participant which is thought to have an affect on the capacity to empathize with others.

Affective Empathy

Affective Empathy was itemized by two points. The first is the participant's ability to understand the victim's emotions by the victim's facial and verbal expressions. This definition has been derived from authors Shamay-Tsoory, et al. (2004). The second item of affective empathy was derived from authors Young, et. al, (2008) and Rogers, (1957/2007) which includes the ability to share in another's personal distress.

Action Oriented Empathy

"Action Oriented Empathy" is a term developed specifically for this research and has been created by combining the definitional aspects of empathy as described by Batson, et al. (1984/1987/2003), Eisenberg, (1988), and Marshall & Marshall (2011). The focus of "action" as a sympathetic response of empathy is used to define attempts to alleviate another's distress which is motivated by observing the distress in another. This definition includes statements that the participant made which indicated that he responded appropriately to his victim by taking some type of "action" to alleviate the victim's expressed emotional distress. Additionally, this definition includes perspective taking abilities (Batson, et al. 1987; Eisenberg, 1988) or an appropriate "theory of mind" (Marshall & Marshall, 2011) indicative of the capacity to imagine and/or understand how another person might feel which leads to "action" that is, modifying one's own behavior in order to acknowledge how that behavior impacts another. Action oriented responses

toward another are considered altruistic and aimed to relieve the other's distress. For the purpose of this study, action oriented empathy may be expressed by the participant's desire to complete treatment and/or abstain from being abusive because he wants to avoid hurting the victim in the future. Action oriented empathy has been defined by three points: 1. The participant's statements that indicate an understanding of how the victim feels and 2. Described actions that the participant takes to alleviate the victim's distress and 3. Modifications of the participant's behavior to alleviate the victim's distress.

Personal Distress

The definition of Personal Distress was derived from research previously conducted by Batson, et al. (1987) who claim that "seeing someone in distress may cause distress in the observer leading to a desire to relieve the other's distress as an instrumental means to reach the ultimate goal of relieving his or her own distress" (p. 22). The author's claim that the goal of "the helper" is not to benefit the other; rather, the "helper acts to relieve their own distress and to receive social rewards or to avoid feeling guilty" (p.22). Thus, the action or response that one in personal distress takes is due to feeling "alarmed, upset, worried, disturbed, distressed, troubled, etc." (Batson, 1984) and is considered to be dominated by self-interested egoism (Batson, et al, 2003).

In an effort to provide a contrasting term for empathy this researcher used components of Batson, et al. (1984/1987/2003) definition for personal distress. For the purposes of this study, the participant's expressions of distress and combined cooperation with treatment were expected to be related to concerns with the legal system or concerns of losing their relationship with their partner rather than concern for the victim's feelings and/or safety. Thus, the definition was tailored *not* to determine if the participant helped

his partner during a time of distress but rather cooperated with treatment or refrained from being abusive to avoid legal consequences or loss of the relationship.

For this study personal distress was itemized by three main points. The first point describes the participant's understanding that to be non-abusive he has shown his partner that he understands her point of view. However, his desire to remain non-abusive was motivated only by his desire to avoid punishment. The second point is defined by the participant's statements that he had avoided abusive behavior due to a fear of going to jail. The third point relates to the participant's avoidance of abusive behaviors as a way to maintain his relationship with the victim.

Overall, this definition aligns with Batson, et al. (1984/1987/2003) description of personal distress. However, the "helping" behavior is indicated by the participant's desire to complete treatment and/or avoid abuse versus extending help to the victim *during* a time of personal distress. In this study, abusive behaviors are thought to have occurred in the past. Thus, the participant's motivation to "help" was expected to have happened after the abusive incidents, demonstrated by his desire to get help for his abusive behavior; but, only as a means to gain an advantage for himself and not the victim.

In contrast, Batson, et al. (1984/1987/3003) describe helping as a way to gain social rewards or to relieve guilt. For the men in this study, helping was distinguished by cooperating with treatment which was expected to be motivated only by the intention to maintain the relationship with the victim or to avoid punishment. The men's guilt as it may have been related to cooperating with treatment or avoiding abuse toward their partners was not analyzed.

Research Questions

Instead of generating hypothesis as is typical in quantitative research designs, broad-based open-ended questions have been developed (Wolfe, 1999) to analyze the data. This study aimed to address the following components related to empathy: 1. Do men who complete a PAIP demonstrate a capacity of empathy toward their victim(s) or others? A. What type of empathy is expressed? 2. Do male completer's responses regarding what they have learned about abuse reveal indications of empathy toward their victims? 3. Do participants describe personal distress oriented responses such as motivation to complete a PAIP to avoid involvement with the legal system? It was anticipated that the answers to these questions would shed light on male completer's capacity of empathy, indications of behavioral changes and program methods that support reported treatment success and/or effectiveness.

CHAPTER III

METHODS

Introduction

This study was a secondary data analysis of existing data. The original research project was a mixed methods design which explored the needs and strengths of male completers of a PAIP. The qualitative data from that study was used for the secondary analysis to explore participant's understanding and expressions of empathy toward their female partners or others. The methods section will begin with a statement of the proposed research questions which were used for the secondary data analysis. Next, the original research design will be discussed, followed by a description of the PAIP Program of the original research project, a summary of the original research, original research questions, participant description and the instruments that were used. Following a description of the original research project, a description of the current study of secondary research analysis will be discussed including the research design, population, instruments, analysis and definition of terms.

Original Design

The original research project entitled: *Exploration of Strengths and Needs of Partner Abuse Program Completers Project* (Call, Vincent & Stoops, personal communication, 2012) was a mixed methods design using data from a PAIP. Several instruments were used to collect the data. The Revised Semi-Structured Interview

Questions, (Appendix B) was used to qualitatively examine the men's perceptions about successful program completion, strengths and needs (See Purpose of the Study for details about questions examined). The Revised Semi-Structured Interview Questions was used to qualitatively examine men's perceptions about successful program completion, strengths and needs (see Purpose of the study for details about questions examined). Quantitative data such as demographics and substance use/abuse were examined using the Westside Domestic Abuse Project/Center for Domestic Peace Assessment Tool (WSDAP/CADP) (see Appendix D). The Psychological Maltreatment of Women Inventory, Short Form Male (PMWI-Short Form Male, Appendix E) was used to examine the participant's use of abusive behaviors toward their intimate partners in the past 6 months. There were additional instruments used but they are not relevant to this study and therefore will not be included in either the description or the appendices. The original research data was collected between 2006-2010. Qualitative interview data were collected from interviews conducted with males who completed a Partner Abuse Intervention Program (PAIP) at the CADP.

The preliminary data analysis of the original study used a grounded theory method which allowed theory to emerge from the data. This theory was then tested against the additional data as the study proceeded (Anastas, 1999). The software program used to organize the data was Atlas.ti. The quantitative variables for the study included: marital status, ethnic/racial group, employment status, income status, social security status, educational status, substance use/abuse, PMWI status and CTS status. The initial researchers attempted to control for bias using inter-rater reliability and triangulation. Only subjects who agreed to participate in the study were used. Additionally, the study

had a built in control for monitoring on going domestic violence. That is, participants were only eligible for the study if they agreed to allow investigators to contact their intimate partners over the course of 5 years for the purpose of documenting the men's tendency to underreport their use of violence (Gondolf, 2002).

Program Description

PAIPs are linked with battered women's agencies, are state monitored, and must meet the minimum requirements to become protocol approved, including minimum training of staff and adherence to standards set by the state in which the program is located (van Wormer & Bednar, 2002). For Illinois, PAIP programs must adhere to standards set by the Illinois Department of Human Services (IDHS), including: 1. requirements for facilitators to undergo a 40 hour domestic violence specific program, 2. a 20 hour partner abuse specific training (Illinois Protocol for Partner Abuse Intervention Programs, 2002), and 3. an assessment of lethal offenders and screening for substance abuse and co-occurring conditions (van Wormer & Bednar, 2002). The protocol for a PAIP typically aligns with the Duluth Model of Batterer Intervention (Illinois Protocol for Partner Abuse Intervention, 2002), which is based on a feminist critical theory paradigm (van Wormer & Bednar, 2002).

The emphasis of the PAIP program includes holding abusers accountable for the violent and abusive choices that they make, teaching offenders how their abusive behavior affects their partners and children, and learning ways in which to practice alternatives to abusive behaviors (Illinois Department of Human Services, 2002). Programs also include tailored services to meet the linguistic and culture needs of minorities, perpetrators with disabilities, gay men, lesbians and bisexual people who

batter (van Wormer & Bednar, 2002) and DCFS referred batterers (Illinois Department of Human Services, 2002).

Van Wormer & Bednar (2002) describe the 8 components which organize the intervention projects: 1. “An approach that centralizes victim safety” 2. Develops the “best practice policies and protocols that are part of an integrated response” 3. Includes “networking among services providers” 4. Has built in “monitoring and tracking into the system” 5. Ensures “a supportive community response for battered women” 6. Provides “sanctions and rehabilitation opportunities for abusers” 7. Reverses “the harm that violence does to women and children” and 8. Evaluates “a coordinated community response from the standpoint of the victim” (pg.557-558). A primary component of the model is in educating men on the premise that they use violence in order to control women’s behavior and to reinforce male dominance. The curriculum is built around the Power and Control Wheel which is based on the perceptions of battered women and depicts the Cycle of Violence and the dynamics of abuse that occur within intimate partner relationships (van Wormer & Bednar, 2002). Protocol-approved programs are also required to serve a percentage of indigent participants at low or no fee (van Wormer & Bednar, 2002).

The Center for Advancing Domestic Peace (CADP). The Center for Advancing Domestic Peace is a PAIP program which began in 1997 as a collaborative effort of several organizations on the West side of Chicago to meet the needs of men who sought help in changing their own abusive behaviors (CADP, 2012). The center’s intervention emphasis follows the PAIP protocol which states that people who batter need

to be held accountable for choosing to use physical violence as a way to control others (CADP, 2012).

The CADP utilizes a strengths approach, teaches skills, and encourages critical thinking which challenges oppressive situations and traditional social norms that perpetuate domestic abuse and gender violence (Call, Vincent & Stoops, personal communication, 2012) The Center's Skills and Beliefs for Domestic Peace Program is a partner abuse program which is culturally sensitive, focuses on victim safety (Call, Vincent & Stoops, personal communication, 2012) and encourages program participant's work toward interpersonal goals to eliminate abusive and violent behavior (Beliefs and Skills for Domestic Peace Participant Handbook, nd.). In addition, the project participates in research on the prevention and amelioration of intimate partner abuse (Center for Advancing Domestic Peace, Inc. 2012)

The mission and vision of the Center for Advancing Domestic Peace can be found on the agency's website which states the following:

Mission: To end the destructive cycles of emotional, sexual, and physical domestic abuse through comprehensive, culturally responsive direct service, community education, and research.

Vision: A community in which abuse and violence directed against intimate partners and family members is a rare aberration rather than an every-day reality (Center For Advancing Domestic Peace, Inc. n.d).

Purpose of the Original Study

The purpose for the research of the *Exploration of Strengths and Needs of Partner Abuse Program Completers Project* was to identify factors that participants identified as related to their successful completion of a Partner Abuse Intervention Program (PAIP) (Call, Vincent & Stoops, personal communication, 2012). The participants from the

initial study were court ordered men who had completed the requirements of the Beliefs and Skills for Nonviolent Living Program at the CADP, and who had used violence in an intimate partner relationship (Call, Vincent & Stoops, personal communication, 2012).

The original research sought to build on the existing literature related to mandated services for individuals who abuse their partners and to fill in the gaps related to male participant's perceptions of what contributed to their successful completion of a PAIP.

Original Study Research Questions

The original study sought to examine six main factors: 1. What are the participant's perceptions of what individual strengths and/or program factors that they have used which may have led to their successfully meeting program requirements? 2. Do men report from their experience any unmet needs or program constraints which may have reduced their ability to make progress in the program? 3. What continuing needs from program or other do participant's report for remaining non-violent and non-abusive in their intimate partner relationships? 4. What do participant's report about how successful they feel that they have been at remaining non-violent and non-abusive? 5. What do participant's report that may or may not have been helpful to them in doing so? and 6. What are the participant's current partner and/or victim's perceptions of the completer's change process from pre-intervention to post-intervention?

Participant Recruitment

For the original study, subjects were recruited for interviews via in-person recruitment procedures by the CADP staff. After receiving approval for the research by the Dominican University IRB, all men who successfully completed the program during the IRB approval period were recruited for participation. Participants were accepted for

the research project upon completion and submission by CADP staff of all required documentation to their referring agency or court.

The protocol for recruitment to the research was for all program completers to be contacted by CADP staff. At that time, staff described the study and determined if the male completer wanted to volunteer for the study and would agree that research staff would be allowed contact with their victim(s). Program completers interested in the study were provided with a recruitment letter and a Contact Information Form. Completion of the latter form indicated the participant completer's willingness to meet with research staff for a recruitment interview about the details of participation in the initial study.

Participants

Program completer participants who finished the program prior to IRB approval were recruited both by phone and letter (Appendix G). The final number of participants were 17 court ordered males who completed the requirements of the Beliefs and Skills for NonViolent Living Program provided by the CADP to individuals who had used violence in an intimate partner relationship. The data for the interviews was collected between 2006-2010. On the day of the recruitment interview, the principal investigators provided the potential participant with a detailed description of the study, offered to answer any questions provided, reviewed the informed consent and obtained formal written consent. As indicated on the form, the participant had to consent to participation in the interview and consent to contact their victim and/or partner as well as an annual follow up for 5 years. If the participant refused contact with their victim or partner, they were ineligible for the study.

When possible, the initial research interview took place on the same day and time as the recruitment appointment. Upon completion of any portion of the interview, program completers were paid a small stipend of \$20.00 per interview and \$5.00 for short interviews updating contact information. To facilitate continued contact over the five year follow up program, completer participants were called every three months to update their contact information and annually to complete an in-person or phone interview. The initial interview took up to 2 hours to complete. Each subsequent annual interview took 90 minutes to complete. Each three month check -in took 15 minutes.

Interviews from the original study were completed using a semi-structured interview style, guided by a series of open-ended questions. Interview questions were designed to elicit responses about subject's experiences in a Partner Abuse Intervention Program (PAIP). The Interview Protocol for Completers is listed in Appendices A & B.

The original interviews and transcripts were stored in a locked file cabinet in the office of the principal researcher. Program completers of the original study were identified by a unique number, used to protect the participant's identity. The completer interviews were tape recorded and then transcribed verbatim. The audio recordings were digital and were kept on a password protected computer kept by the principal investigator who maintained them for five years in both paper and electronic formats with primary identifying information and contact information removed other than the unique number and in some cases, a first name only. No identifying information was revealed for the secondary data analysis.

Instruments Used in the Original Study

Interview Protocols for Completers

Semi-structured interview questions. The Semi-Structured Interview Questions consisted of eleven open-ended questions and twelve sub-questions designed to facilitate discussion and description of male completers' experiences and to qualitatively examine the men's perceptions about successful program completion, strengths, and needs. (Appendix A).

Revised semi-structured interview questions. The Revised version of the Semi-Structured Interview Questions consisted of seventeen open-ended questions and nineteen sub-questions. The Revised Semi-Structured Interview Questions included more detailed questions related to the participant's experiences in the program and researcher responses to any participant's reported partner abuse. (Appendix B). The Revised Semi-Structured Interview was the interview protocol used for all of the interviews.

CADP/Assessment Tool

Quantitative data such as demographics and substance use/abuse were examined using the Westside Domestic Abuse Project/Center for Domestic Peace Assessment Tool (WSDAP/CADP) (Appendix D). The CADP Assessment has 3 parts. The first part asks for Demographic information including: marital status, racial/ethnic group, employment status, income, social security status, and level of education. The Substance Use/Abuse section asks for an estimated number of days in a month alcohol was used and/or how many drinks in a day were consumed. The Controlled Substance Use Checklist examined whether or not the participant ever used alcohol, marijuana, amphetamines,

cocaine/crack, heroin or other drugs and the number of days substances were used in the last year including the last date used. The CAGE-D portion of the Substance Use/Abuse Checklist assessed for the participants' or others concerns regarding substance use/abuse and DUI and/or arrests related to use/abuse.

PMWI-Short Form Male

The Psychological Maltreatment of Women Inventory, Short Form Male (PMWI-Short Form Male) was administered (Appendix E) pre and post completion of the PAIP. The PMWI is a closed-ended quantitative scale that statistically measures information about attitude, behavior or performance (Creswell, 2003). The full form has 58 items and the short form has 14 items which rate the frequency of participants' experiences using a 5 point Likert-type scale ranging from 1(never), to 5 (very frequently) (Stein, 2010). Tolman (1999) developed the instrument to assess the level of psychological maltreatment of women by their male partners in intimate relationships. The tool was designed in response to the increased awareness of psychological abuse toward individuals in intimate partner relationships (Stein, 2010). The original intent of the instrument was to measure women's perceptions of their partner's psychological abuse and was later modified so that it could be administered to both men and women (Tolman, 1999).

Use of the 58 item instrument in Tolman's previous work demonstrated a high rate of endorsement and internally consistent subscales: Dominance-Isolation and Emotional -Verbal (Tolman,1999, pg. 4). The PMWI- Short Version which consists of 14 items has also shown good construct validity between the short version and the non-

physical sub scale $r = 0.88-0.90$ and the physical sub scale $r = 0.80-0.86$ (Feder, et al., 2009).

The PMWI-Short Form Male is the same tool as the PMWI-Short Form except that the questions are modified toward the male instead of the female partner. There has been no found claim describing a distinction between the validity of the PMWI-Short Form-Female and the PMWI Short Form Male. Therefore, it is assumed that the validity and reliability that has been cited with the other forms are also consistent with the Short Form Male.

CTS-2

A modified version of the Conflict Tactics Scale -2 (CTS-2) was used. The instrument measures the use of physical violence and includes an increased number of items which measure both the extent of physical and psychological attacks between intimate partners including the use of reasoning and negotiation to deal with conflicts (Straus, Hamby, McCoy & Sugarman, 1996). The instrument uses a 7 point Likert scale and has reported reliability of the Cronbach's alpha score for couples at .76 for the reasoning sub-scale, .88 for the verbal aggression sub-scale and .88 for the physical aggression sub-scale (Stets & Straus, 1990). The CTS-2 has been shown to demonstrate evidence of construct and discriminant validity with an internal consistency reliability of the scales ranging from .79 to .95 (Straus, et al., 1996).

The Current Study: Secondary Analysis of the Original Research

The current study is a qualitative secondary data analysis using data from the original research project entitled: *Exploration of Strengths and Needs of Partner Abuse Program Completers Project* (Call, Vincent & Stoops, personal communication, 2012).

A specific quantitative instrument (identified below) and all qualitative interviews were used. As described earlier, the original research data was collected from 2006-2010 from interviews conducted with 17 males who completed a PAIP at the CADP. Qualitative data from the interviews, and quantitative data from the CADP Assessment Tool were used.

The design used in this study followed the typical path of a qualitative study which involved the use of aggregating the words or images derived from observations, interviews, audios, and/or video recording or a combination of approaches into categories of information which presented the diversity of ideas gathered during data collection (Creswell, 2003). The open-ended questioning style of the interviews completed for the original study by the initial investigators of the CADP, was typical of a qualitative research approach, which allowed the participants to supply answers in their own words (Creswell, 2003). The quantitative instrument used in the original study provided descriptive data which helped to describe some of the demographic information about the men.

Population and Sample

The sample for the secondary study was derived from the original study. Data from the 17 participants including audio recordings and written transcripts were used to analyze the data. Descriptive information from the CADP Assessment Tool (Appendix D), which provided information about the men's marital status, race, income status, and level of education was used. None of the participants from the original study were contacted in any way for the secondary data analysis research project.

Confidentiality

The original interviews including the transcripts and audio recordings are stored in a locked file cabinet in the office of the principal researcher. Copies of the audio recordings and transcripts were de-identified by the principal researcher of the original study to assure that none of the participants could be recognized in any way by the principal investigator of this study. To further assure confidentiality of the participants all audio recordings and transcripts used for this study were destroyed upon final completion of this research.

Instruments

Semi-Structured Interview Questions Revision 3 (SSIQ3) (Appendix C)

A total of sixteen relevant questions retrieved from the original research project which seemed to reveal the most empathic responses were compiled for the SSIQ3 (Table 1; Appendix C). Fourteen of these questions used by the original researchers to interview the men were found throughout the transcripts and audios (Appendix B). Two additional questions also found throughout the transcripts and audio recordings but, not part of the original structured protocol were identified after this researcher listened to the audios and read the transcripts. These spontaneous questions on the part of the principal researcher from the original research project were found to be relevant and therefore, added to the SSIQ3. These unstructured questions are listed as numbers fifteen and sixteen in the SSIQ3. It is assumed that this deviation from the structure of the original interview questions was likely a result of the researcher's desire for clarity and/or responses from the participant of the original research project.

The questions noted for the SSIQ3 were used in this study to analyze the participant's statements and look for indications of cognitive, affective and mutual empathy and distress responses. These questions were sorted into a table which was used to organize and analyze the men's empathic and distress statements. This process will be described later in the section: Hand Coding the Qualitative Data and shown in Table 3.

Additionally, the questions were later stored into Nvivo for further analysis. Please see the section: Using Nvivo to Code the Data for details about this process.

Table 1: Semi-Structured Interview Questions 3 (SSIQ3)

Semi -Structured Interview Questions 3 (SSIQ3)
<ol style="list-style-type: none"> 1. Thinking about your experience in the partner abuse intervention group what stands out for you? (B) 2. What was the least helpful for you while you were in the program? (B) 3. What did you learn about abuse? (B) 4. What did you learn about yourself? (B) 5. What did you learn about how abuse impacted your partner or ex-partner? (B) 6. What did you learn about how your abuse impact yourself? (B) 7. What other services or resources would help you to improve your skills and remain non-abusive? (B) 8. What challenges do you still face to remaining non-abusive? (B) 9. When you think about your future what do you see? (B) 10. What (skills, beliefs, personal strengths, resources, or other) has helped you to remain non-abusive? (B) 11. What other resources (family, friends, employer, church) help you to remain non-abusive? (B) 12. What beliefs help you to remain non-abusive? (B) 13. What if any forms of abuse did you use with an intimate partner during your participation in the program? (B) 14. What other services do you need or could you have benefited from while you were in the program? (B) 15. Has your relationship with your ex-partner changed since finishing the program? (C) 16. Has your relationship with your current partner changed since finishing the program? (C) <p>(B): Questions from the Revised Semi-Structured Interview Questions Protocol found in Appendix B.</p> <p>(C): Unstructured questions not found in either of the original protocols but heard and/or read in the interview transcripts as part of a dialogue between interviewer and interviewee.</p>

CADP Assessment Tool (Appendix D)

Quantitative data from the CADP Assessment gathered from the original study was used to examine demographics of the 17 men. The CADP Assessment has 3 parts. Only the first part of the assessment was used in this secondary analysis and included

examination of the following demographic information: marital status, racial/ethnic group, employment status, income, social security status, and level of education. This information was used for descriptive purposes only.

Empathy and Distress Terms

The itemized definitions of the four types of empathy and one type of non-empathic response were operationalized. The defined terms follow below.

Mutual empathy. The definition of mutual empathy includes aspects of affective and cognitive empathy (see Jordan, 2000; Jordan, 2008; Freedberg, 2007; and the Jean Baker-Miller Institute: Glossary of Terms, n.d. found online). However, for the purpose of this study, it is distinguished by its feminist perspective and understanding of power differentials in a society between men and women (Freedberg, 2007; Jordan, 2008).

Mutual Empathy Operationalized Definition

1. The participants stated awareness of patriarchal marginalization/privilege.
2. The participant's stated awareness of male oriented socialization/power.
3. The participant's stated awareness of isolation as a source of control over a woman/victim.
4. The participant's statements of respect for the victim(s)
5. Statements of a desire for the victim(s) growth and one's own growth to improve the relationship
6. Statements for a desired capacity for connectedness or value of connectedness in relationships with the victim(s).
7. Statements of understanding the need for a shared power paradigm (Jordan, 2000; Jordan, 2008) in the relationship with the victim(s).

Cognitive empathy. Cognitive empathy has been described as the ability to understand another person can experience an emotion (Snow, 2000; Jolliffe & Farrington, 2004) and the ability to relate to that person based on one's own experience and knowledge using cognitive processes related to intentionality, perception, and recognition (Goubert, et al., 2005).

Cognitive Empathy Operationalized Definition

1. Statements that indicate an intellectual understanding that the victim(s) was experiencing an emotion.
2. Statements that indicate the ability to use one's own experience to understand the impact of one's behavior (words or actions) on the victim(s).

Affective empathy. Affective empathy has been described as an awareness of another person's experience (Goubert, 2005) based on the ability to identify what the other person is feeling by recognizing another's facial and verbal expressions (Shamay-Tsoory, et al., 2004) and the ability to share in that person's personal distress (Young, et al., 2008; Rogers, 1957/2007).

Affective Empathy Operationalized Definition

1. Stated awareness of the victim(s) experience based on the other person's facial and verbal expressions.
2. Statements that are concordant with the victim(s) circumstances, indicated by sharing in that person's emotional distress.

Action oriented empathy. Action oriented empathy includes the ability to recognize the emotion in another (Marshall & Marshall, 2011) that is, another's personal

distress and attempts to relieve the other's distress through action (see Batson, et al. 1984/1987/2003; Marshall & Marshall, 2011; Eisenberg, et al. 1988).

Action Oriented Empathy Operationalized

1. Participant's statements that he was able to understand or imagine the victim's feelings.
2. Participant statements that he took action to alleviate the victim's distress such as understanding, wanting to, or appreciating his having to attend the PAIP in order to change his abusive behavior toward the victim.
3. Participant statements that he has chosen to modify his behavior because he knows that his abusive behavior negatively impacts his victim(s).

Personal distress. Feelings of Personal Distress are described by Batson, et al. (1984) as feeling "troubled, disturbed, worried, upset, alarmed or distressed" (p. 2). Action resulting from distressed feelings are motivated by one's need to relieve one's own anguish and are considered to be egotistical motivations aimed to reduce one's own tension (p.2). For the purpose of this study, examination of the participant's "action" to successfully participate in treatment due to a personal distress or fear of the legal system will be examined.

Personal Distress Operationalized

Statements in response to feelings expressed by victims elicit avoidance of abusive behavior due to fear of punishment rather than concern about victim.

1. Statements regarding victim result in a response that it is not worth abusing women because you can go to jail.

2. Statements of wanting to avoid abusive behavior toward the victim in order to maintain a relationship with the victim.

Table 2: Empathy and Distress Terms

Empathy & Distress Terms	
Mutual	<ol style="list-style-type: none"> 1. Awareness of a patriarchal organization 2. Awareness of male oriented socialization 3. Awareness of isolation and control 4. Respect 5. Desire for growth 6. Desire for connectedness 7. Need for a shared power paradigm
Cognitive	<ol style="list-style-type: none"> 1. An intellectual understanding the other is experiencing an emotion 2. Understanding the impact of one's behavior on another
Affective	<ol style="list-style-type: none"> 1. Recognizing/understanding another's experience via their facial and verbal expressions 2. Concordant statements with the victim
Action	<ol style="list-style-type: none"> 1. Ability to understand/imagine victim feelings 2. Taking action to alleviate another's distress 3. Learned knowledge resulting in modifying one's behavior
Distress	<ol style="list-style-type: none"> 1. Avoiding abusive behaviors due to fear of punishment 2. Avoiding abusive behavior due to fear of jail 3. Avoiding abusive behavior to maintain relationship with victim

Analysis

The following numbered outline provides a brief outline which describes the process of data analysis. The outline will provide a brief overview of how the qualitative data was assessed for empathic responses by hand coding and the use of software programs such as Nvivo 9 and SPSS. Following the outline, subheadings with a more

thorough description of the plan of analysis will describe the steps, coding process, tables, and software packages. The following outline describes the plan for analysis:

1. This researcher examined the qualitative data using the 36 semi structured interview questions from the original study as a guide. The interview questions which seemed to yield the most empathic or distress responses relevant to this study were selected and organized on a separate form (SSIQ3).
2. This researcher developed Code Books for each participant which sorted the selected interview questions (SSIQ3) and corresponding empathic or distress responses from the participants.
3. The process of triangulation was used to reduce researcher bias. Five of the transcripts were analyzed for additional information by the researcher for this study and an outside peer not previously familiar with the study. Table 4 was developed to display the findings.
4. The principal researcher for this study took the qualitative findings derived from the process of triangulation and re-examined all seventeen of the participant transcripts. Findings were included in the original Code Books which were developed for each of the participants.
5. Nvivo was used to organize and store the data and the SSIQ3.
6. Nvivo was used to create Nodes for all of the operationalized definitions of empathy and personal distress.
7. Nvivo was used to code the data.
8. Nvivo was used to query key words in order to search for specific responses in the data.

9. SPSS was used to analyze the descriptive data.

Hand Coding the Qualitative Data

The first step in the analysis began with this researcher's examination of the qualitative data. Using the Revised Semi-Structured Interview Questions from the original research project as a guide (Appendix B), the researcher for the present study analyzed the written transcripts and audio recordings to search for the occurrence of empathy and personal distress from the men's interview statements. The principal researcher for this study read through the transcripts, listened to the audio recordings, and paid particular attention to the thirty six interview questions several times before determining which interviewer questions seemed to yield the most empathic and distress statements.

The interview questions used in the original research project (Appendix B) which seemed to generate the best responses related to empathy and distress were selected and organized onto a separate form. The form was named: The Semi-Structured Interview Questions Revision 3, SSIQ3 (Appendix C). These questions included: 1. Fourteen questions from the original protocol which revealed indications of cognitive, affective and/or mutual empathy and personal distress (Appendix B) and 2. Two unstructured questions asked by the researchers from the original research study which revealed indications of cognitive, affective, and/or mutual empathy and personal distress (Appendix C). The responses to these questions were selected and added to a coding sheet.

Code Book

The second step in the analysis involved the creation of a Code Book which sorted the sixteen selected questions which revealed empathic and personal distress responses (Table 3 & Appendix F) and to organize the findings of the corresponding empathic or personal distress statements from each of the seventeen participant's responses. The Code Book Sheet entitled: Questions for Empathic Analysis (Table 3, Appendix F) includes the following sections:

- a. All interview questions used to analyze the data (SSIQ3; Appendix C).
- b. The participant number
- c. The four types of empathy and personal distress type
- d. The participant quoted text which matched the operationalized definition
- e. The individual(s) or situation that the participant was referring to
- f. The page number of the individual interview where the text could be found

All of the data were printed and compiled into a separate binder which were used later by the researcher as a reference for locating empathy and distress responses in the transcripts which ultimately were imported into Nvivo 9 (See Using Nvivo to Organize, Analyze & Store the Data, discussed in a later section). Table 3 provides an example of one participant from the Code Book which includes only four of the sixteen questions and responses that were asked of the participant. In this example, questions 1, 2, 3, and 4 show some of the questions that revealed empathic responses. For example, participant number one was asked question number one: "Thinking about your experience at the CADP, what stands out for you?". This question was used by the original researchers

and was included in the SSIQ3 (Appendix C & Table 1). The full Code Book, which is not included as a table due to its length, is listed in its entirety in Appendix G.

The participant's response indicated an aspect of cognitive empathy, which is noted on the table as item number 2. Item number 2 refers to statements that indicate the ability to use one's own experience to understand the impact of one's behavior (words or actions) on the victim(s) (See Table 2 for a brief description of the terms and the section titled: "Description of Terms" for a thorough itemization of each definition). The "Who Toward" column indicates who the participant had described feelings of empathy toward. The "Participant Response" column includes the quoted response which supports the empathic statement. The "Ques. #" column refers to the question number from the revised protocol 3 which was asked of the participant. "Part #" refers to the individual subject from which the responses were derived. "Cog", "Affect", "Mutual", "Act", "Per Dist", refer to cognitive, affective, mutual, action oriented empathy and personal distress respectively. The "Pg. #" column refers to the page number of the transcript on which the statement can be found. In cases where the participant revealed statements of personal distress, the "Who Toward" column may not have been completed, as these responses typically refer to the self and include statements of wanting to avoid jail or punishment to avoid personal distress versus wanting to modify behavior for another person. In such cases, the column would be left blank or indicated as "self" with a description to support the non-empathic response.

Table 3: Questions for Empathic Analysis Table Participant 1

Ques#	Part #	Cog.	Affect	Mutual	Act.	Per Dist.	Who Toward	Participant Response	Pg. #
1	1	Item 2					Partner	"The first time I didn't feel like I had to complete it...blaming my partner..."	2
2	1			Item 4			Others in group & facilitator	"Everyone wants to be heard...you have to sometimes listen"	3
3	1	Item 1					Partner	"She's got a scar for the rest of her life"	8
4	1	Item 2					Partner	"I'm stronger than her..could've hurt her"	9

Strengthening the Analysis Through Peer Review

The third step of the analysis involved triangulation of the data. This process was used to ensure consistency of the findings and provided an additional perspective of the analysis to ensure that the findings were unbiased. The outside researcher who was selected for the peer review was not previously familiar with this study. The peer examined 30% (n=5) of the de-identified transcripts. The transcripts were chosen by the principal researcher by a random selection method in which five random numbers between one and seventeen were drawn. The results of the draw revealed selection of the following transcripts: Five, six, nine, eleven and twelve. Once the transcripts were selected they were provided to the outside researcher. The researcher was asked to read through them and make notations via a word document of themes, patterns, and any other

key statements made by the men. No other directions or resources were given to the outside researcher to complete the task.

The researcher for this study conducted the same analysis using the same randomly selected transcripts. Once the results were obtained by the peer researcher the both researchers analyzed the findings and began to note commonalities among them. Themes and patterns were discovered and noted. The results revealed no differences between analyses. The themes and patterns were organized into a tablet by the researcher for this study providing inter-rater reliability of the data.

Table 4 shows patterns, themes and key words which were derived from the analysis. The “Patterns” column illustrates commonly repeated categories which the researchers found among the five participant transcripts. These terms were developed by the researcher as a way to label commonalities found from both analyses. The “Related Themes” column includes specifications which were found by the researchers that were related to the patterns. Repeating statements and/or word descriptors verbalized by the men were placed in the “Key Words” column. These words were noted by both researchers as common key words verbalized by the men and found among the men’s statements. These words were associated to the noted themes and patterns and included in the table.

Table 4: Findings from Research/Peer Analysis

Researcher/Peer Analysis		
Patterns from participant Transcripts	Related Themes from Researcher/Peer Findings	Key Words from Male Participant Transcripts
Expressed Emotions	1. Expressed poor self-image 2. Guilt 3. Shame	1. Feel bad 2. Ashamed 3. Embarrassed
Long Term Issues and Needs	1. Continued support from program	1. Relationship 2. Abuse 3. Group Experience 4. Longer/more time
Learned Information	1. Understanding of male and female power differences	1. Equality Wheel 2. Male Privilege 3. Power and Control
Accountability	1. Accepting responsibility for abusive behaviors	1. Learned 2. Actions 3. Awareness 4. Respect 5. Cycle of Abuse 6. Male Privilege 7. Understanding 8. Responsibility

Coding of the Researcher and Peer Findings

The fourth step in the analysis began by taking the findings from the peer and researcher analysis and re-examining the qualitative data of all seventeen transcripts. Using the Questions for Empathic Analysis Table from each of the participants (Table 3) and Table 4 from the Researcher and Peer Analysis, the researcher of the present study re-analyzed all seventeen of the written transcripts and audio recordings to search for: Expressed Emotions, Long Term Issues and Needs, Learned Information and

Accountability. The findings obtained from each participant in each of these categories were added to each participant's individual table which initially included the original findings that were organized in the table during step one of the analysis (Questions for Empathic Analysis, Table 3).

Table 5 shows an example of the modified version of Table 3 which includes the categories: Expressed Emotions (Exp. Emot.), Long Term Effects (Long Term), Learned Information (Lrnd Info) and Accountability (Acct). The expanded version of the tables for each participant helped the researcher to view all of the findings in one place. Including the additional findings to the tables also enabled the researcher to see what type of empathy or distress responses were associated with the terms.

Table 5: Questions for Empathic Analysis and Additional Findings Table: Participant 1

Ques #	Part #	Cog.	Affect	Mutual	Act.	Dist.	Who Toward	Exp. Emot.	Long Term	Lrned Info	Acct	Participant Response	Pg. #
1	1	Item 2					Partner				X	“The first time I didn’t feel like I had to complete it...blaming my partner...”	2
2	1			Item 4			Others in group & facilitator					“Everyone wants to be heard...you have to sometimes listen”	3
3	1	Item 1					Partner					“She’s got a scar for the rest of her life”	8
4	1	Item 2					Partner					“I’m stronger than her..could’ve hurt her”	9

Using Nvivo to Organize and Store the Data and the SSIQ3

The fifth step in the process of analysis involved the use of Nvivo to organize and store the data and the SSIQ3 used in this study. The transcript data and the interview questions were stored in Nvivo to allow the researcher to keep all of the findings and SSIQ3 in one place. The first step in this process was to import all of the transcripts into the Nvivo 9 software system. Next, each of the sixteen questions from the SSIQ3 was entered (Table 1). This process enabled the researcher to easily refer to the interview

questions and transcripts for comparing and contrasting the findings related to associated participant responses. This preliminary step was necessary in order for the researcher to have easy access to the data and SSIQ3 including the ability to search, compare and conduct queries for later analyses.

Using Nvivo to Develop Nodes

In addition to using Nvivo 9 to store and organize the data and the SSIQ3, it was also used as an alternative way to code the data. Nvivo 9 was developed by Qualitative Solutions and Research International (QSR) and was chosen to code the data because it is a relatively easy program to use that allowed this researcher to create “Nodes” which marked relevant concepts and topics in text documents that were easily searched, analyzed, and re-evaluated as the project progressed (Walsh, 2003).

Once the transcripts and SSIQ3 were successfully imported, the sixth step of the analysis was to create Nodes for all of the operationalized definitions of empathy and personal distress. The process began by entering the name of each definition. For example: mutual empathy, cognitive empathy, affective empathy, action oriented empathy, and personal distress and providing a brief itemized description of each.

Using Nvivo to Code the Data

The seventh step in the analysis began with this researcher using Nvivo to code the data. The process of creating Nodes for the operationalized definitions allowed the researcher to place relevant text from the men’s responses into each of the appropriate categories of empathy or distress during analysis. This began by locating each individual interview transcript in Nvivo. While referring to the modified Questions for Empathic Analysis and Additional Findings Tables previously created (Table 5) the researcher

conducted a search in Nvivo to locate the same questions which yielded empathic or distress responses within each corresponding transcript.

Once the questions were located, the researcher was able to scroll through the associated narrative and locate the empathy and distress responses needed for coding. When the corresponding responses were found within each of the transcripts, they were then coded into the appropriate existing “Nodes” which were previously developed for the distress and empathy categories. Put another way, the selected empathy and distress responses were dragged and dropped into the appropriate empathy or distress Nodes.

Organizing the material in this way allowed the researcher to view all existing responses and corresponding definitions from each respondent in one place. This process also allowed the researcher to check against findings discovered during the early stages of coding and analysis and to easily make comparisons or note any other information which may be discovered and in need of further exploration.

Using Nvivo to Query the Key Words

Once all of the empathic and distress responses were dragged and dropped into the appropriate Nodes, the eighth step involved the process of conducting queries by using the key words from male participant transcripts (Table 4). The process of querying involved entering key words or phrases which were initially found during the initial stages of analysis to yield empathic or distress statements among the participant’s transcripts. Queries also enabled the researcher to search through the data which was coded within the Nodes.

Each of the following key words were separately queried using Nvivo: feel bad, ashamed, embarrassed, relationship, abuse, group experience, longer/more time, equality

wheel, male privilege, power & control, actions, awareness, respect, cycle of abuse, understanding, learned, and responsibility.

Each queried word revealed the number of times a specific word was said in a specific transcript. The researcher then had the ability to separate individual transcripts if needed and review each one for the queried words which were previously associated to the themes and patterns. This information allowed the researcher to form a visual representation of how many times a participant referred to a specific word and associated theme or pattern in addition to finding the number of participants who made similar references.

The purpose of this process enabled the researcher to narrow the focus of analysis to references most likely to lead to empathic and distress responses while also revealing other interesting themes and patterns. More importantly, this process assisted the researcher with checking against initial coding processes and analyses which were conducted earlier to assure that the coding process was thorough and accurate (See steps one through three of the Analysis process).

Statistical Package for the Social Sciences (SPSS)

The final step in the process of analysis was to look at the findings of the SPSS data to examine the descriptive statistics including the demographic information found in the CADP Assessment. The reason for using SPSS is because it offered an elaborate range of functions for quantitative data organization and analysis and is a major software package used in the social sciences (Anastas, 1999). However, for this study outcomes were used for descriptive purposes only.

CHAPTER IV

FINDINGS

Introduction

This chapter will describe the characteristics of the sample, research design, define research terms and describe the findings of the secondary data analyses that were conducted on the data that was used for this study. Tables will depict concepts and illustrate findings.

Research Design

The current study was a qualitative secondary analysis which examined the transcribed interviews and audio recordings of male participants who have completed a partner abuse intervention program (PAIP). Specifically, the foci addressed the following research questions: 1. Do male participants who complete a PAIP demonstrate a capacity of empathy toward their victim or others? A. What type of empathy is expressed? 2. Does what male participants reveal about what they have learned about abuse indicate a capacity of empathy for their victims? and 3. Do male participants describe personal distress oriented responses such as motivation to complete a PAIP to avoid involvement with the legal system?

Characteristics of the Sample

The sample used for this study was seventeen court ordered males who completed the Beliefs and Skills for NonViolent Living Program provided by the CADP.

Demographics

The demographic information for this study was gathered post completion of the program, using the Center for Advancing Domestic Peace Assessment Tool (CADP Assessment Tool), formerly referred to as the WSDAP/CDP Assessment Tool (See Appendix B). Demographic information was available for thirteen of the seventeen men. The ages of the men for this study were 18 years and above however, specific ages of the seventeen court ordered Illinois participants were not available for this study. Other demographic information was sporadic. As Table 6 indicates, seventy percent of the sample were African American (n=9), fifteen percent of the sample was White (n=2) and fifteen percent was Hispanic or Latino (n=2). More than half of the sample were unmarried, held at least a high school education, were employed, and made no more than 35,000 dollars a year at the time that they completed the program.

Table 6: Demographic Information

Demographic Information						
N=17						
Race	African American n=9	White n=2	Hispanic n=2	Asian n=0	Native America n=0	
Education	High School n=7	College or Technical School n=2	Certificate n=1	BA or BS n=2	Grade School n=1	
Relational Status	Married n=2	Single n=7	Divorced n=4	Never Married n=0	Widowed n=0	
Income	Less than 10,000 n=2	10,000 to 14,000 n=3	15,000 to 24,900 n=2	25,000 to 34,900 n=3	35,000 to 49,000 n=1	75,000 to 99,000 n=1
Employment Status	Full Time n=5	Part Time n=4	Unemployed n=4			
Social Security Income	Yes n=2	No n=11				

Participants Program Completion Information

All seventeen of the court ordered participants of the original research project had a history of violence in an intimate partner relationship and successfully completed the 25 week *Beliefs and Skills for Nonviolent Living Program* provided by the CADP. The data

for the interviews were collected between 2006-2010. Table 7 illustrates previous program participation of the seventeen participants used for this study.

Fourteen of the CADP subjects had not reported any previous treatment from a PAIP. Two of the participants reported attending the CADP at least one time before, while one participant stated that he had attended a program elsewhere. These findings demonstrate that nearly all the men had successfully completed the program the first time which suggests that the treatment at the CADP may have been effective at helping them to accomplish this. Findings also indicate that although three of the men needed more than one treatment exposure, all of them successfully completed the CADP which supports the Center's attempts at helping the men successfully complete the program.

Table 7: Participant Program Completion

Participation In PAIP (n=17)	Program Attended	
	CADP	Other Program
First time experience	N=14	N=0
Two experiences	N=2	N=0
More than two experiences	N=0	N=1

Research Question Findings

In the section that follows, findings from the participants which revealed empathic responses aligned with one or more of the four empathy definitions: mutual empathy, cognitive empathy, affective empathy and action oriented empathy will be provided (See

Table 2: Empathy and Distress Terms). Results from personal distress responses will also be discussed. Only portions from the participant's statements which were relevant to the operationalized aspects of the defined empathic or distress responses were selected. The findings follow below.

Research Question 1

Do men who complete a PAIP demonstrate a capacity of empathy toward their victim(s) or others? A. What type of empathy is expressed?

Mutual empathy. In the examples below, participants provided statements indicating aspects of mutual empathy. In the statement that follows participant 1 expressed an aspect of mutual empathy which demonstrated his understanding of respecting another person's opinion and need to be heard. His response suggests that previously he may have had poor listening skills. He also indicated an understanding that there are alternatives to using physical violence:

A lot of us just don't want to listen, everybody (victim) just wants to be heard. You say what you have to say and that's it....you don't have to put your hands on anyone.

Participant 4 showed his capacity for mutual empathy by expressing in his own terms, an understanding of how male privilege is used and how this behavior has had an impact on women:

But, it's like that confidence kinda changes into male chauvinism....I always thought that most women were good hearted...all the things we've done to women over the years, has made them, changed them.

The men's understanding of behaviors which attempt to control their partners was expressed by many of the men. In the next statement, participant 1 expressed what he had learned about economic abuse. His response indicated an understanding of how he

had previously used his male oriented power to control the family finances. He is also able to talk about his acceptance of equality between the sexes which is demonstrated by his reference regarding his partner's right to work. His discussion also seems to suggest an understanding of how men use isolation to control their partners by not allowing them to work coupled by justifications to be abusive toward the victim. His awareness of using power and control and isolation through economic abuse including his awareness for a shared power paradigm are indications for his capacity for mutual empathy:

A lot of guys have partner abuse when it comes to money. He figure he can tell a person what to do because he's making all the money...Economic abuse! That's what it's called...she work just like you work.

The following statement provided by participant 11A is a good example of his awareness of how a patriarchal marginalized society enabled his sense of entitlement to say or do what he wanted regardless of his partner's needs. His new understanding of these concepts helped him to increase his sense of respect for his partner:

Wow...I learned I was an asshole...they (victim) could do whatever they want...that doesn't mean I have to say or do what I have to do...I got everything out of my relationship except for the respect of my partner.

Participant 9 provided a good example of his capacity for mutual empathy which expresses a desire for connectedness and growth in the relationship. In this statement the participant described the kind of person that he would like to be followed with the type of person he would like to be perceived as. His statement reflects his desire for growth and a healthy, connected relationship with his partner:

A much better and improved human being-be able to see a warm, kind, loving person you know? Somebody that uh, somebody else in the future she can really trust and feel comfortable with.

Overall, the men's capacity for mutual empathy brought forth favorable results.

In this study, eighty eight percent (n=15) of the men were able to demonstrate a sense of respect for their victim's thoughts and feelings and an understanding that the other person needed to be heard. Participants were also able to recognize how their use of male privilege had been used to abuse their partners. They were also able to express an understanding that they did not have the right to control another person. Statements also indicated recognition of male oriented socialization and power, patriarchal marginalization, a shared partner paradigm, and a desire for connectedness and personal growth within relationships. These features represent all seven aspects of the operationalized definition for mutual empathy.

Cognitive empathy. The statements below provided the best examples of men who expressed cognitive empathy towards their victims. Below, the response from participant 7 indicated his understanding of how his behavior may have had an impact on his partner:

I could've gone over the limit and hurt her real bad...abuse it's a monster.

Similarly, participant 12 expresses knowledge of how his abusive behavior likely affected his partner. He was also able to express an awareness of how his abuse may have made his victim feel:

It (abuse) can really do some damage...mentally, emotionally...no one should have to put up with it. I had to make up for what I did you know...she just looked at me like that person...I mean I know it bothered her.

In the next example, participant 8 provided a statement which showed that he came to recognize that his abusive behavior created a fearful reaction in his partner:

I can see why I have got hit, cause I jump or I slam something, so they (victim) feel intimidated.

The results in this section indicate that an overwhelming majority of men made statements which expressed cognitive empathy toward their victims. In this study, ninety four percent (n= 16) of the men expressed aspects of cognitive empathy when making references toward their victims. Statements reflected the men's ability to use their personal experiences to understand the impact that their behavior had on the victim and also their ability to recognize that the victim was experiencing an emotion. The men's statements provided examples of their ability to express the following: 1. Statements which indicate they were able to understand that the victim was experiencing an emotion and/or 2. Statements that indicated that what they had learned at the CADP had helped them to understand the impact that their abusive behavior had on the victim(s).

Affective empathy. In the next example, participant 4 expressed his understanding of his partner's feelings by providing an example of sharing in the victim's emotional distress. His ability to express statements revealing affective empathy is also reflected in his understanding of what it may have been like for the victim when he engaged in secretive behavior. His reflective statement suggests that he has attempted to identify with his partner's feelings by expressing to the interviewer the importance of admitting to his mistakes and learning to be more open within his relationships:

I know I should of told you (victim), I know or I, I feel, I'm feeling the same thing you're feeling. Just be accountable and communicate and umm, be willing to listen.

The statement below provides a fitting response of the participant's ability to recognize the emotions and reactions in his victim by noticing changes in the victim's

affect. In this example participant 5 suggests that his abusive behavior caused his victim to perceive him in a different light. His remark that: “she just looked at me like that person” suggests that at the time, he was aware of the change in his partner’s affect subsequent to an abusive episode:

I had to make up for what I did you know...she just looked at me like that person...I mean I know it bothered her.

In summary, the examples above provided the best statements among the men which illustrated the men’s ability to express affective empathy. Overall, the results showed that twenty four percent of the men (n=4) made statements reflective of affective empathy toward their victims. The men’s statements showed that they had the ability to share in the victim’s distress and notice that the victim was experiencing an emotion by the victim’s facial expressions.

Action oriented empathy. The statements below include action oriented responses for which the men claim to have taken action such as completing the partner abuse program to avoid further abuse toward their partners or others. Participant 1 provided several statements which seemed to imply components of action oriented empathy. Although he does not directly claim that his getting help was for the victim, he did make the connection that by doing so it would benefit those that he cares for. Below, he described his initial resistance to treatment followed by his ability to accept responsibility for his actions. He shares with the interviewer that his acceptance for help gave him a “second chance”.

The first time was basically being rebellious, didn’t want to complete it, felt that I didn’t need to complete it, cause it wasn’t my fault, it was like blaming my partner for everything. But, as I sat down and really looked

at it and came back to second chance, my whole demeanor had changed.

In the next example, participant 1 reflected his association with his sister's and children's wellbeing and his responsibility to get help as a way to reconcile for his past mistakes:

You have to realize and understand, you got a sister, would you want somebody slapping them? I mean will I want someone hitting them? (kids) them to hit someone else? I could only lead by examples and if I completed my course my kids could look at me and say: okay, Dad did what he had to do and Dad teaching us what not to do.

The evidence provided in the statements above demonstrate the clearest examples among the men's statements which inferred that these participants took action to avoid abuse because they understood that their behavior was wrong. In this study, twenty four percent of the men (n=4) referred to modifying their behavior because they were able to recognize the negative impact that their behavior may have had on someone else. The examples above relate to the men's understanding of how their behavior may have impacted family members and their victims.

Overall, the analysis conducted for research question one revealed that the highest number of empathic responses were associated to cognitive and mutual empathy. The table below illustrates how many of the seventeen participants revealed empathic statements within each of the four categories of empathy.

**Table 8: Research Question 1:
Statements Associated
With Four Types of Empathy**

N=17	
Mutual Empathy	n=15
Cognitive Empathy	n=16
Affective Empathy	n=4
Action Oriented Empathy	n=4

In the examples that follow, the men's empathic statements seem to indicate that what they had learned from the CADP helped them to better understand their victims.

Research Question 2

Do men who complete a PAIP provide responses which indicate that what they have learned about abuse reveal indications of empathy toward their victims?

Mutual empathy. In the following quotation, participant 1 provided a good example of his understanding of how he used male privilege and self "pride" to abuse his partner. He also discussed how his group experience helped him to become more aware of his behavior and understand the potential for physical harm that his abuse had on his partner:

Let's talk about it now, I'm abusing you. I'm using my male privileges. Is that the right thing to do? No...but, there's that male pride, there's my you know, manhood. I'm not just gonna let you hit me. But, I had to sit back, and being in this course, I'm stronger than her, I could've hurt her.

Participant 3 referenced the Power and Control Wheel as a tool which helped him to be more accountable, control his behavior, and become more aware of his actions:

Once I learned the Power and Control Wheel and actually have to understand it that was my realizations as to what I did wrong as well as reviewing the Power Wheel to understand what I need to do right and stay on track.

Similarly, the statement provided by participant 11A suggested that his belief system around patriarchal privilege had excused his abusive behaviors; perhaps, almost gave him a sense of entitlement that he could abuse his partner. He shared that prior to learning about what abusive behavior was he thought that what he was doing was justified:

A lot of power and control things. I really didn't understand none of that stuff until group. I knew it because I was doing it. But, I didn't understand what it was. I didn't understand what I was doing was wrong. I thought that's what I was supposed to be doing, or how I was supposed to be acting. I didn't even know it was abuse, you know?

Overall, fifty three percent (n=9) of the participants in this section showed a capacity for mutual empathy. Within their descriptions they are able to describe new insights and accountability after learning about the various ways that they had used male privilege and control tactics to isolate and abuse their partners. Their responses provide strong supportive evidence which indicates that the program curriculum may have had a significant influence in the way that they think and how they perceive male and female roles.

Cognitive empathy. A pattern associated with the men's expressed levels of accountability for their abusive behaviors were identified during the analysis. In the next statement, participant 8 shows how his learning experience helped him to recognize his abuse and take responsibility for his actions:

That my actions is my actions. Like, I came in, when I first came in, I felt it was her fault. But, I feel that now it was my actions. Even though what she did, it still was my actions that, I decided to pull her. I decided to slap her. It was me.

Participant ten also provides a good account of how self-reflection had made him aware that he had a history of abusive behaviors. His ability to use his own experiences to understand his past actions suggests an awareness of how his behavior may have affected others. This reflects his capacity for cognitive empathy:

This program make you take a real good look at yourself, instead of pointing your finger at your partner all the time and make you see, you take accountability for your mistakes that you have made in your own previous relationships or your present relationships.

In sum, the findings for cognitive empathy revealed that seventy one percent (n=12) of the men showed accountability for their abuse. The examples demonstrated that a large majority of men were able to show through their statements the capacity to reflect on their past actions and recognize that previously, they had blamed their partner for their behavior. The ability to reflect on their past personal experience to understand the impact of their behavior on the victim indicates an ability to understand the impact of their behavior on the victim.

These results also indicate that information the men had learned at the CADP may have helped to influence their capacity for accountability and ability to gain insight into their actions and the impact on their victims.

Affective empathy. The men's ability to make statements which indicated a capacity for affective empathy toward their victims in relation to what they had learned at the CADP was indicated in eighteen percent (n=3) of the men. In the statement below participant 5 exemplifies one aspect of affective empathy: stated awareness of the

victim's experience based on their facial or verbal expressions. This is depicted by his comment regarding how his history of using abusive behavior had caused the victim to "look" at him in a way which suggests that he recognized her anticipation that future abuse may occur. This demonstrates that he has an awareness that his behavior has had an impact on his partner and that as a result she may not perceive him in a trusting way. His statement suggests that upon reflection of his past actions his victim's reaction toward him may have been connected to the way that he had treated her:

I learned that it may have traumatized her... I learned that I probably, you know, I know I left her with bad memories..and that she probably look at me like I'd probably do it again but I know I wouldn't. So I learned that I really hurt her. I didn't just hurt her physically, you know, I hurt her mentally too because she probably never thought I would do something like that.

To conclude, the men's statements related to what they had learned at the CADP may have had an influence on their ability to empathize with their victims. In addition, the men may have been influenced by the curriculum which was taught at the CADP. In this study, teachings related to societal influences around patriarchy, male privilege, and equality between males and females seemed relevant in many of the men's statements. The representative responses in this section also indicated that what the men had learned at the CADP may have helped them to be accountable for their abusive behaviors.

The table below demonstrates that the majority of men revealed statements suggesting the greatest capacity for cognitive empathy followed by statements indicating a capacity for mutual empathy. A small number of men also provided statements which revealed a capacity for affective empathy. For this research question, there were no statements indicating a capacity for action oriented empathy. The majority of men who showed a capacity for cognitive empathy indicates that the CADP may have been

successful at helping the men to understand on an intellectual level how their behavior impacted their victims. Statements revealing mutual empathy indicate that the curriculum taught at the CADP may have had an influence on the men's ability to think about social factors which may have previously shaped the way that they think about women, relationships, and power differences between the sexes.

**Table 9: Research Question 2:
Empathic Statements and
Associated Learning**

N=17	
Mutual Cognitive	n=9
Cognitive Empathy	n=12
Affective Empathy	n=3
Action Oriented Empathy	n=0

As we turn to the next section, Research Question 3 has examined possible participant motivation to avoid legal consequences and other variables which may have influenced the way in which the men thought and learned about abuse.

Research Question 3

Do participants describe personal distress oriented responses such as motivation to complete a PAIP to avoid involvement with the legal system?

Personal distress. The next section includes results associated with Research Question 3 which explored the men's non-empathic responses. Non- empathic responses

were related to statements that reflected personal distress which were associated with the men wanting to complete the PAIP in order to avoid future personal discomfort. In the examples that follow, forty-one percent of the men (n=7) provided statements which supported the idea that they avoided abusive behaviors due to fear of being punished such as a fear of going to jail.

In the example below participant number 11 reflected on two aspects of his experience: 1. His understanding that what he did to the victim was wrong and 2. His experience with the judicial system which helped him to make this realization. This suggests that this participant's fear of jail time has helped him to recognize that his abusive behavior was wrong:

Well one of, one I realized, yeah it really is wrong, I shouldn't have said some of the things I said. Two, and I have to say this, I never want to go to jail or anything like that again. This is my first time and I been in jail 6 hours and man, ain't that shit. I'm 40 something years old and I'm goin' to jail man? I'm better than that...I realized what I was doing wrong to her.

The ability to associate the seriousness of abuse with the potential consequences of one's actions are seen in the statement from participant ten. In this example he is able to understand the impact that his abusive behavior could have on his own life:

I can't afford to go back to jail...lose my job.

In the next example, the combined efforts of treatment with support from the legal system are reflected in the statement provided by participant 2. His statement indicates that what he has learned from his experience has helped him to understand that he is able to control his behavior. His insight that he can make "better decisions" shows an understanding of accountability for his actions, and that by making a good choice he prevents unnecessary "stress" in his life. This implies that his learning through the group

experience may have helped him to reach this understanding. His statement also suggests that his experience with legal enforcement agents has showed him that his abusive behavior will not be excused. The implications of this participant's remarks suggest that the combined efforts of the PAIP and the legal system may have helped him to understand the consequences of his behavior which has enabled him to use healthier skills to avoid future abusive behavior:

I, I mean, I believe I'm entitled to a nonviolent lifestyle. Hearing that, that is the biggest motivating forced tool. All the removal of stress, you know, whereas you would fight, leave, and then the stress of wondering is the police gonna be involved? And knowing that no matter what she did your actions will send you to jail. That's, you know, you can't walk up and tell the police why I caught her bed with another guy...and they're gonna let you go and it's like, no, you just should have turned around and left. Things like that. Just being able to make different, you know better decisions.

In summary, the statements in this section align with the operationalized definition of personal distress because, they depict the men's reported avoidance of perpetrating future abuse to prevent experiencing distress in their own lives. These examples also portray the men's understanding that engaging in abusive behavior is a choice which can be avoided in the future.

The table below illustrates the men's statements which yielded feelings of personal distress related to a fear of going to jail. Overall, the findings in this section show that although more than half of the men did not reveal statements which indicated feeling of personal distress, forty-one percent of the men did. These results indicate the possibility that the involvement of the legal system may have helped some of the men to think about the personal consequences of committing future abuse.

**Table 10: Research Question 3:
Statements Revealing Personal Distress**

N=17	
Personal Distress Statements (Yes)	n=7
Personal Distress Statements (No)	n=10

Additional Findings

Additional findings were discovered during the qualitative analysis. The next section will include results related to the men's statements about accountability, long term issues and needs, expressed emotions, and learned information.

Expressed Emotions

In the following examples, expressed emotions refer to negative feelings that the participants claimed to have felt about themselves after coming to the realization that they had been abusive. In this study, twenty four percent of the men (n=4) expressed how they had felt about themselves after having realized that they had been abusive. It is possible that the men felt bad for themselves because they had been mandated for treatment. However, two of the participants were able to express aspects of empathy toward others. For instance, in the following example participant 6 seemed to express remorse for hurting someone he "loves". His statement indicated an awareness of his abusive behavior and showed his increased level of insight. He reported that becoming

aware of his behavior made him “feel bad” which also suggests disappointment in himself:

I knew it was wrong, it made me feel bad about myself. Made me feel bad that I was physical toward the person I love. Now I know that’s not the way to go.

Similarly, the statement from participant 9 is a reflection of his mixed emotions which demonstrated how he felt about himself, along with his capacity to consider his victim’s experience and feelings in the following statement:

And, you know I feel terrible, you know, for the things that I did, I mean, cause at the time she had to feel little, you know? I’m ashamed, you know, I’m ashamed of myself. I don’t want to continue feeling shameful. I can do better.

Overall, the above findings demonstrate the men’s expressed negative feelings toward themselves after learning about their abusive behaviors. Their ability to acknowledge their partner’s feelings within the context of their statements demonstrated a capacity of empathy toward their victims. The combination of these factors suggests an increased level of insight and the ability to be accountable for their actions.

Long Term Issues and Needs

In this section, a pattern of long term issues and needs associated with the participant’s expressed desires to continue to learn about abuse, receive continued support from the program, maintain relationships with members of the group, and a desire for longer time in a supportive environment had been described by twenty nine percent of the participants (n=5). In the next example, participant 2 expressed his need for ongoing support. This participant’s statements which included: “the last day is so emotional” and “I’m gonna keep on going”, indicated a feeling of camaraderie and a strong bond with others:

Um, I, I honestly believe the ability or the, the opportunity to come back after you complete it. It's, it's probably like an unimaginable resource. But I've been come back since March and I rarely see people live one way. The last day is so emotional. I'm gonna keep coming back and I gonna keep coming back. And I've actually had people tell me you are stupid for keep going. But that, it's, that's good for me because I reason when I hear that, I say, "Okay, well, I'm gonna keep on going."

Participant 11A provided a similar account along with what seemed to be his unexpected discovery at finding that the group experience was helpful:

The only thing probably could possibly make it better...um, spending more time in group, which probably isn't an option- and nothing that anyone would want to do- spend more time, cause it's already a two hour class, but, when you really look at it, that's the only thing that could possibly be better is just to get more time in group, because group helps.

In summary, these findings provide support that the men's group experience was positive. Expressed feelings of connection, camaraderie, and the benefit of learning new knowledge had been expressed. The therapeutic environment at the CADP may have encouraged a reflexive sharing and commonality between group members which could have helped to increase the men's capacity of mutual empathy.

Learned Information

The next section includes statements from the men which demonstrated a link between what they had learned about abuse and how their learning changed the way that they thought about themselves as being an abusive person. In this sample, fifty three percent of the men (n=9) expressed what they had learned about how male privilege and the use of power and control contributed to their abusive behaviors. In the following example, participant 1 described the process of his understanding related to his previous

conceptions of male privilege and how this had contributed to his abuse. His recognition related to the potential harm he could have inflicted toward his partner is illustrated below:

Let's talk about it now, I'm abusing you, I'm using my male privileges. Is that the right thing to do? No...But, there's that male pride, there's my, you know, manhood. I'm not just gonna let you hit me. But I had to sit back and being in this course, I'm stronger than her. I could've hurt her.

Some of the men reported that before learning about male privilege and concepts related to power and control, they were unaware that what they were doing was abusive. Participant 11A seems to indicate that his learning experience had helped him to understand how his privilege as a male and his false perceptions related to male and female relationships may have contributed to his abusive behaviors:

A lot of the power and the control things, I really didn't understand none of that stuff until group. I knew it because I was doing it but I didn't understand what it was. I didn't understand what I was doing was wrong. I thought that's what I was supposed to be doing or how I was supposed to be acting. I didn't even know it was abuse you know?

In summary, there is not enough evidence to determine if what the men had learned helped to change their abusive behaviors. However, the statements do demonstrate that the men did become more aware of the concepts surrounding power differences between men and women and that they were able to place what they had learned into the appropriate context.

Accountability

In this section, the men's statements demonstrate that what they had learned at the CADP may have influenced their ability to be accountable for their abusive behaviors. A

significant number of men, seventy one percent (n=12) made statements indicative of being responsible for their actions. In the example that follows, participant 8 makes an account of his physical violence:

That my actions is my actions. Like, I came in, when I first came in, I felt it was her fault, but I feel that now, it was my actions, even though what she did, it still was my actions that... I decided to pull her, I decided to slap her, it was me.

Similarly, participant 11A describes his ability to recognize his own behaviors along with realizing that he has the option to make alternative choices about how he reacts to others:

Before group I really wasn't looking at my own actions and being accountable for my actions, I was just blaming a lot of people- I wouldn't of done that if you didn't do this. After group seeing that it had nothing to do with the other person it had nothing to do with what I chose- I still had a choice, I didn't have to, that's what I noticed the most...that I don't have to let other people and other people have nothing to do with what I do, and what choices I make, they could do whatever they want, that still doesn't mean that I have to say what I have to say or do what I have to do, and I stopped blaming people for that.

These statements indicate that the men had learned about partner abuse and that they understood that they had a choice to control their abusive behaviors. Their responses provide supportive evidence which suggest that their group experience may have influenced the way in which they viewed their abusive behavior and their ability to make a choice to avoid future abuse.

The table below shows the number of men who revealed statements which indicated expressions of emotions, long term issues and needs and information learned while they were in the program at the CADP. The findings indicate that the majority of the men revealed statements which suggested that what they had learned while they were in program helped them to better understand about their abusive behaviors. These findings

are concurrent with earlier analyses in this study which suggest that the CADP may have played a role in helping the men to gain more insight around their abusive behaviors.

Similarly, the statements which demonstrate the men's ability to take responsibility for their abusive behaviors shows that the CADP may have been successful at helping the men to be accountable for their actions. These findings suggest the possibility that if the men are able to change their thinking patterns then perhaps they are able to change their behaviors.

Table 11: Additional Findings

N=17	
Expressed Emotions	n=4
Long Term Issues	n=5
Learned Information	n=9
Accountability	n=12

CHAPTER V

DISCUSSION AND CONCLUSION

Study Summary

This study was a secondary analysis using data derived from interview transcripts and audio recordings of seventeen men who had completed treatment at the Center for Advancing Domestic Peace (CADP). The purpose of this research was to examine qualitative data for the presence of empathy in men who have completed a partner abuse intervention program (PAIP). The purpose of exploring empathy in completers of a PAIP has been to add to the body of research and to address current gaps in the literature related to explorations of the presence of empathy in men who batter their female intimate partners. Important aspects of this study were to examine variables which may have contributed to the men's understanding of their abusive behaviors and to their capacity to develop empathy toward their victims.

Empathy terms were defined and used to explore participant's capacity for: mutual, cognitive, affective, and action oriented empathy. Personal distress was identified as the non-empathic term which was used to explore the men's lack of empathy and describes their motivation to complete the PAIP for fear of punishment. Nvivo was used to organize data and analyze findings. SPSS was used to explore descriptive data related to the men's demographics and abusive behaviors before and after treatment. To limit bias and strengthen the analysis, a peer review was conducted to

explore recurring themes and patterns among the men's transcripts.

Ethical Considerations

This study explored the presence of empathy in men who have formerly abused their female partners and who have completed a domestic violence program at the Center for Advancing Domestic Peace. The diversity of the participants for this study was limited to men, mostly of African American decent, and therefore is not a diversified sample. Additionally, since women perpetrators of domestic violence and violence between same sex partners have unique issues, these populations were not included in this study. The data for this study was derived from post interview transcripts by a researcher who did not have any personal contact with the subjects. The researcher for this study did not conduct follow up research with the participants. Therefore, there was no risk to the subjects. The subject's names and any other demographic information that may threaten personal identity was not disclosed to this researcher. Instead, each participant was identified by a random number that was originally selected by the original researchers. Any other unique identifying factors that may have identified a subject was not used or revealed in any way.

Study Limitations

The choice to use a qualitative research design was to explore the real-life experiences of men with a history of battering behavior. The option of qualitative research provided the opportunity to examine data in the context of the subject's own words, allowing the researcher to explore participant's uncensored thoughts and feelings. Unfortunately, the sample used in this study was small and the descriptive data was

limited. Therefore, the ability to provide a detailed and comparative analysis of the men's race, education, relationship, economic and employment status was not possible.

Sample

This research design was a secondary data analysis which used transcripts and audio recordings that were initially collected by the original researchers for a project entitled: *Exploration of Strengths and Needs of Partner Abuse Program Completion Project* (Call, Vincent & Stoops, 2012). The men used for the original study were program completers of a PAIP at the Center for Advancing Domestic Peace.

Since the sample was limited to only men who completed treatment at the Center for Advancing Domestic Peace, it is not possible to know how these men compare to men from other PAIPs or reformed men who have a history of abuse but no history of treatment. In addition, information for four of the seventeen participants in this study was limited including: education, employment, income, marital status, and race. Therefore, comparable information related to a broader sample of men related to race, income, education, employment, and relationship status is not possible. For instance, many of the participants for this study were of African American decent (n=9) and single or divorced (n=11). Information about the men's ages was also not available.

The lack of demographic information including partial missing data for four of the men prevented this researcher from exploring comparable concepts related to differences between groups, within the sample, and how the men may have learned and/or changed their behaviors. Finally, there is no way to compare differences in changes in behaviors across the time frame in which the interviews of the men took place. The only information that is known is that the data were collected between '2006 -2010'.

Therefore, it is difficult to determine if findings related to the men's empathic expressions or lack of empathic statements will be stable over time. There is a great possibility that the men's attitudes about what they had learned or whether their behavior had changed may differ for different men between the time that they completed the program and the time that the interviews took place. Batterer programs may be influential at helping men to change their behavior but results may be different for individual men and may vary over time.

In other words, men who completed the program two weeks before the interview in comparison to men who completed the program three months or three years prior may reveal different responses to the interview questions. Additionally, men who were interviewed shortly after completing the program may have had a better memory of what they have learned and therefore, may have provided statements which reflected better accounts of empathy. Whereas responses from men who have had longer time away from treatment may have revealed data that was unexpected or contrary to the former.

It is also worth noting that it is impossible to determine if the presence of empathy in the men's responses were a result of what they had learned from the CADP treatment program or if their expressed feelings of empathy had been present before they were in treatment, or some other variable in this study. Finally, this study did not explore outcomes related to the men's ability to cease abusive behaviors subsequent to completing treatment at the CADP. Therefore, it is not possible to know if the men's expressions of empathy or what they had learned in the program led to a decrease in their abusive behaviors.

Social Desirability Effects

Since the original researchers' methods of collecting the data included qualitative interviews which were audio recorded and rewarded with a stipend of nominal value, it is possible that some of the men tailored their responses to please the interviewer. In addition, although the men agreed to volunteer in the original research project and were not coerced or promised to receive any other types of rewards or special treatment for their participation, it is possible that their responses reflected socially desirable statements.

Since the men were exposed to a treatment setting which discouraged power and control dynamics within relationships and reinforced equality between men and women, the men may have felt the need to demonstrate what they had learned to the researcher. Moreover, fears related to being reprimanded or future involvement with the legal system may have prompted the men's desire to being perceived in a good light.

It is also difficult to determine if the men's expressions of empathy or lack of empathy was situational. For instance, there is no way to determine if the men in this sample would express empathy or a lack of empathy at other times and/or in different circumstances. Overall, the men's statements of empathy or lack of empathy as revealed in this study may not have necessarily represented their behavior outside of a structured interview.

Data Collection

Data collected from the men in the original research project was limited to a semi-structured interview process. Although at times, some of the questioning may have

deviated due to the spontaneity of thoughts and feelings generated by both the researcher and the participant, the line of questioning throughout the interviews were related to the purpose of the initial research project which sought to explore program completer's strengths and needs subsequent to completing a PAIP.

Therefore, the qualitative design of the original research project was limited to what the original researchers were looking to explore which was not specific to the exploration of empathy or lack of empathy.

Researcher Bias

In addition, some of the questions that were asked by the original researchers may have been leading in the sense that within the questions themselves were potential answers from which the participant could choose from. For instance, question 10 from the Semi-Structured Interview Question Revision 3 (See appendix C) gives the participant several options to choose from related to what CADP resources were most helpful. Other questions such as question 1: "Thinking about your experience at the CADP, what stands out for you?" may also encourage a response that favors the treatment received from the program simply because the name of the program was included in the question. In other cases, the researcher may have reworded the same question several times or throughout the interview possibly due to the participant's lack of understanding and/or the researcher's need for a desired response. In both cases, it is difficult to discern if the participant responses were genuine, led, or rehearsed.

Interpretation of Findings by the Researcher of the Secondary Analysis

Since the secondary data analysis involved reading participant transcripts and listening to the statements of men not previously known by the researcher for this study,

it is possible that this researcher may have had preconceived notions about men who batter, the men's capabilities for recovery, and the genuineness of their responses. It is also possible that the researcher for this study misunderstood speech and tones heard via the audio recordings. For instance, the men may have interviewed differently for the female interviewer than they did for the male interviewer, resulting in differences in speech and tone. The other consideration is that the researcher for this study may have been listening only for empathic and/or non-empathic statements at any given time and may have missed pertinent information to support evidence for a lack of or presence of empathy.

Results

Peer Review Results

The analysis by the peer researcher revealed a pattern of themes among the men including: expressed emotions, long term issues, learned information, and accountability. Findings revealed that each of these themes were associated to the men's expressions of cognitive and mutual empathy. The results from the peer's review were integrated into the findings and used to answer each of the research questions.

Research Question Findings

The results in this section include findings from analyses conducted to answer the following research questions: 1. Do men who complete a PAIP demonstrate a capacity of empathy toward their victim(s) or others? A. What type of empathy is expressed? 2. Do male completer's responses regarding what they have learned about abuse reveal indications of empathy toward their victims? 3. Do participants describe personal

distress oriented responses such as motivation to complete a PAIP to avoid involvement with the legal system?

Mutual empathy. Assessments of the men's capacity for empathy found that after completing the program an overwhelming majority of the men demonstrated an understanding of mutual empathy toward their victim(s). In this study, the men made references to all seven operationalized definitions of mutual empathy (See Table 2). Statements included: respect for another's opinion and need to be heard, understanding of patriarchal standards, power and control, isolation, male privilege, recognizing the need to respect another person, understanding of belief systems which segregate and demoralize women, male domination, desire for connectedness and healthy relationships, equality between the sexes, trust, and partnerships.

These results show that the capacity for mutual empathy was a predominant theme among these men. Their statements related to an increased respect, awareness of patriarchal paradigms, an attitude of curiosity and an intent to understand are themes consistent with Jordan (2008) and Freedberg's (2007) descriptions of mutual empathy. The inclinations of these findings suggest that the influence of a strong feminist based curriculum such as those used in most PAIP programs (Illinois Protocol for Partner Abuse Intervention, 2002; van Wormer & Bednar, 2002), may have had an impact on the men's learning.

Cognitive empathy. The men's capacity for cognitive empathy produced significant results. In this study, findings indicated that the men had the ability to express an intellectual understanding that their abuse had an impact on the victim and that the victim was experiencing an emotion. The following expressions illustrate the men's

understanding: “I know it (abuse) bothered her”, “hurt her feelings”, “made her afraid of me”, “made my partner scared”, “she would shut down”, and “they (victim) feel intimidated”.

Additionally this analysis also showed a strong indication that what the men had learned through their experiences in the group may have helped them to begin to recognize how their abuse affected their partners. Statements such as: “it was a different outlook on everything”, “I really didn’t understand the abuse I was putting on my partner”, “it (abuse) can really do damage”, “I got a chance to learn...about different abuse...consider... what I was doing to her at the time”, “put myself in their position”, “I was an abusive person,” and “what I was doing was wrong” are all examples of the men’s ability to connect how their behavior impacted their victim.

Overall, results showed that the majority of the men were able to express one or both aspects of cognitive empathy. Once again, these findings support evidence that similar to most batterer programs which include aspects of empathy interventions (Goodrum, et al., 2001) the CADP may have promoted a strong educational influence which taught the men about how their abusive behavior affected their victims.

The fact that the men expressed enlightened views around abuse and how their abuse impacted others, suggests possible limitations in the men’s previous perceptions and experiences around relationships between women and men. Additionally, the findings of this analysis support previous research which has suggested that past exposure to real life violence as a child can result in socially accepted views of violence (Flood & Pease, 2009; Funk, Bechtoldt-Baldacci, Pasold & Baumgardner 2004), which likely leads to conflict within adult relationships. In this study, the men’s relationships in the past

may have contributed to their views around violence and their inability to develop healthy adult relationships.

Although the purpose of this study was not to explore the relationship between the participant's history of childhood abuse and adult views of violence associated with the development of intimate adult relationships, there is support here that the men's previous beliefs around these issues may have been challenged as a result of their treatment. This is a promising step to understanding how abusive men think and learn. In addition, these findings support the previous research which suggests a link between childhood experiences and adult views. Further research may be needed in exploring how history of violence impacts adult relationships and associated expressions of empathy.

Affective empathy. The men's capacity for affective empathy was expressed in statements such as: "she just looked at me..", "she'd really want to strike out", "I can see her blocking me out", "she'd probably look at me like I'd do it again", and "I could tell by her voice and stuff" suggest that the men were either able to see anguish or distress in their victim or they could at least imagine it. Although only a low percentage of men were able to express affective empathy, these findings are not bleak. It is possible that had the men been directly asked how they would have known what the victim was feeling at the time of abuse, they would have expressed in more specific terms the victim's verbal and physical expressions. As a result, these findings may be a significant example of how some of the men were able to recognize distress in their victims; particularly, because they were not directly asked about it. It is possible that reinforcing this component of empathy would strengthen the men's ability to develop self-cues for recognizing distress in others.

Action oriented empathy. The participant's capacity for action oriented empathy is limited. In this study a small number of men made statements that indicated that they could either imagine how their victim felt because of the abuse or they understood that they needed to get help to control their abusive behavior. In this analysis, the men were able to specifically report that they needed to successfully complete treatment to: maintain a relationship, honor the safety of another person or set a positive example for their children. The ability to consider how the victim may have felt or thought because of the abuse was also expressed.

It is difficult to discern why so few of the men were able to connect getting help for the sake of caring for someone else. However, an important caveat to consider is the lack of information regarding the men's relational status when they completed the program. The only data available shows that two of the men were married, four were divorced, seven were single and the relationship status for four of the participants was unavailable at the time of program completion. Further, the men who reported "single" status does not specify if they were unmarried or in a relationship. Therefore, it is difficult to know the mindset of the men when they responded to the interview questions. It is possible that if most of the men were not in a relationship at the time of the interview then their reasons for completing treatment may not have been related to feelings about the victim. Thus, the lack of information in this sample is not disparaging and needs further exploration. Future research can include a larger sample of men which compares relationship status to expressions of action oriented empathy. Interview questions pertaining specifically to how men can discern their victim's expressions of personal distress may help to explore the men's understanding and capacity for empathic action.

Personal distress. A significant finding related to the men's expressed feelings of personal distress revealed that some of the men reported motivation to complete the program for fear of going to jail. In all of the examples, the men's reported personal distress responses coincided with the operationalized definition for personal distress which includes a reference to avoidance of abusive behavior due to a fear of punishment rather than concern for the victim. It is possible that the presence of the criminal justice system had helped to instill the deterrence of future abuse in this sample. Research suggests that court-mandated abusers are more likely to remain in treatment (Hamberger, Hastings, & James, 1990) particularly those programs with a strong judicial support (see Buttell & Pike, 2002). In addition, the inclusion of the criminal justice system within batterer programs may reinforce the idea that abusive behavior can result in legal consequences (Murphy-Healey & Smith, 1998). Although court mandating only has some, not universal effects on attrition (see Hamberger, Lohr & Gottlieb, 2000; Oto, Hanson, Crawford, & Lalonde, 1996).

However, an important caveat to these findings is the fact that all of the men in this sample had also expressed the capacity for mutual and cognitive empathy. Therefore, it is possible that the men's empathic capacity, not just the threat of punishment was a predictor to their program completion. Earlier research has examined the relationship between men who batter and empathic abilities. For instance, Hamberger, et al. (1990) found that men's capacity for empathy was positively associated to their ability to reduce or stop battering behavior. Although a separate area of study from the research done here, the relationship between empathy, men who batter and treatment effects are still a relevant area of research. The results from this study combined with findings from other

areas of study with similar interests will strengthen the efforts at attaining knowledge in a much needed area of research. Thus in this study fear of the legal system should not be associated with a lack of empathy nor should factors around punishment alone be associated with the men's treatment completion.

Additionally, findings in this study indicate that the program intervention used at the CADP which reinforced the men's insights and feminist approaches which teach about society's sex-role conditioning, may have helped some of the men to avoid future abuse. What is also implicated is the men's capacity for empathy or at the very least, the ability to talk about empathy. It is possible that the combined feminist approach coupled with involvement of the legal system had helped to reinforce commitment and completion of treatment.

Research has shown that a multi-approach to treatment may be the most effective way to reduce attrition in men who batter (Edleson, 2008) which in this case may have been a motivating force. Feminist based approaches which include psychoeducational, cognitive behavioral and conscious raising interventions coupled with court referred and monitoring may help to produce favorable results in men who complete PAIP.

In this study, it is not surprising that the men had reported that the threat of jail time and/or loss of a relationship were deterrents to committing future abuse. It seems plausible that for most, the threat of punishment produced a natural response of fear which successfully prevented the occurrence of future acting out behaviors. Research has suggested that men often minimize their abusive behavior; particularly, non-physical abuse, and that more accurate accounts are discovered by incorporating the experience of the victim (Gregory & Erez, 2002; Eisikovits & Edleson, 1989). Victim testimonies

regarding their partner's behavior both while in treatment and post completion would strengthen the results of this study.

Whether the threat of punishment acted as a short term deterrent or had long term effects on the men's ability to avoid future abusive behaviors, the statements from the men in this study seem to suggest that the threat of jail time may have changed their perceptions about abuse and increased their awareness about abusing their partners in the future. More research is needed to examine the association between distress, short term effects, and post treatment for men who complete PAIP. Particularly, post completion results that include police and victim reports.

In terms of successful treatment outcomes, men who are difficult to engage, or those who deny abusive behaviors may be more receptive to treatment interventions during the initial stages and/or with first encounters with the legal system (Gondolf, 2004; Gondolf, 2000; Healy & Smith, 1998). Research which has examined combined treatment approaches have suggested that judicial involvement combined with treatment are the most effective interventions for men who batter their intimate partners (Edleson, 2008; Healy & Smith, 1998), while others have found that legal involvement is not a reliable predictor of treatment success (Hamberger, Lohr & Gottlieb, 2000; Cadsky, Hanson, Crawford, & Lalonde, 1996). Rather, once a man gets into treatment proper engagement may lead to more successful outcomes (Dalton, 2001).

In summary, more research is needed that explores the various factors which contribute to the treatment success and motivational factors of court-mandated and non-mandated men who abuse.

Additional Findings

Accountability

The results in this study showed that a large majority of the men made statements which suggested that they were able to increase their level of responsibility for abusing their partners. The men's accountability for their abusive behavior was demonstrated by their verbalizations of their increased knowledge about what abusive behavior was. Through their experience, they were able to recognize their actions and the effect that their abuse had on their partner. They were also able to understand how the abuse made their victim feel. These findings support the idea that the treatment that they received may have been effective at increasing their capacity for accountability. However, although the men's ability to be accountable for their behavior and show a capacity of empathy toward their victims seems supported in this research, their ability to use empathic statements should not be mistaken for their ability to show it. In this study, the men's ability to take action to relieve the victim's distress was weak.

Nonetheless, findings of accountability as shown in the qualitative data suggest that the program may have been influential and effective. These findings are favorable in three ways: 1. Program effectiveness at increasing the men's accountability may be due to the group facilitators and group participants who helped with the process of change (Silvergleid & Mankowski, 2006) 2. Support from previous research which suggests that accountability to the criminal justice system reinforces court ordered men's participation (Hamburger & Hastings, 1990) and 3. Previous research has indicated that court ordered men who receive combined response efforts such as treatment and criminal justice

involvement show better outcomes (Saunders, 2008; Daniels & Murphy, 1997; Hamburger, Lohr & Gottlieb, 2000).

Thus, studies which have looked at factors that influence change in men such as the men's relationship with group facilitators and the influence of the judicial system have shown that these combined efforts have helped to facilitate change in men who batter.

The results of this study parallel earlier research efforts with the following findings: 1. The men in this study have demonstrated by their statements increased levels of accountability; 2. The men's statements indicated that the group process and their relationships with group facilitators and peers helped to facilitate their ability to change and 3. The men's expressions of personal distress and associated fear of the legal system may have helped them to think about the consequences of their abusive behaviors. More research which explores the effects of combined intervention approaches on the process of change in men who batter will strengthen these findings.

Long Term Issues and Needs

The men in this study expressed a need for continued supportive intervention. Specific references included a need for more group time, longer group sessions and a desire to return to the facility for continued access to groups and facilitators. These findings support previous research which has found that participants in group treatment for men who batter value the supportive and educational roles of the group facilitators (Silvergleid & Mankowski, 2006). Further, these findings suggest that relationship and positive rapport between the participant and facilitator may have helped to shape change in the participants of this study.

Understanding the importance of relationship including the ability to emote empathy within the therapeutic relationship seems beneficial in the practice of social workers who treat men who batter. Research has shown that clients who feel empathy from their therapists show better outcomes (Gerdes & Segal, 2011). In addition, empathy enhancement programs have shown to increase understanding in budding social workers (Erera, 1997) which indicates the importance of empathy in the social worker/client relationship. Gilligan's (1995) feminist ethics of care model supports the notion that "connection is primary and fundamental in human life" (p. 122). The findings of this study have shown that the men's relationships with the group facilitators may have had an influence on their abilities to effectively engage in treatment and complete the program.

A reflexive nature which includes mirroring and concern between worker and participant leading to trust and expressions of emotion is important in facilitating change in men who batter (Gedes & Segal, 2011). This experience seems to have been revealed in the men's responses and may have been a motivating factor which helped the men to complete the program.

Similar to many battering intervention programs, feminist approaches which attempt to build empathy through increased accountability and education around power differentials (van Wormer & Bednar, 2002; Silvergleid & Mankowski, 2006) seem to be supported in the findings of this research. Specifically in this research, aspects of mutual empathy seem prevalent. Teachings which encourage awareness around patriarchal marginalization, male oriented socialization, using isolation as a source of power, and increasing respect for others are themes that have been recited by the men in this study.

A desire for personal growth and in some cases, wanting to grow with their partners, valuing connectedness, and wanting to promote a shared power paradigm within the relationship had been expressed by many of the men as part of their learning and group experience (See Chapter 4; Long Term Issues and Needs).

This information supports the notion that the treatment at the CADP may have had a significant impact on the men's understanding and ability to talk about mutual empathy. If the influence of the group setting is powerful enough to produce feelings of acceptance, trust, and connection then efforts at modeling and promoting empathy within a group setting can have a contagious effect among its members. This contagion may lead to effective and successful outcomes. More research is needed that is focused on the interaction between practitioners and men who batter. Additionally, more efforts are needed which explore what works within batterer intervention programs and what may work to improve relationships between men and their intimate partners.

Expressed Emotions

In this study, the men described their feelings related to learning that the behavior that they engaged in was abusive. Self-described feelings such as "Made me feel bad", "I'm ashamed", "criminal" and "bad person" were associated with the men's statements which, were related to their experience while in the program. The men's statements seem to reflect a combination of guilt and feelings of worthlessness. Additionally, it is possible that there is a relationship between the respondent's statements and their levels of self-esteem. Some research has indicated a relationship between abusive men and low self-esteem (Oser, 2006). Some of the men in this study who have shared their self-

perceptions including those who have expressed concerns around how they are viewed by others may also struggle with low levels of self-esteem.

Problems with self-esteem may become more of an issue once the men are confronted with their own abusive behaviors and learn to accept them. Programs which address self-esteem issues in men who batter could help to resolve this issue. Additionally, the findings presented in this study have shown a link with abusive men and unemployment. Although this was not an area of analysis for the present study, these findings suggest a possible relationship between economic strain and the men's abusive behaviors toward their partners. Previous research which has explored these dynamics have suggested that there is a relationship between economic distress and partner abuse (Benson & Fox, 2004). The employment status of the men in this study showed that ten of the thirteen men were either unemployed, receiving Social Security income or working part time (See Table 6). Since this is a significant number of participants with potentially reported economic stress, it is possible that their financial strain contributed to their abusive behavior.

Moreover, it seems plausible to suggest a link between self-esteem, unemployment, and partner abuse. More research is needed around how these variables relate and how they impact men who abuse. In relation to the purpose of this study, an abusive man's capacity for empathy could be affected by low levels of self-esteem and financial stressors. More research is needed which can explore the interrelationship between these concepts.

Learned Information

As illustrated in the findings section of Chapter 4, Research Question 2 showed that after learning about their abusive behavior the men were able to express empathy for their victims. The men's statements related to what they had learned about power differentials between the sexes and how they used their male privilege to control their victims was noted from many of the men. The men's claims related to what they had learned while in treatment reflect that the teachings from the PAIP may have been influential at helping the men to understand these concepts.

Most batterer programs use psychoeducational, cognitive behavioral, and feminist approaches which focus on sex differences, power and control, and the cycle of violence (Saunders, 2008; Eisikovits & Edleson, 1989). The participants from this study revealed that prior to treatment they were unaware of ideas related to male oriented societies and power and control themes. Understanding the experiences of women related to oppression and associated differences between the sexes were repeated concepts with many of the men.

A significant number of the men in this study made references to the Wheel of Control, isolation, and using other abusive techniques to dominate their partners. These findings support the curriculum base of the CADP which shows similarities to other PAIPs who focus primarily on teaching the men about power and control issues (van Wormer & Bednar, 2002). As reported in an earlier section, the men's awareness of their behavior and how it impacted their victims was also acknowledged by several of the men (See Chapter 4; Research Question Two). These findings support previous qualitative research which has found that once men become aware of their abusive behaviors

empathy development becomes part of the change process (Silvergleid & Mankowski, 2006).

In this study, the experiences of the men seem to support these trends (See Findings in Chapter 4; Research Question 2). These results provide supportive evidence that through the men's statements, they were able to learn new information and talk about it. This information is consistent with other research which has looked at what men have learned in other treatment programs (p.153) and is supportive of the idea that prior to treatment, abusive men may not be aware of how their behavior affects others.

For practitioners, it is useful to know that some abusive men may not fully be aware of the impact of their own actions. Psycho-educational techniques which support learning about behavior and how it impacts others, including learning about a woman's experience from a power and control perspective, is likely to promote empathy building skills. This research has shown that the men in this study may have been affected by what they had learned, and as a result were able to express aspects of empathy. This data is hopeful as it points to the possibility that learning may lead to a change in behavior. Thus, the supportive evidence suggests that the teaching methods mentioned may have been useful at increasing men's awareness about abuse and arousing more empathic responses toward others. More research is needed to support intervention methods which work for men who abuse their intimate partners.

Practitioners in the field of partner abuse may find it encouraging to know that abusive men are receptive to learning; Particularly, in an environment supported by a feminist based curriculum which promotes change within the context of a supportive group. The findings related to learned information seem to support earlier research which

promotes learning around power and control (Saunders, 2008; Eisikovits & Eldleson, 1989), and connects learning with empathy building skills (Silvergleid & Mankowski, 2006).

Implications of the Study

Evidence of Empathy and Distress

The qualitative findings of this study indicate that through the statements of the seventeen men who have completed a PAIP, they showed the capacity to express mutual, cognitive, affective, and action oriented empathy for their victims. The men's responses were concordant with the operationalized definitions which were used for this study. The statements and reflections from the men associated with the defined terms support efforts which sought to explore the men's capacity for empathy. The link between a supportive group environment which used a psychoeducational and feminist based curriculum appears to have been associated with the men's increased insights around power and control dynamics. It is possible that the treatment approaches used at the CADP may have played a significant role in changing the men's cognitions which could lead to a change in the men's future behaviors. Distress responses related to the men's fear of future legal involvement was also supported in this study. It is possible that the men's expressed fears about going to jail may also have had an influence on their thinking related to engaging in future abusive behaviors.

Additional findings which include: Accountability, long term issues and needs, expressed emotions, and learned information provide added support in understanding how abusive men learn and in recognizing effective treatment needs for abusive men. It was found that men's expressed accountability was associated with expressions of

empathy but, also linked to their treatment experience within the group setting and their fear of future legal involvement. Expressed long term issues and needs were related to the men's need for connectedness which supports aspects of mutual empathy and the men's preference for the group experience. Expressions of shame or poor self-perception related to abusive behavior and reports of economic hardship may be linked to low self-esteem.

This research contributes to a better understanding of how men who abuse learn, what motivates them, and how they express empathy for their victims. Implications for social work practice, advocacy, policy, future research, and relevance to the field of social work will follow.

Implications for Advocacy and Social Work Practice

The results of this study point strongly to the idea that the development of the men's relationships within the group experience may have contributed to their learning, increased their awareness around abuse, and assisted in the process of change. These findings are consistent with previous research which has found that group environment, camaraderie among group members, trust between participants and facilitators, and an overall feeling of a safe and supportive atmosphere attributed to learning and process of change (Silvergleid & Mankowski, 2006; Wangsgaard, 2001; Pandya & Gingerich, 2002; Scott & Wolfe, 2000).

Rapport between group facilitators (Buttell & Pike, 2002) and initial response efforts by law enforcement officials (Melton, 1999) can also contribute to either the success or failure of men's response to treatment. In addition, early intervention efforts by the criminal justice system (Gondolf, 2000) combined with supportive therapy

approaches may be key to helping men with the reformatory process. In particular, feminist-based treatment models which use psycho-educational techniques to teach men about their abuse and how it impacts their victims (Saunders, 2008; Eisikovits & Edleson, 1989) may also support empathy development in men who batter. These treatment efforts and interventions may be effective at changing men's cognitions which could result in a change in behavior. Social workers who advocate for policies within agencies and within the state can help to support programs which promote combined interventions efforts such as those described above.

Implications for Policy

The findings in this study have shown the following themes: 1. Combined intervention efforts including judicial involvement coupled with treatment for battered men may be effective at engaging men who have been charged with battering their partners 2. Group curriculums which feature feminist based models and encourage the exchange of mutual empathy have been effective at changing thought patterns in men who abuse and 3. Connectedness established within a group environment which promotes healthy exchanges and encourages learning may be a critical component in the treatment of men who batter.

More research is needed to support the effectiveness of treatment programs which utilize methods that promote and value relationship. The men's value for the group experience expressed by a need for more group time and continued need to connect with others points to the possibility that these men may have lacked empathic exchanges in their formative years (Feldman, 2007). As a result, they may be especially receptive to treatment approaches provided within the context of the group experience which offers

empathic exchanges. The men's statements of wanting more out of the group experience shows that these men may have a need for relationship and are receptive to the learning process. Conducting more research to explore these trends will help add to existing research which has shown similar themes.

Social workers involved in legislative processes can push for continued funding which supports feminist based therapeutic models and options for longer therapy terms for men who require or desire additional services. Sensitivity for men who lack the funds for continued services should also be considered. Ongoing training and education for workers who deal with men who batter is crucial for fostering empathic exchanges (Gerdes & Segal, 2011), which have shown to shape the therapeutic environment and promote change in thinking patterns of men who batter.

Future Research

Although the purpose of this study was to explore the presence of empathy in men who complete a PAIP, the results have raised several implications for future research. In terms of how empathy manifests or is expressed by men with histories of abuse, this study has found that within the men's statements the participants of this study were capable of expressing empathy. Assessing an abusive man's capacity of empathy prior to treatment, during treatment, and post treatment is an area in need of further exploration.

The earlier literature review explored treatment intervention, response, and outcomes associated with stages of change in men who batter (See Daniels & Murphy, 1997). Research which explores assessment processes related to what stage of change men are in including associated expressions of distress and capacity for empathy could shed light upon the way men think and learn. Researchers may consider developing an

evaluation tool which assesses the type of empathy, men's capacity for empathy and the presence of or absence of personal distress. These efforts could enhance the utilization of the Stage of Change Instrument (Scott, 2004) which could later help to explore the relationship between stage of change and type of empathy expressed, capacity for empathy and the presence or absence of personal distress. Explorations related to assessing men's capacity for empathy and what motivates men at different points throughout the intervention process can help practitioners to evaluate success rates and determine what works with treating men who batter.

Social workers and criminal justice officials can help with successful interventions and the treatment of men who batter by demonstrating understanding, acceptance, and developing their own ability to express empathy. Collaborative attempts between agencies who work with violent men and the judicial system can assist in the supportive efforts needed to build trusting relationships which can offer hope to men who batter their intimate partners. Advocacy related to funding for educational and training programs which enhance the collaborative and supportive efforts between professionals who work with abusive men can help to facilitate and promote change in abusive men.

Additionally, first respondents who work with families or individuals of partner abuse are in a prime position for providing guidance and support. The ability to effectively screen and assess for abuse in individuals or within families coupled with the use of appropriate therapeutic skills can help to prevent future abuse from occurring within families and between intimate partners. Social workers can advocate for resources within their agencies which support treatment for individuals and families of domestic

violence. Supportive services within agencies such as access to treatment resources can aid families and individuals in need and help social workers to do their jobs effectively.

Services which help to stop abuse within relationships between intimate partners and families is needed. However, preventative responses which help to stop abuse before it occurs is also salient. Since empathic skills are thought to develop in the early stages of life (See Feldman, 2007; and Hoffman, 2000), funding for programs which offer empathy based preventative interventions in schools may help to foster early empathy development. Education and training in schools or specialized programs for youth may help to prevent and/or change faulty thought patterns which later can lead to abuse within relationships between young people.

Policies which support resources for social workers which can enhance their skills in assisting youth and families by raising awareness about what perpetuates abuse and helps to stop the cycle of violence is needed. Perhaps advocacy which supports resources for early intervention efforts such as group treatment within schools and social service agencies can help with these efforts.

Relevance for Social Work

Historically, social workers are committed and trained to work with disenfranchised groups and misunderstood populations. Social workers seek to find promising methods to uplift and promote a better quality of life for the populations with which we work. Men who batter are not exceptions. Social workers and others trained to work with males who abuse may find that their work is taxing and may avoid working with these populations. However, staying true to the field requires that we develop our own capacity for empathy and our ability to extend this skill toward those who require it.

The nature of abuse perpetrated by men who batter is undoubtedly off-putting if not disturbing. However, social workers who have the role of helping to facilitate treatment for males who abuse are central to developing positive relationships between themselves and others who are involved in rehabilitating men who batter. Implementing positive collaborations with the judicial system as well as developing trust and a consistent relationship motivated by examples of empathy provides a positive model for men to follow.

Social workers need to use their skills for caring and motivation at creating change. Treatment which addresses the detrimental effects of abuse and interventions which seek to keep the victims of abuse safe is required. However, it is for this reason that helping the perpetrators of abuse is essential. Examining beyond the surface of a man's abusive behavior and discovering what motivates a man to become abusive may help to create interventions which help to promote change. Developing solutions which prevent and ameliorate abuse between intimate partners has long been the ideal solution.

Social workers are often faced with families and youth who are exposed to abuse or threatened by it. These situations call for expertise in the assessment, treatment and referral processes for individuals who require these services. Social workers need to address abuse issues as they arise and have the appropriate skills and training to evaluate problems without putting individuals or families at risk. Advocacy efforts initiated by social workers, strengthens these efforts by arousing awareness and reinforcing the need for education, training and resources related to partner abuse.

Study Strengths

This study has brought forth several strengths which are worth mentioning. This researcher's purpose was to explore the capacity for empathy in males who complete a PAIP. The qualitative design of the study provided an opportunity to explore this concept and understand the way males who are abusive may think and learn through their own words. The men's statements added depth to the concepts explored and a richness to the data which would not be available in a quantitative research design. Moreover, this research has helped to fill current gaps in the literature related to abusive men and empathy (Marshall & Marshall, 2011; Covell, et al., 2007).

Exploring the distress responses made by the men in this study related to serving jail time for abusive behaviors has raised questions associated with the impact of the judicial system. The implications that the presence of the legal system may have had an effect on encouraging compliance with the PAIP and possibly cessation of future abuse was implicated in the current study. These results provide a basis for which future research may wish to explore further. Using a larger sample to explore the impact of the legal system with men attending a PAIP may help to expand upon previous research which has suggested that early legal involvement helps to engage abusive men in treatment (Gondolf, 2004; Gondolf, 2000; Healy & Smith, 1998; Hamburger & Hastings, 1990). Early engagement in treatment may lead to more successful outcomes (Saunders, 2008; Daniels & Murphy, 1997; Hamburger, Lohr & Gottlieb, 2000). Expanding upon these variables would strengthen research efforts which seek to find answers related to what interventions work in helping men who abuse their female partners.

The analysis related to the men's expressions of accountability and what they had learned about their abusive behaviors suggests that the curriculum at the CADP may have had an influence with helping the men to be more responsible for their past abusive behaviors. Additionally, the men's statements also suggest that the CADP may have helped to encourage sensitivity related to associations between intimate partner relationships, power differences between the sexes, and men's socialization issues. These findings support the idea that the combined approach at the CADP which used psycho-educational and feminist based interventions may have been effective at helping the men to shift the way that they think about abuse and intimate partner relationships. In addition, the results of this study supports research which has suggested that combined interventions are most effective in treating men who abuse (Edleson, 2008) and that the influence of group facilitators and group peers are essential with helping to promote change in men who batter (Silvergleid & Mankowski, 2006).

The operationalized empathy and distress terms which were used in this study may also provide a framework for future researchers. Itemizing empathic and personal distress terms was a useful way to analyze for the presence or absence of empathy and distress in abusive men. The empathic and distress framework can be used in future longitudinal research endeavors which may wish to compare and contrast differences in empathy and distress at different points or longer periods of time. Studying men's capacity for empathy and distress over longer periods of time would help to determine if the men's statements of empathy or distress sustain or change over time. Combining longitudinal results on empathy or distress with future incidences or cessation of abuse would help to shed light upon whether or not empathy or distress is or is not associated

with future incidences of abuse. This study provides a foundation for which future research may wish to explore.

Additionally, the methods used in this study have brought forth new ideas that practitioners may wish to expand upon. Social workers may wish to develop an empathic and distress assessment tool which measures the abusive men's capacity for empathy and distress at different points in treatment. Using an assessment tool which assesses for empathy and distress may help practitioners to determine the type of treatment an abusive man may need, help to predict treatment outcomes and assist with the intervention process. Such assessment tools would also help to determine learning capacity and may also be used in conjunction with other models such as a Stage of Change Tool (Scott, 2004) which may better determine an abusive man's readiness for treatment.

Conclusion

There are many theories which attempt to explain the ideology and/or development for what perpetuates the complex nature of partner abuse. Researchers have spent years attempting to fill in the gaps, develop preventative measures and seek solutions to eradicate partner abuse and violence between couples. Yet, despite these efforts and the rise in public awareness the problem still exists. The goal of this study was to explore men's capacity for empathy toward their victims. This researcher wanted to explore variables which may contribute to the thought processes of males who abuse and provide a starting point from which future research can expand. In addition, if males who abuse can learn empathy which influences their behaviors, providers may develop and

apply an ever expanding array of interventions that promote empathy and might drastically influence interpersonal relationships.

Research has offered little in the realm of abusive men's capacity for empathy toward their victims (Marshall & Marshall, 2011; Covell, et al., 2007) with relatively sparse information related to how one responds to another person's pain (Goubert, et al., 2005). However, the results of this study provide a starting point from which to expand. This study did not examine the associated long term effects between changes in cognition about abuse and changes in abusive behavior. However, future research related to how changes in thinking relate to changes in behavior can help to enrich our understanding about what types of interventions work for men who abuse and help to ameliorate and/or end their abusive behaviors.

The men's statements in this study should not be associated with the way that they feel or whether or not they will change their abusive behavior. However, as we begin to uncover what helps males who abuse change the way that they think about abuse, future efforts can explore the factors that influence a change in behavior. From the perspectives of the seventeen men who provided the details of their experiences, it has been discovered that through the men's statements, they do have a capacity for empathy. The results from this study suggest that psychoeducation and feminist based treatment approaches may have helped the men to change the way that they think about abuse. Whether or not the men's change in cognition will lead to cessation of future abuse has yet to be discovered. Longitudinal studies which explore men with abuse histories and include victim accounts related to long term change outcomes would help to answer this question. The findings of this study have also indicated that the men's ability to establish

a feeling of human connectedness through meaningful exchanges experienced in the therapeutic group environment may have been important factors which helped to change their cognitions related to their abusive behaviors. These findings support research which has shown that the ability to develop a trusting relationship with treatment providers is essential for successful engagement and the promotion of change (Silvergleid & Mankowski, 2006).

The men in this study also expressed a need for continued support from the program. These results suggest that the men's experience with their connections with others and their interest in personal growth show a desire for mutual empathy. These findings support feminist researchers who theorize that human connectedness is essential for the quality of life and that through respect and emotional responsiveness people begin to develop trust and mutual bonds with one another (Jordon, 2001, Gilligan, 1995, Freedberg, 2007).

It is necessary for social workers to break down the stereotypes and stigmas related to men who abuse their female partners. Being open to the possibility that abusive men can change is a requirement for persons who are in the position to rehabilitate men who batter which, thereby protects the victims from future abuse. Practitioners who are intolerant of men who perpetrate abuse and who refuse to acknowledge their need for help provide no hope for the victims who perhaps need it most.

As with any research, there will always be variables which influence the findings and external factors which leave us with holes and unanswered questions. But, for this study there is hope that men who batter can change the way that they think about their

abusive behavior and learn to express empathy. More research is needed which takes a fearless look at the man who abuses and examines his capacity for empathy and the associated interventions which seem to promote change. Continued exploration related to the complexities of abusive men, how they learn, and interventions which help them with change continues to demand attention.

Future research efforts aimed at supporting policy and advocacy endeavors which promote treatment for men who abuse, including preventative strategies that teach empathy in schools and mental health agencies may contribute to the reduction of abuse in future generations. Social workers and other practitioners including those within the legal system need to break down barriers related to treating men who abuse their female partners. Abusive men have the capacity to express empathy and in this study, have shown enthusiasm about learning. These results support the much needed effort for which to explore these findings further.

In addition, long term outcomes and recidivism rates have not been explored. Future research which investigates men's capacity for empathy and the associated long term effects may help to shed light upon the impact that specific treatment programs and learning methods have on helping men to change their abusive behaviors. It is for these reasons that more extensive research related to men's capacity for empathy, how men learn and the long term effects of treatment is needed.

APPENDIX A

SEMI-STRUCTURED INTERVIEW QUESTIONS

Thinking about your experiences in the partner abuse intervention group what stands out for you?

What personal strengths helped you successfully complete the program?

What was most helpful for you?

What was least helpful for you?

What suggestions do you have for improving the program?

What did you learn from your experience in the program?

What did you learn about abuse?

What did you learn about yourself?

What did you learn about partner abuse?

What did you learn about how your abuse impacted your partner or ex-partner?

What did you learn about how your abuse impacted your children?

What did you learn about how your abuse impacted yourself?

What other services did you need or could you have benefited from while you were in the program?

What, if any, forms of abuse did you use with an intimate partner during your participation in the program?

What, if any, forms of abuse have you used with an intimate partner since your completion of the program?

What do you think will help you remain non-violent and non-abusive with your current or future partner?

What skills do you still need to work on?

What do you need now to continue to improve your skills?

What services would help you to remain non-abusive?

What personal strengths help you to remain non-abusive?

What challenges do you still face to remaining non-abusive?

When you think about your future, what do you see?

What would you tell another man about the program?

APPENDIX B

REVISED SEMI-STRUCTURED INTERVIEW QUESTIONS

Thinking about your experiences in the partner abuse intervention group what stands out for you?

- What personal strengths helped you successfully complete the program?
- What other resources, e.g., family, friends, church, employer or other were important in helping you successfully complete the program?
- What WSDAP resources were most helpful to you in completing the program, e.g., co-facilitators, manual, homework assignments, referrals, or other?
- What was most helpful for you while you were in the program?
- What was least helpful for you while you were in the program?
- What suggestions do you have for improving the program?

What did you learn from your experience in the program?

- What did you learn about abuse?
- What did you learn about yourself?
- What did you learn about partner abuse?
- What did you learn about how your abuse impacted your partner or ex-partner?
- What did you learn about how your abuse impacted your children?
- What did you learn about how your abuse impacted yourself?

What other services did you need or could you have benefited from while you were in the program?

What, if any, forms of abuse did you use with an intimate partner during your participation in the program?

What, if any, forms of abuse have you used with an intimate partner since your completion of the program?

IF INTERVIEWEE REPORTS USE OF VIOLENCE OR ABUSE IN THE CTS OR PMWI or in the about question:

You reported using abuse in the past year with your partner. What did you do after the incident of abuse you reported?

What do you think you need to do now?

Researcher response: I am concerned about your safety and the safety of your partner. I am giving you three referrals to a partner-abuse intervention program. I encourage you to contact them today for an appointment. I am also giving you the 24 hour domestic violence hotline number. If you find yourself becoming abusive again, I would encourage you to call them for immediate assistance. Provide him with the safety planning information handout from our workbook.

What services has your partner used to address the violence/abuse that you reported?

Did she contact police?

Did she or has she contacted services for victims of domestic violence?

We would like to contact her with information on services. Would you provide us with her contact information?

Name: _____ Phone: _____

What (skills, beliefs, personal strengths, resources, or other) has helped you to remain non-violent and non-abusive with your current partner?

What skills do you use regularly?

What beliefs help you remain non-abusive?

What skills do you still need to work on?

What other services or resources would help you to improve your skills and remain non-abusive?

What personal strengths help you to remain non-abusive?

What other resources, e.g., family, friends, employer, church help you to remain non-abusive?

What challenges do you still face to remaining non-abusive?

What resources/personal strengths do you think would help you with these challenges?

When you think about your future, what do you see?

What would you tell another man about the program?

Is there anything else you would like to tell us about your experiences in the WSDAP program?

Is there anything else you would like to tell us about your experiences since completing the WSDAP program?

APPENDIX C

SEMI-STRUCTURED INTERVIEW QUESTIONS 3 (SSIQ3)

Semi -Structured Interview Questions 3 (SSIQ3)

1. Thinking about your experience in the partner abuse intervention group what stands out for you? (B)
2. What was the least helpful for you while you were in the program? (B)
3. What did you learn about abuse? (B)
4. What did you learn about yourself? (B)
5. What did you learn about how abuse impacted your partner or ex-partner? (B)
6. What did you learn about how your abuse impact yourself? (B)
7. What other services or resources would help you to improve your skills and remain non-abusive? (B)
8. What challenges do you still face to remaining non-abusive? (B)
9. When you think about your future what do you see? (B)
10. What (skills, beliefs, personal strengths, resources, or other) has helped you to remain non-abusive? (B)
11. What other resources (family, friends, employer, church) help you to remain non-abusive? (B)
12. What beliefs help you to remain non-abusive? (B)
13. What if any forms of abuse did you use with an intimate partner during your participation in the program? (B)
14. What other services do you need or could you have benefited from while you were in the program? (B)
15. Has your relationship with your ex-partner changed since finishing the program? (C)
16. Has your relationship with your current partner changed since finishing the program? (C)

(B): Questions from the Revised Semi-Structured Interview Questions Protocol found in Appendix B.

(C): Unstructured questions not found in either of the original protocols but heard and/or read in the interview transcripts as part of a dialogue between interviewer and interviewee.

APPENDIX D
CADP ASSESSMENT TOOL

Appendix B

WSDAP/CDP Assessment Tool
(Modified for Research Follow-up)

Demographics

D1: What is your LEGAL marital status?

- Single (never married)..... 1
 Married..... 2
 Divorced..... 3
 Separated..... 4
 Widowed..... 5

D2: What racial/ethnic group do you identify as your own? (Circle Number)

1. East Asian (Japanese, Korean, Vietnamese, etc.) 2. West Asian (Indian, Pakistani, etc.)
 3. Black or African-American 4. Hispanic/Latino
 5. Native American 6. White/European
 7. Mixed Heritage (specify): _____
 8. Other (specify): _____

D3: Are you presently employed (*check one*): r Yes, full time r Yes, part time r No

D5: Current Annual Income from any source (check one):

- | | |
|--|--|
| <input type="checkbox"/> A: Less than 10,000 | <input type="checkbox"/> F: 50,000 to 74,999 |
| <input type="checkbox"/> B: 10,000 to 14,999 | <input type="checkbox"/> G: 75,000 to 99,999 |
| <input type="checkbox"/> C: 15,000 to 24,999 | <input type="checkbox"/> H: 100,000 to 149,000 |
| <input type="checkbox"/> D: 25,000 to 34,999 | <input type="checkbox"/> I: 150,000 to 199,999 |
| <input type="checkbox"/> E: 35,000 to 49,000 | <input type="checkbox"/> J: 200,000 or more |

D6: Are you on Social Security Income (SSI) or Social Security Disability (SSD)? r Yes r No

D10: Last Year of education completed (circle one):

- Grade school: 1 2 3 4 5 6 7 8
 High school/GED: 9 10 11 12
 College/Technical School: 13 14 (Certificate/Associates)
 15 16 (Bachelors)
 17 18 (Masters)
 >20 (Ph.D.)

APPENDIX E

PSYCHOLOGICAL MALTREATMENT OF WOMEN INDEX- SHORT FORM MALE

(PMWI)

Psychological Maltreatment of Women Index

Here is a list of things that you might have done to your current or former partner might when you and he/she had a dispute, or at any other time. I would like you to try to remember what has gone on since you have completed the program. According to our records, it's been (*x amount of time*) since you have finished the program. I will ask you on a scale of 1-5 how often the following things have happened.

(Interviewer reads the scale to program-completer.)

1 - NEVER	2 - RARELY	3 - OCCASIONALLY			
4 - FREQUENTLY		5 - VERY FREQUENTLY			
PMWI1: Called her names.	N	R	O	F	VF
	1	2	3	4	5
PMWI2: Swore at her	N	R	O	F	VF
	1	2	3	4	5
PMWI3: Yelled and screamed at her	N	R	O	F	VF
	1	2	3	4	5
PMWI4: Treated her like an inferior.	N	R	O	F	VF
	1	2	3	4	5
PMWI5: Monitored her time and made her account for her whereabouts.	N	R	O	F	VF
	1	2	3	4	5
PMWI6: Used your money or made important financial decisions without talking to her about it.	N	R	O	F	VF
	1	2	3	4	5
PMWI7: Were jealous or suspicious of her friends.	N	R	O	F	VF
	1	2	3	4	5
PMWI8: Accused her of having an affair with another man.	N	R	O	F	VF
	1	2	3	4	5
PMWI9: Interfered in her relationships with other family members.	N	R	O	F	VF
	1	2	3	4	5
PMWI10: Tried to keep her from doing things to help herself.	N	R	O	F	VF
	1	2	3	4	5
PMWI11: Restricted her use of the telephone.	N	R	O	F	VF
	1	2	3	4	5
PMWI12: Said her feelings were irrational or crazy.	N	R	O	F	VF
	1	2	3	4	5

APPENDIX F

QUESTIONS FOR EMPATHIC ANALYSIS TABLE: PARTICIPANT 1

Questions for Analysis	Participant Number	Cognitive Empathy	Affective Empathy	Mutual Empathy	Who Toward?	Participant Response From Transcript	Page Number
1. Thinking about your experience at the CADP what stands out most for you?	#1	Item 1			Partner	"The first time I felt like I didn't have to complete it (program)...it was like blaming my partner for everything"	2
2. Can you describe what CADP services helped you to be non-violent?	#1			Item 4	Others in group and Facilitator	"Everyone wants to be heard" "you have to sometimes listen"	3
3. What did you learn about how abuse impacted the victim?	#1	Item 1			Partner	"she's got a scar for the rest of her life"	8
4. How did the abuse impact you?	#1	Item 2			Partner	"I'm stronger than her, I could've hurt her"	9
6. What resources, per strengths, or skills have you used to remain non-violent?	#1			Item 1	Partner	"I can't keep pressuring you...I'm abusing you...using male privileges...is that the right thing to do? No".	17
7. What beliefs do you have that help you to remain non-violent?	#1						
8. Anything about the program not helpful?	#1						

Questions for Analysis	Participant Number	Cognitive Empathy	Affective Empathy	Mutual Empathy	Who Toward?	Participant Response From Transcript	Page Number
14. What other services do you think you would have benefitted from?	#1			Item 6	Partner	"If they had partnerships where your spouse can come sit in the course with you"	10
						"I would love for her....both of us to go"	10
				Item 5	Partner	"To reach out to my brothers...to reach out to some of these kids...to keep other people out of that situation (re: dv)....more groups...learn more about yourself and better whoever is around you"	14
				Item 6	Others		

APPENDIX G

QUESTIONS FOR EMPATHIC ANALYSIS TABLE ADDITIONAL

INFORMATION: PARTICIPANT 1

Ques #	Part #	Cog	Aff	Mut	Act	Dis	Exp Emot	Long Term	Lrnd Info	Account	Who Toward?	Exp Emot	Long Term	Lrnd Info	Acct	Participant Response	Page Num
1. Thinking about your experience at the CADP what stands out most for you?	#1	Item 1								X	Partner					"The first time I felt like I didn't have to complete it (program)...it was like blaming my partner for everything"	2
2. Can you describe what CADP services helped you to be non-violent?	#1			Item 4					X		Others in group and Facilitator.					"Everyone wants to be heard" "you have to sometimes listen"	3
3. What did you learn about how abuse impacted the victim?	#1	Item 1							X		Partner					"she's got a scar for the rest of her life"	8

Ques #	Part #	Cog	Aff	Mut	Act	Dis	Exp Emot	Long Term	Lrnd Info	Account	Who Toward?	Exp Emot	Long Term	Lrnd Info	Acct	Participant Response	Page Num
4. How did the abuse impact you?	#1	Item 2									Partner					"I'm stronger than her, I could've hurt her"	9
6. What resources, per strengths, or skills have you used to remain non-violent?	#1			Item 1					X		Partner					"I can't keep pressuring you...I'm abusing you...using male privileges...is that the right thing to do? No".	17
7. What beliefs do you have that help you to remain non-violent?	#1																

Ques #	Part #	Cog	Aff	Mut	Act	Dis	Exp Emot	Long Term	Lrnd Info	Account	Who Toward?	Exp Emot	Long Term	Lrnd Info	Acct	Participant Response	Page Num
10. Have you used violence while in the program?	#1			4					X		Partner					“you voice doesn’t always have to be heard...listen to what they have to say”	8
12. Has your relat w/ your ex changed since finishin g the program?	#1																
13. Has your relation ship changed w/ your current partner since finishin g the program?	#1																

Ques #	Part #	Cog	Aff	Mut	Act	Dis	Exp Emot	Long Term	Lrnd Info	Account	Who Toward?	Exp Emot	Long Term	Lrnd Info	Acct	Participant Response	Page Num
14. What other services do you think you would have benefitted from?	#1			Item 6				X			Partner					“If they had partnerships where your spouse can come sit in the course with you”	10
								X								“I would love for her....both of us to go”	
				Item 5							Partner					“To reach out to my brothers...to reach out to some of these kids...to keep other people out of that situation (re: dv)....more groups...learn more about yourself and better whoever is around you”	10 14
				Item 6							Others						

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VITA

Katherine Dahlberg received her Bachelor of Arts in Psychology from Saint Xavier University Chicago and her Masters in Social Work from Loyola University Chicago. Katherine is a Licensed Clinical Social Worker with fifteen years of clinical experience which includes work in community mental health, residential and private practice settings. She has managed clinical teams and has provided services to adults, children, couples, families and groups struggling with various clinical conditions including: Trauma, sex offending, severe mental illness, domestic violence and co-occurring disorders. She has provided individual and family therapy, court advocacy services, community outreach, casework, crisis intervention and psychoeducational training.

Her research background which has included examining the effects of domestic violence on women and children, has led to current interests with men who batter their intimate partners. Exploring the presence of empathy in men who batter their intimate partners stems from a need to understand what factors may influence change in abusive men. Continued interests include research related to building empathy and enriching an understanding about the types of interventions that work for men who batter. Research associated with empathy, prevention and interventions related to helping to end abusive behaviors and improving interpersonal relationships between intimate partners will be a continued area of focus.