

**A FEMINIST APPLICATION IN A  
BATTERED WOMEN'S SUPPORT GROUP**

**A PRACTICUM**

**Submitted to the Faculty of Graduate Studies  
in Partial Fulfilment of the Requirements  
for the Degree of Master of Social Work**

**by**

**Dianne C. Tai**

Faculty of Social Work  
University of Manitoba  
Winnipeg, Manitoba

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DIANNE C. TAI

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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## ABSTRACT

A ten session support group for battered women is the subject of this practicum report. The group was offered to six women who were referred through Child and Family Services of Central Winnipeg. A feminist approach was developed from various feminist models and utilized in facilitating the group. The group sessions include a focus on personal, familial, and societal influences that impact on battered women's lives. Evaluation feedback suggests that this approach is beneficial to women who are dealing with issues of violence directed towards them. A feminist approach provides a rationale for an intervention that focuses on women's strengths, as well as critically analyzes how the cultural assignment of "appropriate male and female" behaviour contributes to the "control" of women, with the application of violence as only one means of men's control.

The ten week battered women's support group process, utilizing a feminist application, proved to be an effective and powerful means of achieving the intervention goals.

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## CHAPTER 1 - INTRODUCTION

### Practicum Objectives

The reality of battered women is a serious social problem, and it is all too often a part of present family life. It is my belief that insufficient legal and social attention is being given to this criminal act, which results in a perpetuation of the vulnerability of all women to male violence. Both my encounter with many battered women in my previous place of employment, coupled with my own personal experience as a victim of violence, led me to decide to facilitate a group for battered women. As a woman and a previous victim, it is easier to understand the victimization and relate to the painful and undermining effects on women's feelings of self-worth, and the pressure that is frequently placed on women from a society which is largely male dominated and controlled.

The intent of this practicum was to provide a feminist perspective in working with a group of battered women. Thus a feminist approach to group work was proposed as the method of intervention. The practicum objectives were:

- (1) to support and assist battered women in a learning process to assist in understanding the feelings and emotions they have experienced or are experiencing as a result of living in an abusive relationship;

- (2) to assist battered women in learning more effective ways to protect themselves. To help them learn and believe that they are not responsible for the violence/abuse;
- (3) to facilitate the active use of the group for support and sharing by expressing their feelings in the safety of the group;
- (4) to enhance feelings of self-esteem which could then allow the women to refocus energies on their protection and healing processes.

**Personal Learning Goals:**

My personal learning goals for this practicum were:

- (1) to learn how to organize a support group in order to meet the goals stated;
- (2) to learn new skills as well as improve on existing skills in running a group;
- (3) to learn more about being an effective group facilitator in applying feminist principles;
- (4) to learn from the support group members more about violence directed at women as told by each woman.

Meeting space for the battered women's support group was provided through the YM-YWCA of Winnipeg. As well, arrangements were made to for child care. The focus of this practicum report will be the experience of

facilitating the ten session battered women's support group and the value of the experience for the group members.

### **Rationale for Interventive Approach**

A feminist approach to working with a battered women's group was the chosen intervention because it focused on the importance of the dimensions of male domination in power relation in our society, a factor which is at the crux of female battering. A feminist perspective pays attention to social and cultural mechanisms which define, shape and constrain female (and male) sexuality and is fundamentally linked to patriarchy. This perspective, therefore, suggests an equality of the sexes which would ultimately ensure equal access to material and symbolic resources for women and men. In addition, the perspective maintains violence against women is a serious criminal act with the potential of incarceration for the offender. A feminist perspective also challenges societal attitudes and values that are instrumental in perpetuating male dominance and female subjugation. I saw this orientation to practice as consistent with my beliefs regarding women, violence and patriarchal power relationships. I maintain that it is a patriarchal ideology which acts to define the social construction of gender and sexuality and which reinforces men's economic and political power position as well as female dependency and victimization. A feminist analysis represents a shift away from a traditional medical model, or personal defect approach, to one of analyzing and

understanding how the dominant social systems adversely affect all women (Levine, 1976: 19). Another important part of this task was one of emphasizing women's strengths as they try to adapt and deal with the inherent problems of a sex-biased society (Levine, 1976).

A feminist approach to working with battered women was established, with the above orientation and rationale. Ideas and suggestions for this group were taken and compiled from feminist literature; the themes of this literature are summarized in Chapter 2. I believe that this approach can be used, although tailored to the particular style of the facilitator and composition of the group, with any woman who presents with battering concerns. As women, we are all subjected to a male dominated world which largely determines and affects our feelings of acceptance and worth as human beings. Thus, a feminist orientation to intervention provides a political analysis of women's role in society to help understand and change the oppressive forces which act to constrain women's well-being.

Chapter Two is organized so as to familiarize the reader with factors that contribute to violence against women, including an historical overview. This chapter also examines recent changes that have attempted to ameliorate and resolve the problem of wife abuse. The latter section of Chapter Two traces the role of the feminist movement and its contribution in dealing with battered women's issues, in addition to a discussion on feminist beliefs and practice in facilitating support groups for battered women.

Chapter Three links the previous chapter's feminist theoretical discussion, to an application and intervention model in facilitating a battered women's support group, which was used for this practicum experience.

The fourth chapter provides an evaluation report and the results on the outcome of the measures utilized with the support group members, as well as the responses of the group members to a written evaluation questionnaire. Chapter Five concludes with suggestions for running a future support group. Chapter Six includes a summary and conclusions section regarding the practicum experience.

## CHAPTER 2 - A FEMINIST PERSPECTIVE

### Introduction

The literature on wife abuse has developed at a phenomenal rate, starting about twenty-five years ago. Much of the credit for shedding light on this previously hidden phenomenon must go to women at the grass roots level who named its existence and began the founding of shelters and refuges for battered women. Explanations which have been developed regarding battered women or wife abuse<sup>1</sup> range from psychoanalytic to sociological approaches to the dysfunctional family and feminist theories about male dominance. A psychoanalytic approach focuses primarily on individual psychopathology; the sociological approaches transcend the individual to look at social structural factors, while family therapy and systems theory address the family system in their attempts to explain and treat those who are in abusive situations.

It is beyond the scope of this report to review the various explanations and treatment orientations that have been expounded to understand and treat women who have been battered. I maintain that a feminist perspective on wife battering proposes an explanation that is the most comprehensive in its analysis. Further rationale for this perspective is presented in Chapter 3.

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<sup>1</sup> The terms "wife abuse" and "battered women" are used interchangeably throughout the report. Because women who are not legally married are also beaten, the legal term "wife" will refer to married and non-married women, unless otherwise noted.

This chapter is organized with a presentation of factors that contribute to violence against women, including an historical overview. The interconnectedness of relationships among family members, the socialization process, the status of women in society and how institutions contribute to violence against women are issues which are highlighted in reference to their contribution to the problem of wife abuse. Recent legal and social strategies to ameliorate wife abuse are noted as a way of tracing society's attempts and responses to resolving the issues and realities battered women face. The next section of this chapter traces the role of the feminist movement in dealing with battered women's issues from the grassroots movement of the 1960's to present day contributions. In the last section of this chapter I discuss the following topics which are relevant to the intervention chosen for my practicum:

- Basic Tenets of Feminist Beliefs
- A Feminist Model
- The Role of a Feminist Facilitator
- Feminist Support Groups for Battered Women,
- Goals and Structure of a Support Group, and, finally,
- A Feminist Facilitator's Role in Running Battered Women's Support Groups.

## Historical Overview of Wife Abuse:

Wife abuse is not a recent or new phenomenon. However, until about twenty-five years ago, the physical abuse of wives remained a "hidden" occurrence. It was the impetus of the women's movement in the early 1970's which brought this issue to public consciousness (Bograd, 1988: 11). Historical documentation is replete with examples which show how wife abuse has been condoned in a patriarchal society, a phenomenon which has been built into the social fabric of society for centuries (Dobash and Dobash, 1979: 22). Examples of wife abuse can be traced back to as early as 2500 B.C., where societies of that time regarded wife abuse as an acceptable means of female control. The first known written laws regarding wife abuse, thought to date from 2500 B.C., stated:

...that the name of any woman who verbally  
abused her husband was to be engraved on  
a brick which was then to be used to bash  
out her teeth. (MacLeod, 1980:27)

A second example indicates that the practice of wife beating continued throughout the Middle Ages. MacLeod (1980) explains how patriarchal control was evident and encouraged in the Christian, Jewish and Muslim religions across Europe. Husbands possessed the right to kill their wives for adultery without fear of consequences. Wives were expected to give absolute obedience to their husbands.

Similar attitudes to those of the Middle Ages prevailed in the 18th and 19th century, as can be observed in the following excerpt taken from a British law text book from that period:

The husband had by law the power and domination over his wife and could beat her but not in a cruel or violent manner. (MacLeod, 1980:27)

That women were considered as property of their husbands, with their husbands having complete authority over them, was the acceptable precedent established for then and for subsequent years to come.

Klein points out that in order to gain a better understanding of the emergence of wife battering as a "social" problem and not an individual problem, we need to do an analysis in four important areas:

1. Relationships Among The Family
2. Socialization Process
3. The Status of Women
4. How Institutions and Society Contribute to Violence

Against Women (Klein, 1982: 84)

Familiarity with these areas is important because they demonstrate how violence against women receives support within our culture. I believe that these points are relevant and cannot be ignored if we are to understand the magnitude of this problem and its multi-dimensional features.

## Relationships Among The Family

The first area to be explored is an analysis of relationships among family members as such were experienced prior to the 1970's, although many of these attitudes and values continue to persist in contemporary society. Generally, it was the accepted view that the nuclear family was the place wherein family members received emotional support and all family problems were solved. It would be misleading to make a division or distinction between violent relationships and non violent ones. The former are more of an exaggeration, rather than a departure from the norm. It would also be misleading to list predictive variables associated with battering relationships or to outline a "profile" of a batterer. In doing so, one would be adopting a model of the problem as a disease that one either has or does not have, or to make a distinction between the "sick" and the "normal" (Klein, 1982). Battering is not a fundamental quality in an individual or in a marriage. Rather, it is part of an overall dynamic that emerges due to gender conflict and the use of force to control and maintain power. One cannot overlook the contribution to violence of the ideology which relates to the social construction of gender and sexuality. Dominant cultural ideology reinforces men's economic and political power position while creating female dependency. Women's dependency forms as a result of stereotypes about reproduction, motherhood and child care responsibilities, romantic love, monogamy, and the equation of 'femininity' with

emotions and work in the "private sphere", while masculinity is equated with achievement and work in the "public sphere" (Edwards, 1987).

Inherent in the cultural ideology of patriarchal marriage is the unequal responsibility and burden for child care and housework which is placed on wives. There exists a tendency to blame the dependent person, in this case the wife, when she has been appointed with the primary expectations of certain roles, traditionally the nurturer. Her "failure" to nurture as expected may be central to a victim blaming tendency. When it is her "fault", she may be perceived as a lousy housekeeper or a rotten cook, be accused of being sexually unresponsive or too sexually independent or else labelled a "nagging shrew" who has "provoked" her husband's hitting (Klein, 1982). The significant issue here is not so much the expectations of the wife, but rather the power of the male to impose such expectations which is the critical factor. The result is that the wife herself often feels at fault. She believes that if she were a better wife, then she would not have a displeased, abusive husband. Understandably, the tendency to blame the victim is most frequently espoused by the battering husband, who traditionally has had the backing of other family members, the law and the social services (Sinclair, 1985:33).

Another issue inherent in dominant cultural ideology, is in the area of gender-based dependency and division. Not only are boys and girls socialized to interpret the world and behave differently, but they experience different worlds as well (Klein, 1982: 92). The specific attributes of such divisions differ

by class and ethnicity but gender stereotyping is consistent across class in North American society. In one of Walker's studies, (1979), she found that battered women are found in all age groups, races, ethnic and religious groups, educational levels and socioeconomic groups. Many middle and upper-class women "came out of the closet", admitting that they were abused, following public education on battered women during the early seventies. Prior to this time, women with access to economic resources were able to remain more "invisible" than lower class women, simply because they had financial access to more resources outside of the shelter-systems. According to Walker they also feared social embarrassment and the possibility of bringing harm to their husbands' careers (Walker, 1979).

### **Socialization Process**

Another contributing factor to the problem of male violence can undoubtedly be linked to the socialization process, which, based on cultural ideology, dictates to men and women their appropriate roles and emotions. The culturally expected division of emotions between men and women, that male behaviour is "instrumental" while female behaviour is "expressive", turns out to be quite dysfunctional for individuals within a marriage (Eichler, 1980). "Masculine norms emphasize egoism, devalue femininity, objectify other people, and create a fear of dependence on them" (Klein, 1982:86). There exists a link between violence and male roles in that men's sensitivity and the

experience of having feelings are not generally socially sanctioned. For example, battering men tend to interpret all their negative emotions, fear, hurt, guilt, and disappointment, as anger (NiCarthy, 1982: 6). When a man feels disappointment with the world of work and family life, often his recourse is to erupt into violence toward his wife. As marriage is often viewed as a "private" affair, there is silent social sanction for a husband's way of handling his problems within that structure. On the other hand, the feminine standards of "expressiveness", which include empathy, dependency, submissiveness and self-sacrifice, encourage women to absorb the shocks of violence and continue to nurture their families. If women fail to conform to their expected roles, they face both external harassment and internal conflict. Women will frequently endure hardships in order to remain in a relationship.

Pagelow explained how social institutions respond to battered women who ask for help. She concluded that, "People who find themselves in a violent domestic situation cannot, totally and by themselves either create or alter the situation in a vacuum. Much of their response depends on the social and cultural environment within which they live" (Pagelow, 1981: 49).

The pressures on women are not only formed within their consciousness, but are also structurally reinforced. Such is the case when abused women who attempt to leave their abusive relationships, discover the cumbersome difficulties of being on their own in a male privileged labour market and misogynic social order (Klein, 1982: 94). There is some speculation that

female battering goes beyond traditional and accepted patriarchal power of the husband over his wife, to the idea that violence against wives may actually be exacerbated by threats to patriarchy, spurred on by the onset of the feminist movement, which is aiming to lessen female dependence and submission. However, the use of force by men is still being used to counter any social change or redistribution of power (Klein, 1982: 94). Essentially, as Pagelow, (1981), has argued, in many of the battering relationships she studied, she found that there was a deep commitment to marriage on the woman's part while the man believed in the rules of patriarchy and control.

#### **The Status of Women:**

Male domination is the expectation that men will be gratified by women and that they will get their own way. (Schechter, 1982:221)

As women we learn very early on that men and women hold different positions in society and that these positions are differently valued. From birth on, little girls are taught a complex set of values and behaviours grooming them to become a capable female. Women are socialized into a system which teaches them to be nurturing, supportive, helpful and loving, all factors which emphasize that they are connected to the world through their relationships, and, in particular, through their relationships to men (Schechter, 1982: 230). As part of the socialization process women quickly discover that males occupy

a higher position in society. Men have greater access to the benefits of power, prestige and credibility and are taught to strive for individuality. Male associated benefits are highly valued in our society, while women's attributes are undervalued. According to women's experiences, much of the range of physical and sexual aggression expressed towards them by men, is related to issues of control and authority. Aggression, which is assumed to be typical of male behaviour, is an integral part of women's lives. Women are well aware of the unpredictability of men's physical and sexual intimidation. Feminist writers outline how women plan their lives around intimidation through such ways as finding the right street to walk down at night, cooking a spouse's favourite meal, or avoiding office parties (Stanko, 1988: 84, Walker, 1982: 147). These are examples of careful planning intended to avoid male sexual and physical intimidation and violence. But it should be noted that physical domination is not solely a factor of strength versus size. Women's vulnerability to violent male behaviour is owing to their social position rather than their biological position (Schechter, 1982).

Evidence of social rather than physical domination has been reported by women who have experienced battering. Women in research studies have said that they found that much of the male sexual and physical aggression expressed towards them was socially acceptable behaviour, learned by their spouses from the way their fathers used their daughters, their wives, or their

female employees. Even men unknown to a woman can act as if he has the right to comment on or abuse any woman's body (Bograd, 1988: 14).

Foundations for such generalized views on women and their expected behaviour are found in the dominant stereotypes of women. These stereotypes label them as either "whore" or "virgin". The "whore" supposedly invites male intrusion, while the "virgin" avoids it. However, documentation of women's experiences challenges these stereotypes and reveals women's vulnerability to male sexual and physical aggression (Schechter, 1982: 73). Schechter, (1982), asserts that we cannot overlook the negative impact on women due to society's expectations to maintain the preferred roles of womanhood. It is often the case that women internalize experiences of male violence in such a way that they see themselves as failures in meeting their role expectations. This is reflected in the feelings which assaulted women report. Feelings of self-blame, or of being negatively stigmatized, encourage silence from an assaulted woman as well as protect her from external judgement (Schechter, 1982: 75). Walker, (1979), in her work with battered women, found that often battered women were isolated from friends, neighbours, family and relatives as a result of their feelings of guilt and shame. This situation frequently occurred in conjunction with threats, intimidation and violent behaviour they received from their partners, if they failed to meet their partners' expectations of them. Chesler noted similar experiences and feelings from her female clients who were sexually abused by male therapists. These women insisted that they

were to blame, that they were the "real" seducers (Chesler, 1972: 145). Chesler points out the connection of the therapist's behaviour to other forms of typical male behaviour, such as sex between a female secretary or housekeeper and her male employer. She describes the behaviour as legally a form of rape and clearly not one of "seduction" on the part of the female patients.

### **How Institutions and Society Contribute to Violence Against Women**

The definition for wife abuse that was used for this practicum is taken from Linda MacLeod's Battered, But Not Beaten... Preventing Wife Battering in Canada:

Wife battering is the loss of dignity, control, and safety as well as the feeling of powerlessness and entrapment experienced by women who are the direct victims of ongoing or repeated physical, psychological, economic, sexual and or verbal violence or who are subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and or cherished possessions, by their boyfriends, husband or ex-partners. (MacLeod, 1987: 16)

Battering and violence against women occurs within a culture that supports such behaviour. Women are given the responsibility of meeting the needs of everyone, therefore there is an implicit belief that they deserve to be

blamed when things go wrong. Pervasive abuse is reflected in media images which portray sexually vulnerable females as well as in everyday social life, which is replete with a repertoire of jokes about nagging wives who invite their consequences. Through pornography, women are objectified and their sexuality is used as a commodity to sell products. This is not to suggest that images of women as sexual objects cause wife abuse, although evidence suggests that "routine" exposure to violent pornography encourages men's acceptance of actual violence against women (Klein, 1982:85). Klein, (1982), noted that pornographic images are not only physical, but that they also project female nurturance, submission and self-sacrifice. Furthermore, the reverse male image which dominates in pornography, is one of being catered to and taken care of, an image that clearly commands authority.

The socially imposed definition of masculinity is directly and indirectly fostered by all of our institutions. Such institutions include the government and the church which assume that the man will be the authoritative and financial head of the household. Schools picture males as adventurous, strong and brave in primary readers and high school history textbooks. Television shows depict men as violent and powerful (Sinclair, 1985: 34). Nowhere else is this masculine influence felt more powerfully than in the family. Often male biased reports support the opinion that newborn male infants are better coordinated, more alert, hardier and stronger than female infants (NiCarthy, 1986: 6). A boy is rewarded for his bravery and physical toughness and

punished if he acts like a "sissy" or like a "girl" or a coward. Undoubtedly, this pressure for males to conform limits their opportunities to express their "feelings" in a "normal" or "non-masculine" manner.

Rage and violence on a man's part may be one possible outcome of his frustration due to societal expectations. In one study, over half of a sample of husbands indicated they would be jealous if their wives were unfaithful and that they would probably respond with some form of violence (Steinmetz and Straus, 1974:80). Both experimental and real life situations indicate that a woman assaulted by a man in public will not be helped by pedestrians (Harris, 1985: 36). We have all heard of such instances on the radio and in news reports. This lack of response supports the idea that male violence is acceptable.

Some evidence of the difficulty for women in their attempts to seek help and resolution for assaults can be found in the responses, or lack thereof, of both professionals (for example, court workers, police, medical officials and social service workers), and non-professionals (i.e. friends, neighbours, relatives, etc.). Assaulted women report that they feel twice assaulted when they attempt to complain about men's threatening, intimidating or violent behaviour and receive limited or poor response (Sinclair, 1985: 25). The traditional attitudes of the professional world has been one of blaming the woman for having 'provoked' the incident, or labelled her masochistic, hysterical, unreasonable, or sick, thus minimizing the violent incident. As

Schechter noted, biased professionals act as the second assailant in response to an assaulted woman's complaints (Schechter, 1982: 82).

Similar responses by the non-professional world are also reported by assaulted women. This lack of support further serves to increase and exacerbate the isolation, silence, guilt, blame, and low self-esteem which battered women are experiencing. Klein noted that one of the major obstacles that battered women face is inherent in the character of criminal justice. She observed that "class and race" play overwhelming roles in determining who is arrested, prosecuted and convicted (Klein, 1982: 99). In other words, the criminal justice system is biased in favour of race and class in much the same way that gender discrimination is biased. The rules of this system are "structured into formal and operational definitions of crime, administrative discretion criteria for probation and so on" (Klein, 1982:99). We are well aware of instances when violence is taken somewhat seriously. This only occurs after a woman has been murdered by her partner. As Dobash & Dobash observe, "legal action is taken only when abuse exceeds certain tacit limits or when a behaviour becomes a public nuisance, forcing the police to act as mediators" (Dobash & Dobash, 1979: 62).

Other realities which battered women face are the lack of available resources when they reach out for help. There is a serious lack of emergency shelter beds. In Canada, by the end of 1988, there were only two hundred and ninety-two shelters established across Canada (Vis A Vis, Vol. 7, No. 2,

1989). Each province, with the exception of Manitoba, where the government stripped its province's shelter association of all funding, has an association which links shelters and transition houses for battered women and their children. The association's role is to ensure that the shelters are represented before government, media, and the public, to defend issues of concern, to publicize the shelters, to train staff people (for work with battered women and children, and on legal matters), and a whole range of further services (Vis A Vis, 1989, Vol. 7, No. 2: 6). The associations express that funding is the main problem for them and their members. Furthermore, they do not received subsidies which cover 100 per cent of their needs. Thus, it could be inferred that shelters would in turn not be able to meet the needs of battered women fully as a result.

In Manitoba, the number of wife abuse services, (counselling services, advocacy services, legal services and referral serices) are twenty seven. A few of these services provide services only to Native women (Community Services Pamphlet, 1990). This is hardly a large number of services when we consider that Manitoba has a population of about 1.3 million people, (Manitoba Census, 1988) and covers an enormous amount of land space. It is not uncommon to hear that some shelters face the risk of closing down due to a lack of funding from the government. In 1989, for example, three Manitoba shelters (the Eastman Region, Selkirk and Steinbach shelters) were in jeopardy of shutting down (Winnipeg Free Press, 1990). Other resources for assaulted women are

also scarce. There is a lack of affordable, quality day care and insufficient day care subsidies, little access to jobs, particularly ones with decent wages, and too few retraining programs for women who are forced to enter the job market. Specialized services for abused women are very few (Sinclair, 1985: 28).

It is clear that the demand for resources for battered women far exceeds the supply, particularly when we consider MacLeod's estimated statistics on abuse (MacLeod, 1987: 3). MacLeod suggests that one in ten Canadian women will be battered by her spouse or live-in lover at some point in her life. This is considered to be a conservative estimate in view of the fact that many instances of male assault are not reported (Schechter, 1982, Klein, 1982, Harris, 1985). The statistics in Manitoba are more alarming as it is estimated that one woman in six is abused (Manitoba Family Services Pamphlet, 1990: 2). A 1989 Winnipeg Police Department statistical report indicated an increase in the area of assaults. It reported that the highest number of assaults in the province occurred in the City Centre area of Winnipeg. Wife abuse increased from 1988 to 1989, rising from 941 cases in 1988, to 1,137 cases in 1989, an increase of approximately 21%. Again, these numbers do not include those cases that are unreported or cases which are short-circuited in court. Other evidence which reflects the extent and nature of violence against women can be found in the media and largely from reports and documentation completed by battered women's shelters, child welfare agencies, hospitals, crisis centres

and in Manitoba, the Women's Advocacy Program (Manitoba Family Services Pamphlet:3).

### Recent Changes to Address and Ameliorate the Social and Historic

#### Origins of Wife Abuse:

Prior to the 1970's, help for battered women was inadequate on both the professional and non-professional fronts. As mentioned before, it was the generally accepted view of society that the nuclear family was the place where family members received emotional support and where family problems were solved (NiCarthy, 1986).

More recently, there has been positive movement by individuals and groups who are attempting to eradicate male violence against women. Simply by calling it male violence against women and not "spousal" violence or 'family' violence the actual social problem is more precisely named. In addition, there is also consensus among proponents of anti-male violence that men must acknowledge and take responsibility for their actions if violence against women is to stop. Recognition of this problem is being discussed at all levels of society. For example, Canada's Minister Responsible for the Status of Women, Mary Collins, stated that, "Canadians are beginning to realize that violence against women is the symptom of something very wrong in our society. For women especially, the murders at the University of Montreal were an extreme example of the violence, harassment and denial of equality which circumscribe

women's participation in society" (Collins, quoted in *The Globe and Mail*, December, 1991:A2).

Major changes began in the 1970's as society began to recognize the problem of wife abuse and to talk about it out loud. Feminists and other grass roots women were visibly instrumental in this undertaking. In the early 1980's, significant legal changes to ameliorate the problems of female violence occurred. In 1983, two important laws were enacted in Canada. The first significant piece of legislation was the Canada Evidence Act, subsection 4, which included sexual assault legislation. This Act stated that a husband could be charged with raping his wife. The second piece of legislation involved amendments to the Canada Evidence Act, subsection 4 which expanded the range of situations in which a wife (or husband) could be compelled to give evidence against her/his spouse. These new listings included offenses related to wife battering and child abuse (MacLeod, 1987:84).

Other significant changes were also in the form of legal reform. Under the 1983 directive of the Attorney General's of Canada, police were now to report all cases of wife assault as well as to lay assault charges. Consequently, abused women were now relieved of that responsibility. Legally, wife assault within the home was no longer a private affair. Instead it became a public crime, subject to the laws of Canada.

In direct response to pressure from Canadians angry over the Montreal massacre, there have been more practical developments recently. In

November, 1991, the federal government introduced a bill to control the ownership of guns. Nationally, the Federal Government has set up a panel to gather and examine evidence on the issue of violence against women in Canada.

Changes have been forthcoming at the city level as well. For example, past Winnipeg Mayor, William Norrie, released a comprehensive report on stopping male violence in that city. Some professional associations have begun to offer public education in the area. According to Heather Jane Robertson, the Canadian Teachers' Federation's Director of Professional Development Services, the federation has distributed booklets explaining how teachers can introduce discussions of violence into the classroom for children in Kindergarten to Grade 12 (The Globe and Mail, December, 1991:A2).

But even though more people are becoming aware of violence against women and are talking about it, the number of victims shows no sign of diminishing. Women's groups say that there is still too far to go to change general social attitudes. As Betty Hopkins, co-chairwoman of the Winnipeg fact-finding group on urban safety stated:

There is a lot of resistance to these issues [surrounding] power and abuse of power and covetousness of power. (The Globe and Mail, December, 1991: A2)

Despite these improvements, domestic violence is still regarded by society as less serious or less dangerous than other forms of assault. This is

reflected in the earlier presentation of statistics. In addition, Alanna Mitchell, the Social Trends Reporter for the Globe and Mail, stated that:

In 1990 alone, 234 women were victims of homicide in Canada, according to statistics from the Canadian Centre for Justice Statistics. That is about the same number as have been killed every year for the past two decades. (The Globe and Mail, December, 1991: A2).

Consequently, intervention in domestic violence situations continues to be minimal. This lack of real protection from assault by the legal system coupled with the unequal power relationships which exists within the family between women and men, and in society, generally acts to further victimize battered women (Edwards, 1987:8).

### **Background on The Feminist Movement in The Area of Wife Battering**

The work of feminists in the area of wife abuse has been instrumental in bringing about some positive changes for women, as well as for gaining public recognition of this problem. In recent decades, those involved in the Women's Liberation Movement recognized the problem of wives' subservience to their partners.

Evidence suggests that wife beating is controlling behaviour that serves to create and maintain an imbalance of power between the battering man and

the battered woman. Power and control are seen as fundamental issues of this particular problem. As Dobash & Dobash noted:

The willingness to use force is coupled with a set of beliefs and standards regarding the appropriate hierarchical relationship between men and women in the family and the rightful authority of husbands over wives. (Dobash and Dobash, 1979: 22)

Some effort was made by nineteenth century and early twentieth century feminists to draw attention to wife battering and to prevent it, but it was with the "second wave" of the feminist movement that an ongoing commitment began.

Feminists sought to counter and to rectify the traditional 'medical model' views which pathologized battered women. Many of these views were based on historical notions regarding the place of women in society, their presumed lack of capabilities and views about the appropriate treatment of women by authority figures, especially husbands (NiCarthy et al, 1984:9).

Evidence of such second class view's about women were made apparent through researchers and practitioners in the fields of family relations and violent behaviours. Many professionals continued to operate on these socially accepted beliefs throughout the early twentieth century. Two conclusions drawn by researchers and practitioners at the time were: 1.) that violence in the family was either a rare aberration or 2.) wife abuse was provoked by the

victim. In particular, the latter conclusion appears to have been given more credence and has been more acceptable as a means of explaining the cause of violence over time (Bograd, 1988: 62).

Changes were forthcoming in the 1970's with the growth of shelters and consciousness raising groups for women. Shelters were organized by women who held a variety of political perspectives and who came from different backgrounds. As a result, feminists and other women gained awareness that many of their problems were not simply personal, but political. Feminists and other grassroots groups began to organize against these problems, and as Edwards, stated this "led to an increasing emphasis on the significance of female violence and to the development of concepts and a vocabulary through which it could be described and analyzed" (Edwards, 1987: 2). Thus we saw a replacement of the label "domestic violence" to that of "battered women" for female victims who were assaulted by their partners.

Other significant changes which feminists pursued included ways to change the generally accepted beliefs and attitudes of society about wife abuse. They set out to do so in the areas of research and theory development, with the focus on women. Feminists challenged and countered the traditional "malestream" perspective by beginning to collect data based on women's personal stories and accounts of their own life experiences. It became important that there be research "for" woman as opposed to "on"

women, and that this research not be biased by the "objectivity" of traditional research (Bograd, 1988: 15). Margrit Eichler asserts that feminist approaches to wife abuse will necessitate the transformation of existing frameworks to encompass both male and female defined models of human behaviour (Eichler, 1983).

### **Recent Feminist Thinking on Violence Against Women**

Feminist theorizing on violence against women has evolved since the 1970's. According to Edwards, in the 1970's particular acts of violence, for instance, rape, incest or physical assault were treated and analyzed as separate and distinct acts. More attention was paid to the act of men's sexual aggressiveness and this tended to neglect or ignore the processes by which male and female sexuality are socially constructed. It was commonly assumed that men's aggressiveness was often biologically derived or that it was an individual psychopathology problem which corresponded to a medical model view of "illness" (Edwards, 1987:2).

Not only has there been a shift in feminist thinking and theorizing, but academic sociology and psychology began to come under attack for gender blindness and sexism with respect to the academy's inadequate treatment of women and of sexual divisions and inequalities in society (Bograd, 1988, Dobash & Dobash, 1979).

Many traditional sociologists tended to be "gender-neutral" in the name of objectivity. That is, violence was perceived as a problem of both sexes (Bograd, 1988: 19). For example, when the family as a social institution was examined, wife battering was often attributed to the breakdown of family functioning. Straus and Gelles, for example, saw the source of violence as conflict "within" families. They stated that:

It is clear that the more conflicts a couple has the more likely they are to get into a physical fight. (Straus and Gelles, 1980: 39)

As David Adams, a profeminist-male noted, this way of thinking has a tendency to equalize responsibility for violence between the man and the woman. Overlooked was the unequal balance of power favouring the male in the relationship.

Some psychologists have also been "guilty" of casting the blame on abused women for the impact of the violence on them. This is illustrated by an example from Lenore Walker. In writing about some common characteristics she had observed in battered women, she stated the following "victim" blaming perspective:

A battered woman suffers from guilt yet denies the terror and anger she feels. This inappropriate denial is a major means by which battered women cope with their own anxiety and fear about abuse. (Walker, 1979:13)

Her use of the words "inappropriate denial" suggests an invalidation of battered women's feelings.

In the late 1970's and throughout the 1980's a significant development in feminist work took place. A major shift occurred when many feminist researchers asserted that, "mainstream research is not "value-free", but instead takes place in a social context that is patriarchal, and therefore characterized by male domination over women" (Bograd, 1988:20). Feminist research started to link all the forms of male violence to this central theme, that of a patriarchal system. Similarly, the concept of a "gender stratification" order was prescribed which indicated the existence of "a whole range of techniques and mechanisms of control for women" (Edwards, 1987:24). As a result, feminists moved away from studying wife battering in its discrete forms. For example, rape, physical assault, sexual harassment and so on, were no longer seen as separate distinct, unrelated acts. In addition, a primary value taken on by many feminist researchers, theoreticians and activists, was to embrace a commitment to illuminating women's experiences from their own perspectives. Researchers began to record women's once silent voices. This also included a challenging of "status-quo" conceptual categories and stereotypes. For example, many feminists began their inquiry with a new set of questions. Instead of asking "Why Do Women Stay?" which blames the woman for her own victimization, the researchers now asked, "What social factors constrain

women from leaving?", or "Why do men use physical force against their wives?" (Bograd, 1988:21).

Edwards has expanded on the concept of gender stratification. She posits that this concept involves a socially constructed language which is inherent in the meaning of such terms as "masculinity" and "femininity", "man" and "woman" and "male" and "female sexuality". Furthermore, she asserts that the cultural identification of masculinity is linked with achievement and the public sphere, whereas femininity is linked to the emotional and private sphere. "The result is the reinforcement of men's economic and political power position and female dependency" (Edwards, 1987:23).

Some examples of the mechanisms of control over women can be observed by the ongoing forms of violence directed at women. These include violence in pornography, sexual harassment, wife battering as well as the responses of the judicial system to female battering which, in effect, denies and justifies these violations against women. Within these forms of violence, women are treated as "objects" or targets to manipulate, whereas men are noted as "subjects" or masters of their property.

If we take a look at the areas of rape, pornography and prostitution for example, "it is not difficult to make a connection between these areas to that of the general cultural perception of sexual access as an extension of male power and privilege" (Brownmiller, 1975:392). Brownmiller also points out sexist biases in the modern legal and judicial systems with respect to their

attitudes to rape, and the extensive opportunities for and legitimisations of rape. Social institutions and authority structures license such abusive conduct.

Our society is organized by elements of privilege and power, which includes the use of threat or force. Therefore it should come as no surprise that violence forms an integral aspect of male dominance or patriarchal control. Dobash & Dobash documented such results based on various research strategies, including analyses of indepth interviews with 109 battered women, 34,724 police and court records, historical documents, and media coverage, as well as informal interviews with representatives of social agencies. What they found was that patriarchal concerns and demands were evident in all aspects of the problem of violence against women (Dobash & Dobash, 1988:57).

Essentially, the evidence points strongly in the direction of gender stratification, violence is an instrument in the social control of women. Gender stratification is legitimated through our complex institutional structure at the social, economic, political and ideological levels. Examples of gender-biased structures can be found at universities, political offices, technological institutes, the military, the legal system, the police force, the media and within the institution of the family.

It is my belief that if change is to be forthcoming, this would involve challenging the patriarchal form of domination associated with violence and the pervasive ideological and institutional supports which exist to support male

supremacy. Change involves tackling the root of the problem itself rather than dealing solely with the victims who suffer from it.

Furthermore, as many feminists have urged, more research in the area of violence against women must include victims reporting their own experiences in all areas of their lives and from their own frames of reference (Yllo and Bograd, 1988:15). This is imperative if our goal is to gain more understanding about the factors contributing to this problem.

### **Basic Tenets of Feminist Beliefs**

"Feminism is at once a movement and an ideology... it also gives rise to theory" (Pierson and Prentice, 1982:104). Feminism is a common belief that women suffer from oppressive inequalities and social injustice because of their sex, and therefore "it strives to make the achievement of justice, perceived as the attainment of women's equality with men, a political and economic reality" (Pierson and Prentice, 1982:104). Society has always been characterized by the domination of certain groups of people by others. Throughout history, the domination of women by men has been a common occurrence. This domination is reflected in the social conditioning of men and women along gender lines and the social creation of masculine and feminine traits that are considered gender appropriate. Feminist researchers have shown that sex role differences result from socialization, are not innate, and, therefore, are not immutable (Greenspan, 1983: 34). The paramount goal of feminism is to end

the relationship of inequality between males and females. "This inequality would encompass the areas of economic, political and institutional power" (Dobash and Dobash, 1988:66). Our society is structured along the dimension of gender, which in turn has led to differential social treatment of men and women in general, and by many helping professionals in particular (Bograd, 1988, Schechter, 1982). Such social conditioning has been oppressive and detrimental for women. Females have been relegated to a minority status and therefore, are expected to adopt the values, rules and attitudes of men, which are taken as the norms. Feminist counsellors are concerned about the harmful effects of women's inferior status and the function of socially defined roles in the causality of women's mental illness (Shaw, 1985). Women have had to conform to the rules of the dominant sex, and therefore, often experience the nullifying effects of remaining silent, or withholding their anger or their ideas. Pence likened women's experiences with similar positions of other oppressed groups (Pence, 1987: 5). Loewenstein asserted that "women need to speak up to break some of the silence and isolation which reinforce the personlessness of women" (Loewenstein, 1983: 535).

A feminist approach has developed based on a critical analysis of the sexism inherent in the theory and practice of helping professionals (Levine, 1983). Women were no longer accepting of discriminatory assumptions and therapeutic measures that emphasize adaptation rather than change. Feminist writers such as Chesler, 1972, Walker, 1986, and Schechter, 1982 note that

the mental health system functions to reinforce the status quo by focusing the problem within the individual and within the family unit rather than on the prevailing society. As workers in the mental health system, social workers need to critically examine whether we are continuing to define women's experiences in terms consistent with the current societal explanations, or alternatively, allow women to define and interpret their own experiences. Shaw, (1985), noted that therapists can act as educators to change women's experiences, awareness and understanding of themselves and their world. It is crucial that our work involves challenging the stereotypes of our society which contribute to women's silence, or as Schechter stressed, we will remain the "second assailants" to women's victimization (Schechter, 1982: 82). Some of the systems in which we work tend to promote the idea of the individual as the source of the problem and to focus our work there rather than on effecting social change. This conditioning is particularly deleterious to women who suffer not only from social oppression, but from their individual reactions to this social oppression as well as well (Dobash & Dobash, 1988).

### **A Feminist Model**

Feminist therapists view society and the conditions under which we live as primary contributors to psychological problems (NiCarthy, 1987, Levine, 1984, and Greenspan, 1983). Feminists assert that we must no longer accept individualism as a given, but rather pay attention to the role played by the

environment and the social economic system in its gender stratified arrangement. Levine's model for feminist therapy focuses on societal distortions of the etiology of psychological grief instead of individual pathology explanations (Levine, 1976: 19). As Levine wrote:

I see the use of the medical model, with its "case" approach, and its "treatment" emphasis, as counterproductive. Treatment in itself, derived from medicine, is a "disease" concept and from this perspective has grown an emphasis on pathology, labelling, diagnosis, and in the end, stigma. (Levine, 1984: 82)

Feminists instead emphasize social and personal change rather than individual remediation as the primary goal of the helping process (Greenspan, 1983: 233). The "adjustment" model with its social conformity goals are rejected in favour of self-determination and self-definition oriented goals. Feminists believe that individuals need to choose what fits best with their own personal needs, rather than what society prescribes as necessary for them. Feminists recognize the relationship between political power and personal power.

Levine asserts that:

The mandate for feminist counselling includes a healing process, an educational process, and a political process. (Levine, 1984: 79)

She further maintains that in traditional counselling, practitioners frequently avoided their political awareness about the social conditions or societal

institutions that wreak havoc with people's lives. Greenspan suggests that all therapy is political, and that every therapist offers a political view of the world to (her) clients:

The therapist's very choice of words, his choice of what to go after in therapy, what to analyze, stress, what to ignore: these are all examples of political acts. (Greenspan, 1982: 27)

This viewpoint asserts that in all therapy it is important to impart to clients something about power differentials. A critical aspect of feminism is linking the political context to personal experiences. Feminists believe that exposing these attitudes is essential to the change process.

Shaw, (1985), presents a set of succinct feminist principles which provide an excellent framework in working with women. Because of the singularity of each individual person and each individual family, feminist therapists encourage their clients to assume a consumer approach to counselling; to "shop around" (Levine, 1984: 84). Furthermore, women are encouraged to be active participants in their therapeutic journey, setting goals, exploring the therapist's attitudes and experiences and evaluating the helping process. This conveys a message that the client is competent in making self-choices, thereby demystifying the therapist as "the expert", as well as showing respect to the client.

Shaw's principles for feminist practice are as follows:

- 1) Feminist counselling views all "personal problems" in the context of a sexist society and helps women understand the real oppression and socially defined roles which reinforce their victimization and their feelings of powerlessness.
- 2) The woman coming for help is assumed to be a basically healing person who needs understanding, information and support in order to make changes in her life. She is responsible for her own life decisions.
- 3) The women involved in feminist counselling are assumed to have a reciprocal relationship between equals. The terms "counsellor" and "client" are used to define different roles which are interchangeable depending on the skills and needs of the individuals involved.
- 4) In the feminist model it is assumed that women are best able to help other women overcome the societal barriers. Many battered women are afraid of men because of their traumatic experiences with their mate and cannot feel safe with a male counsellor.
- 5) As a feminist counsellor who is aware of the role of society in shaping personal attitudes and reinforcing personal problems the counsellor needs to become conscious of her own cultural biases and stereotypes in order to effectively support the client.
- 6) Emphasis is on strength, not on pathology (Shaw, 1985: 10).

Feminist therapists such as Robbins & Siegel, 1985, Shaw, 1985 and Levine, 1984, assert that feminist therapy includes a holistic approach, with

two critical principles: 1.) "the personal is political" and 2.) to discover ways to reduce the power differential between therapist and client. The aims of these principles are to assist women to see that their individual problems have social as well as personal causes. In this process, women learn to differentiate between what society expects of them and what might be more appropriate and supportive for them. A feminist therapist encourages women to examine the influence of socially defined gender roles and norms and to reflect upon the impact of sociological and psychological factors. Women come to understand the role of society in conditioning all individuals. Women in therapy experience a feeling of empowerment through this validating process. If women can make this connection, they discover that their source of self-esteem has been largely dependent upon the judgement of the dominant gender. A primary goal in the helping process is to enable women to rely on their own personal strengths and capabilities as a source of self-esteem, instead of seeking respect externally (Levine, 1984: 86).

### **The Role of The Feminist Group Facilitator**

The choice of the term "facilitator" is a personal one. To me, the use of the title "therapist" connotes a provision of therapy to women who "have a problem" (Shaw, 1985). In my view, the primary goal of a facilitator is to empower women to take charge of their lives. The use of various methods such as assertiveness training, sensitivity training or Gestalt are seen more as

tools to use to assist women to overcome the damage done by their oppression, and to reclaim their own power. In addition the reference term of facilitator is a beginning point in demystifying the power relationship between worker and client, even though the facilitator will still be perceived as the "leader". There are some given functions for a facilitator, such as being responsible for the group as well as working out the practical details of offering a group.

Feminist facilitators must explore their own biases and values concerning women with an ongoing commitment to trying to be instrumental in promoting societal change. Dobash & Dobash note that "Short-term goals should not become an end in itself... but should be a part of an unfolding new social order" (Dobash and Dobash, 1986: 67). A common theme throughout feminist work is on reformation of social structures instead of adaptation to them. Feminist therapy acknowledges and believes in women's ability to be self-determined in leading their own lives. This perspective stresses empathy, validation and proclamation of women's experiences. A feminist therapist's role is to encourage and to support women to become self-sufficient, autonomous, fully functioning, valued adult members of society (Robbins & Siegel, 1985: 181-182).

## Empowerment

To be a female is to be seen as devalued in society, therefore less powerful. Women are often referred to as the "weaker sex". Women may experience a sense of power in fulfilling their expected traditional role as nurturer and caretaker (Robbins & Siegel, 1985: 14). A dilemma occurs in that these roles are considered "inferior" to the "prized" male roles of doing and caring for oneself. A feminist approach encourages women to nurture themselves and begin to value themselves and other women. Women are encouraged to accept nurturance and emotional support from each other.

Feelings of anger may occur in the process of claiming personal power, but the expression of anger can be fuel for a great deal of action (Shaw, 1985). The facilitator must feel comfortable and accepting of anger as a natural release of emotions. Reasons for the expression of anger are many and include societal expectations of women, inferior status experienced as females and existence in oppressive relationships.

A feminist approach provides a model in which the facilitator and client are seen as equals in the struggle to overcome oppression. An attempt to reduce the personal power differential between the facilitator and client is made. A model of equality instead of inadequacy is a positive example for clients to generalize to other relationships (HealthSharing Winter, 1982). Levine asserts that when the therapeutic relation is unequal, clients accept subordination in other relationships as a given (Levine, 1987). Feminist

therapists are able to connect their personal experiences with those of their clients. The working relationship may be enhanced with a shared understanding of similar life experiences (Shaw, 1985). An important point to note however is that the therapy relationship is not totally equal. Levine points out that inequality is apparent because the main focus is on the client. The sharing of the therapist's experiences is done only when it is relevant and applies to the client's own struggles (Levine, 1984: 85).

Self-disclosure by the therapist assists in validating the client's feelings. Greenspan critiques traditional therapy in its assertion of neutrality in using emotional distance. She suggests that traditional therapists appear unable to differentiate between sharing themselves as persons and using clients for their own motives (Greenspan, 1983: 86). When used appropriately, self-disclosure can be positively productive. Greenspan also notes that, "it is a matter of sharing, where appropriate, ... of letting them (clients) know what I learned from an experience of mine that was similar to their own" (Greenspan, 1983: 244). The inherent challenge in feminist therapy is how to reveal oneself without taking the focus away from the client.

The ability of the therapist to model recognition and expression of her feelings encourages clients to do the same. This process is made possible only if it takes place within the context of a mutually respectful trustworthy relationship (Greenspan, 1983). The skills necessary to achieve this kind of atmosphere are an ability to listen, to empathize, to be perceptive and to

understand the client's experience. A feminist therapist assumes that each woman's internal experience provides her own "expert" (Brickman, 1979: 2). To assist clients to gain autonomy, the therapist supports and validates clients' experiences and understandings of their situations. The expectation that clients can take charge of their own lives helps to break the socialization process in which women are conditioned to believe they are dependent, passive and helpless. Gains in the therapeutic process are made when the client takes on the responsibility of making her own decisions and acting upon them (Boyd, 1985). Self-determination as the basis for real change will help women gain a sense of confidence and competence in their own abilities. A feminist approach recognizes that every woman must work at her own pace as part of taking charge of her life and making personal decisions. Feminist therapists share information and knowledge with the clients as ways of raising individual consciousness and in doing so, free them to become politically involved. This sharing helps women to relate the particular situation they find themselves in, to the experiences of other women and to the position of women generally (HealthSharing Winter, 1982). Levine suggests that a feminist approach removes the burden of guilt, shame and individual responsibility from women (Levine, 1983: 85). Feminist therapists believe that this process becomes an empowering experience for women which can often lead to building self-esteem and enabling women to take more control of their lives.

## Feminist Support Groups For Battered Women

Support groups for battered women, based on a feminist philosophy, present a fairly new field. Within the past fifteen years, manuals and books on how to run support groups have been written and published.

Individual group approaches tend to vary somewhat but group goals tend to be quite similar. Data reported and gathered from such groups and from crisis shelter groups have indicated that battered women share similar experiences as a result of their battering situations (MacLeod, 1987: 13). Such feelings and situations include low self-esteem, guilt, powerlessness, failure, loneliness, anger, fear, self-blame, depression, isolation, alcohol and drug addiction, passivity due to a fear of being battered, shame and denial (Sinclair, 1985, Shaw, 1985, NiCarthy et al, 1984). Battered women also indicate that their batterers have the power and control in their relationships. The men frequently exhibit inconsistency in their behaviours as well.

Since battered women are even more isolated than most women, a support group is often the first time they have met other women who have experienced similar situations. This can be a powerful experience in their realization that the battering is not just their "problem" or "failure" (Shaw, 1985: 34).

Consciousness-raising, (C.R.), and some self-help and support groups are often integrated into feminist therapy groups. C.R. groups were developed in the 1960's during the initial stages of the women's movement (HealthSharing

Winter, 1982: 17). They provided women with their first opportunity to explore personal experiences and feelings with other women and to discover their commonality. Being in a feminist support group can encourage collective support and strength. It can also reduce a battered woman's feelings of shame, social isolation and personal inadequacy.

### Goals and Structure

Feminist support groups assume that "individual problems are not viewed as individual pathology, but as a manifestation of social disorganization" (Levine, 1976:20). The therapeutic model presented to battered women by a traditional therapist offers only individual solutions, whereas feminist support groups not only provide emotional support, but also help battered women to understand and deal with the internalization of social oppression in a patriarchal society. The therapeutic group process provides an opportunity for women to deal with the debilitating effects of powerlessness and alienation experienced by battered women (HealthSharing Winter, 1982: 17).

An important point that is underscored in the literature on support groups for battered women is that the group must be composed of all women, including a female facilitator. Given the level of fear that battered women have acquired as a result of their traumatic experiences with a male partner, the absence of men in groups permits women to express feelings and thoughts that they might withhold in a mixed group (Harris, 1985: 103).

The literature on support groups for battered women acknowledges the approach of incorporating educational topics into the group sessions. Such topics might include information on the cycle of abuse, myths about battered women and batterers, effects of abuse on children, feelings of anger, fear, shame, guilt depression, powerlessness, low self-esteem and failure, the process of grief that is experienced when leaving an abusive situation and drug and alcohol addiction as a way of coping with the battering situation. These topics have emerged from data and reports gathered from battered women in support groups and from crisis shelters (NiCarthy et al, 1984; Shaw, 1985; Harris, 1985, and Minneapolis Domestic Abuse Project, 1984).

Given the isolation of battered women, support groups which are educational in nature, promote awareness and raise consciousness, can then act to decrease the isolation. This idea is consistent with Paulo Frieres' belief that "people are victimized by the whole situation of economic, social and political domination." Friere coined the phrase "culture of silence of the dispossessed" (Friere, 1970: 19). This means that when people have internalized that they have no rights, they often become passive, because they believe they have no reason nor power to change their situation.

Although Friere was not a feminist, some of his ideas can be useful in work with battered women. He talks about the use of education and consciousness raising with oppressed groups, and provides ways in which the oppressed peoples can learn to critically examine their world. Once they are

able to do so, only then can they begin to deal with their world and act to change it.

Similarly, support groups for battered women can be useful in raising awareness and consciousness for women who have been or are being abused. When abused women are empowered through a process of education, interchange and the sharing of experiences, the result is often a discovery of new found strength and comfort which can enable abused women to take responsible action toward improving their lives (Shaw, 1985: 34). A support group presents an opportunity for women to explore options previously denied to them (NiCarthy, 1984). Underlying the belief that each woman can take responsibility at her own pace, the corollary of this in attending groups for battered women, is that groups must be voluntary in nature. This gives women the right to choose to attend.

A support group helps women gain the awareness that many of their problems are similar to those of other battered women. Unlike traditional therapy which views concerns as individual "problems" or "failures", a feminist support group provides a forum whereby women can begin to understand what has happened to them, and to acknowledge that collectively, their power can be positive. It is a place where women can look for emotional support and practical help from each other.

The group provides a non-authoritarian structure although the facilitator does provide some structure and guidance to the group. Structure and guidance

increase a sense of safety and enables each woman to take as much responsibility for the group as she is willing or able (Harris, 1985: 104). Furthermore, Harris also qualified that the difference between a support group format and traditional therapy groups, is in the emphasis on peer support.

### Facilitator's Role

A facilitator provides consistency in the group's values. Her consistent stance that women have a right to live free from assault and that they have the ability to change their situation facilitates group growth (Harris, 1985: 101). It is important that a facilitator is aware and understands the effects of traditional sex-role socialization and the impact of living in a male dominated society. This allows her to address myths that surround female assault and assist in the group's understanding that many of their feelings and problems are the result of a social system that affects all women (NiCarthy et al, 1984: 21).

A facilitator acts as a role model because she shares the same sex role socialization as the group members. This reality includes utilization of self-disclosure as a key tool for empowering the group. A facilitator is constantly aware of the importance of reducing the power differential between herself and the group members. She is a resource person and a consultant, as well as a woman who shares much in common with the women of the group.

In summary, this chapter has noted that wife battering is a fact of life in families and relationships across Canada. In addition, its incidence is not a recent phenomenon, but has historical roots as well.

Violence against women spans all ages, economic, ethnic and cultural groups, and occurs in the context of a patriarchal social order. This patriarchal social order is structured hierarchically, and dictates the role of men as being superior, instrumental and, therefore, more valued in our society. Women, on the other hand, are assigned the role of being inferior to men, expressive and thus less valued in society. This cultural ideology of roles is manifested in the socialization process, which teaches men and women their appropriate status in society. The status of women is one of subordination, and is subjected to male authority and control.

This relationship between women and men is supported by the economic and political institutions. Examples of these institutional supports were discussed in this chapter, with an emphasis on the portrayal of women as objects in the media, as well as the generally accepted belief by government, the church, professional and non-professional world, that the man is head of the household. As a result, this hierarchical ideology tends to cast a victim-blaming perspective on the problem of wife battering, with women as having "provoked" the violent incident against themselves.

Societal changes which have addressed and attempted to ameliorate violence against women were highlighted. While these changes have aided in

improving the social conditions for battered women, society in general still has far to go regarding social attitudes about this problem, as the number of victims shows no sign of diminishing.

The latter section of Chapter two has traced the role of the feminist movement in their attempts to provide solutions to the problems of wife abuse. Feminists were instrumental in challenging and countering the traditional "malestream" perspective, by beginning to collect data based on women's personal stories and accounts of their own life experiences. The label of "domestic violence" to that of "battered women" for female victims was given by feminists, and how this violence was linked to a patriarchal order was underscored. Feminist researchers believed that there be research "for" women as opposed to "on" women (Bograd, 1988: 15).

The concept of a "gender stratification" order (Edwards, 1987) was discussed, and was linked to the socially constructed language which is inherent in the meaning of such terms as "masculinity" and "femininity", which is a part of the socialization process.

This chapter ends with a discussion on the connection between feminist beliefs to the practice of working with battered women in a group setting. The primary goals of a feminist model of practice, underscored the areas of empowering women to take charge of their own lives. The group environment should provide a safe environment wherein women can express their previously

suppressed feelings of anger, low self-esteem, depression, guilt, shame, self-blame and fear.

Consciousness-raising and education were recommended as key tools to use by a facilitator of battered women's support groups. Finally, the facilitator must be constantly aware of the importance of reducing the power differential between herself and the group members, in an attempt to equalize the relationship as well as to provide women with the message that they do not hold subservient status in society. »

### CHAPTER 3 - INTERVENTION

The intervention selected in this study was a support group for battered women. The group model implemented was guided by feminist values and a feminist approach. This model was selected because other existing approaches did not satisfactorily explain nor seem to adequately attend to the issues of assaulted women. Much of the literature suggested groupwork as an interventive strategy, which emphasized the improvement and development of personal strengths. It is difficult to adequately deal with the problems of male violence against women on an individual level. Therefore, it made sense that a feminist approach to running a group was a viable and challenging way to address the concerns of battered women because such a strategy would encompass not only the "personal", but the political aspects of violence against women. A feminist perspective is useful as a way in which to critically analyze how the cultural assignment of "appropriate" male and female behaviour, contributes to the subjugation of women. The intended goal of the intervention strategy was to help the group members realize the genesis of their own self-definition and its ill-effects on them. Questions pursued in this study included:

1. Can a small group, with a feminist value base, help women to understand that the violence directed at them was not their fault, despite society's messages of "appropriate" female roles?

2. How can women achieve a healthier sense of themselves in a society that limits their opportunities to have control in all areas of their lives?

The picture is not clear about the differences between women who are abused and those who are not. All women are subjected to gender stratification, which largely determines their "inferior" status in society. In cases of women who have "successfully" achieved status similar to that of their male counterparts, there is often a high price paid emotionally, academically and careerwise in the endeavour to "make it" as equals. Because wife battering has been socially condoned, women who attempt to assert themselves, may discover that violence is one means of keeping them in a tractable position, particularly when the violence occurs in the privacy of their homes.

It was a feminist analysis of a gender stratified society that provided the development of a fuller understanding of why violence occurs against women. Furthermore, this analysis provided a framework for intervention.

The support group for battered women described in this chapter, provided answers to the questions raised in the analysis. The comments in the latter part of this chapter will refer to this analysis in highlighting the understanding of the group members' meanings of violence in their lives.

### **The Setting**

The site of the practicum experience was at the YM-YWCA of Winnipeg, situated on Ellice Avenue. The program ran for 2 hours on a weekday evening originally and expanded, at the women's request, to 2.5 hours instead. Separate childcare space was provided, in addition to the space for the group sessions.

### **Structure**

A circle structure was used to provide an informal seating arrangement. The group meeting room was in actuality a small play gymnasium. It had limited electrical plug outlets, thus for purposes of videotaping, only one area of the gym could be utilized. Kitchen facilities and bathrooms were available as well. The kitchen enabled the group to have smoke breaks. These breaks encouraged informal conversations. As well, we had refreshments and snacks during the 15 minute break. The group members also had the option of checking in on their child(ren), who were close by in a large play room. As safety was a major issue, all doors to the building were closed upon arrival of all the group members. Members were requested to call in advance if they could not make it to a session. These two factors were followed to ensure safety of those members who attended, as the building was closed once expected members had arrived. Telephone access was provided as part of the loan space. Parking was available in the back of the building, at no cost, to anyone who required it.

Funding for childcare was provided by PLURA, an inter-denominational organization of five churches, Protestant, Lutheran, United, Roman Catholic and Anglican. PLURA operates out of a main office on Ellice Avenue. This funding ensured the securing of a child care worker, who supervised the group members' children at no cost. The only responsibility requested of members was that they must supply any personal items which their children might require during the group sessions (e.g. bottles, diapers, medication, etcetera).

### Referrals

My decision to work with women who were referred to the group through Child and Family Services of Central Winnipeg (C.F.S.), was based on the fact that I had previously worked for C.F.S. and was aware of the high incidence of wife abuse among the female clients who became involved with the agency. I also knew the reality of the limited community services available to many of these women. Of the wife abuse services available in Winnipeg, there are two safe refuges where battered women can stay for a set period of time. These are Osborne House and Women in Second Stage Housing (W.I.S.H.). Counselling is a part of the program for the women who stay there.

The Ma MaWi Wi Chi Itata Centre offers counselling for abused Aboriginal women, their children and their partners. There is also one service that offers counselling for immigrant women who have been abused. It is known as the Immigrant Women's Association of Manitoba. The other

available service is Evolve/Klinic Incorporated, which provides domestic abuse counselling for women, men and their children.

In consulting with the coordinator at Evolve, she indicated that at that time, March, 1990, there was at least a one year waiting period for women to get into their program. The coordinator at the Ma MaWi Wi Chi Itata Centre indicated that their abuse counselling service was inundated as well. W.I.S.H. can accommodate only eight women per year, which is limiting, given the large population of women at risk in the inner city.

Through an information presentation to C.F.S. about the proposed support group, an agreement was made between C.F.S. workers and myself to send referrals to the group. My follow up work involved liaising with intake workers and their supervisors to discuss the nature of the group, the goals, objectives and so on. Eligibility criteria included:

1. Women who were currently involved in an abusive relationship;
2. Women who had recently left an abusive relationship;
3. Cases could be opened or closed with the agency, as long as their child(ren) were not presently in the care of the agency.

The rationale for this was based on an attempt to increase the motivation to attend, by making group attendance a choice, as opposed to being mandatory due to their child(ren) being in care. This was also congruent with the "voluntary" aspect of participation that a feminist perspective endorses.

Another way of ensuring voluntary membership and confidentiality for clients, involved providing each C.F.S. Worker a letter to give to potential clients for the group. This letter outlined who the facilitator was, telephone number, purpose of the group, a declaration that the project was related to my Master's practicum, information regarding pre and post testing, and an appointment date and time. A self-addressed envelope was enclosed in the letter. Once the client received the letter from the worker, it was then up to the client to contact the facilitator if she was interested in joining the support group. However the women could request of their workers that the facilitator contact them instead. In this way, workers in the agency were no longer required in the referral process and they were advised that they would not receive any further information about their client's participation from that point on. Not all women referred were selected, as the criteria for the support group included no current abuse of drugs and alcohol, no current psychiatric illnesses, and demonstration of an ability to communicate and feel reasonably comfortable in a group setting. A few of the women declined their positions near the commencement of the group, following the initial contact with the facilitator for reasons which included being too busy in their lives and, for some, simply not interested in participating in a group.

### Pre-Group Preparation

The support group for battered women was offered for a ten week period, once a week for two hours in the evening. Six of the referrals were accepted to be group participants.

A pre-group meeting was arranged with each of the women to advise them of the process involved for the group. During the pre-group meetings some pretests were completed in addition to a social history form.

The scales used as pretests measures included:

1. Hudson's Self-Esteem Index, (1974). (See Appendix I).
2. Measures of Perceived Social Support From Friends (PSS-Fr), (Procidano and Heller, 1983). (See Appendix II.)
3. Measures of Perceived Social Support From Family (PSS-Fa), (Procidano and Heller, 1983). (See Appendix III.)

The rationale for utilizing the above measurements was founded on the literature review findings on work with battered women. A result of the years of abuse experienced by many battered women is a low sense of self-esteem, which keeps many women tied to the abusive relationship. The other important finding revealed was that battered women are generally very isolated (MacLeod, 1980; Schechter, 1982; Sinclair, 1985). Even if battered women have a personal network of friends and relatives, the shame and embarrassment they may feel as a result of being beaten frequently, prevents them from reaching out for support. For many abused women who have tried to "reach out" for

help, it was sometimes the case that their partners sabotaged their efforts through aggressive behaviour, resulting in alienation of friends and/or family.

The same measures were used as post-test measures three weeks after termination of the group sessions.

During the pre-group meeting, the following topics were discussed:

1. Safety and confidentiality issues;
2. Defining and outlining the purpose of the group;
3. A feminist philosophy of the group;
4. Agenda for each group session as suggested by the facilitator;
5. Assessment of the suitability or compatibility of the individual women for the group.

The selection of group members was based on the women's interests in such a group, their ability to communicate in English, and their general degree of comfort in a group setting. It was hoped that such "loosely defined" criteria would encourage the inclusion of members from various ethnic backgrounds and ages. A heterogeneous group makeup would hopefully allow women to begin to see that they were not alone when they discovered that abuse crosses social, class, ethnic and cultural lines.

Follow up calls or contacts were arranged following the first interview to ensure effectiveness of the recruitment effort. This was accomplished by either the women calling the facilitator, or by women providing a specific place and time where they could be contacted.

### Group Format

A closed group format was used, with membership limited to a maximum of eight women. No new members were allowed to join following the third session when full membership was achieved. The rationale for a closed group format included the provision of more opportunities for members to develop or build trust in each other, and an opportunity to feel safe and comfortable as members could usually expect consistency in the group members' behaviours each week. A final point regarding closed groups involved allowing for easier planning of weekly activities. It is important to note, that although this was a "closed" group with the responsibility on the women to attend, at the same time, the group was voluntary. This process supports the feminist philosophy that each woman can take responsibility to take control of her life and at her own pace (Harris, 1985). More importantly, however, she had the right to make her own choices.

### Description of the Group\*

Members included women of both Native and Caucasian backgrounds. Their ages ranged from eighteen to fifty years old. All had children, none of whom were in the care of the agency. Two of the women were still involved

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\* In order to ensure confidentiality, names and some of the circumstances have been altered. Information is limited in order to protect identity.

in an abusive relationship. Three women had returned to school. One was working full time. The majority of the women were being subsidized by provincial social assistance.

The total number of women who joined the support group was six. All of the women, with the exception of one, had previously been involved in self-help counselling, ranging from A.A. groups, to other support groups not for abused women, and also had had individual counselling. The women who had received previous counselling appeared motivated and were ready to attend the support group. The one member who had not received previous counselling was accompanied by her homemaker for the first two sessions, until she felt comfortable enough to attend on her own.

Three of the group members were attending school, with one taking upgrading for high school and the other two women were attending their first year of college. Five of the six members were on Social Assistance and one of the women was working full time. Literacy was an area of concern for two of the group members. In particular, one woman had marginal literacy skills, but she was taking a reading course as a way of upgrading her ability.

The group composition provided both heterogeneous and homogeneous qualities. The heterogeneous themes included a variety of ethnic backgrounds, a fairly wide age range, and differing levels of education. In addition there were those who were in an abusive relationship and others who were recently separated or who had been out of an abusive relationship for over a year.

Given that five out of the six women were on income assistance, this factor provided some homogeneity. Most of the members were single parents and all of the women had suffered some form of abuse in their family of origin.

Symor's (1977) "Dependency Cycle" theory, (see Appendix IV) and Shaw's (1985), "Assessment Format of the Victimization Process", as outlined in the literature review, were used to understand the approximate place on the continuum where each of the women were at in relation to their abusive situation. The information provided below, pertaining to each of the women, was gathered during the screening interview.

### **Mary**

Mary was a 40 year old woman whose experience in her family of origin was very abusive. She had three children, two of whom were grown up and living on their own, while the youngest, an eight year old, was living with her. She had been in two abusive marriages and was presently involved in an abusive relationship. Mary identified herself as being "an abused woman", and although she was struggling to improve herself as a person through post secondary education, she tended to have low self-esteem. She was eager to attend the group, however she engaged in talk which minimized her abusive experiences to some degree. This was evident when she would discuss the things her current partner was doing to her. She countered these negative

issues by saying that he bought her things occasionally which, in effect, showed her that he cared for her.

### Marie

Marie was a nineteen year old woman with three young children, aged 3, 2, and 6 months. She was reticent about discussing the details about much of her life and appeared shy. During the screening interview she expressed fear of being in a group setting, and especially of being videotaped. In fact, she refused to participate in the videotaping. She denied being in a current abusive relationship and spoke very little about her partner. Marie stated that her family of origin was neglectful but not physically abusive. Marie was on Social Assistance and had a Grade 9 education.

### Andrea

Andrea was a twenty-eight year old woman who was very articulate and open about her life. She was recently separated and lived with her two children, who were nine and five years old. Andrea had attended previous self-help groups and was attending post-secondary school. She talked freely about her marriage and its abusive nature, and as well, shared some history regarding her family of origin, which included an abusive father and a very supportive mother. Andrea shared the mixed and ambivalent feelings she was

experiencing and welcomed becoming part of a group for battered women as she felt it may be helpful to her.

### Lucy

Lucy was a fifty year old woman with two grown children. She spoke openly about life with her abusive father, and along with that, the lack of support she received from her mother. Lucy was able to make connections between the abuse in her family of origin and the abuse from her husband during their years of marriage. Although Lucy had received previous professional help and worked successfully at a job for many years, she was very keen on attending the support group as she felt she continued to struggle with low self-esteem, depression, feelings of powerlessness, a generalized fear of many things and pent up anger. She felt that she would be able to contribute a lot to the group as well as try to learn from other women's stories and experiences. Lucy joined the group in its third week. Lucy was referred to the group by a social worker who knew her and who was aware of her interest in joining a group of this nature.

### Barb

Barb was a twenty year old single parent with three children. Their ages were six, four and two years old. She had recently left an abusive relationship although she still maintained some contact with her partner. Barb was eager

to join a support group for battered women as she was able to identify herself as an abused woman and wanted to work at helping herself get stronger and feel better about who she was. She too had a lengthy history of abuse in her family of origin and said that she often wished that she had been born in a different family or that she was someone else. Two major obstacles Barb reported were her inability to trust men and the amount of anger that she carried. At the same time, she demonstrated a good sense of humour and willingness to openly share her experiences.

### Pat

Pat was a twenty-nine year old mother of three children. Only the youngest child, who was nine years old, lived with her. At the time of the screening interview, Pat had recently left a relationship in which she and her partner were physically abusive toward each other. She was contemplating getting back together with her partner, with whom she was communicating by telephone. However, she had some trepidation in getting back together with him. In both her family of origin and in her marriage, Pat had suffered from abuse and felt that she was turning into an abuser herself at this point after being on the receiving end of it for many years. She was highly motivated in seeking ways to help herself and was, therefore, very interested in joining the support group. Pat was also involved in other self help programs, including furthering her education and being a member of Alcoholics Anonymous (A.A.).

### **Responsibilities of the Facilitator**

The facilitator planned and implemented the group. In addition I provided refreshments and snacks for both the members and their children as well.

Transportation was arranged by the agency for women who required assistance in this area, through taxis and/or group members sharing transportation.

### **Group Feedback**

Group members were encouraged to provide verbal feedback regarding process and format of the group sessions. At the tenth session, an evaluative questionnaire was handed out for completion (See Appendix V).

## The Support Group for Battered Women Intervention

The facilitator planned the content and agenda for each of the support group sessions. The design of the format was based on a composite of other models found in the literature on feminist support groups working with battered women (NiCarthy, 1984; Toseland and Rivas, 1984; Boyd, 1985; Harris, 1985; Shaw, 1985; NiCarthy, 1986; and Pence, 1987). In addition, some flexibility was built in to accommodate group members' ideas and input as they expressed their needs.

An explanation of the process, as it occurred will be provided from the group facilitator's perspective and through quotations from, and the summarized comments of, the women in the group. Most of the group sessions, with the exception of the first session, were recorded on videotape. Those tapes were used, in part, for supervision purposes of the facilitator by her principal advisor. The video tapes were also reviewed extensively by the facilitator in the preparation for, and writing of this report.

The application of a feminist approach was pursued through the group's formation and organization. This approach to working with women allowed the facilitator an opportunity to participate and contribute as another woman who shared her experiences and feelings within the group. Within a feminist perspective, personal problems are viewed within the context of a sexist society (Yllo and Bograd, 1988:28). This helps women to understand the

sources of oppression and the limitations of socially defined roles which reinforce victimization and feelings of powerlessness.

The following list identifies the major themes or content that were to be covered in each session. It should be noted that although these were the planned topics, group sessions did not follow precisely according to plan. Following the discussion on common themes which emerged during the ten group sessions, a discussion will be provided on reasons why the sessions differed from the planned agenda. »

### Session 1

Review of:

Role of Facilitator

Role of Members

Facilitator's Group Rules

Purposes of the Group

Issues of Videotaping and Consent Forms

### Session II

Beginning/"Check-in"

Taking Time - 10 minute exercise on any upsetting event

Definitions of physical, sexual and emotional abuse (Minnesota Domestic Abuse Intervention Project, 1987)

Cycle of Abuse (Walker, 1970: 55-70)

Handouts on Protection Planning

Ending/"Check Out"

Verbal Evaluation of Group.

Suggestions from group re: next week's topic

### Session III

Check In

Taking Time

Why is it difficult for women to leave abusive situations?

Ending/Strengthening Exercise/Relaxation Exercise

Check Out

Verbal evaluation of group

### Session IV

Check In

Taking Time

Anger/Forms on Anger (Forms given to this facilitator: unknown author)

Anger Themes (used as a guide from responses on anger forms)

Handouts on Assertive/Aggressive/Passive-Aggressive/Non Assertive

Behaviours (Material received from another support group Facilitator in

Winnipeg, author unknown)

Bill of Rights Discussion and Handouts (Harris, 1985: 108)

Check Out

Exchange of names of group members - optional

Verbal evaluation of group

### Session V

Check In

Taking Time

Effects of Abuse on Children (Sinclair, 1985: 94)

Shame and Guilt Feelings/Journey Out Of Shame (Minnesota Domestic Abuse Intervention Project, 1987)

Check Out

Verbal evaluation of group

### Session VI

Check In

Taking Time

The Process of Loss and Grieving (Kubler-Ross, 1969).

Readings about Advantages/Disadvantages of Single Life/Marriage/Living Common Law (Nicarthy, 1984: 61).

Activity sheet on "Fears I have now" and "Fears I had when I was being abused" (NiCarthy, 1984: 57)

Check Out

Verbal evaluation

### Session VII

Check In

Taking Time

Topic "Why Men Assault Their Wives". Statistics Reports of Societal Contributions (Sinclair, 1985: 25-28)

Community Response/Psychological Characteristics of Batterers  
(Sinclair, 1985: 37)

Topic: Romantic love, Addictive love/Nurturing love (Nicarthy, 1984:33-37)

Activity sheets on above

Check Out

Verbal evaluation/Group suggestions

### Session VIII

Check In

Taking Time

Topic "Fears Battered Women Experience" (NiCarthy, 1984: 56-57)

Exploring where fear is situated in group members' bodies

Reiterating Protection Plan

Low Self-Esteem

List of Good Qualities, Things Women Would Like to Change

Focus on Positive Qualities of each Woman

Check Out

Verbal Evaluation. Discuss with group members re: possibility of extending the group sessions up to 15 sessions/Decision to be made same evening.

Topic for next week decided by group

## Session IX

Check In

Taking Time

Handouts on "Power and Control Wheel" (Ellen Pence, 1987, p. 37)

Topic "Brainwashing" - Tactics used by Abusive Males (NiCarthy, 1984: 99-103)

Process Discussion, Feelings,

Ways to Counteract Tactics

Option - Movie - "The Crown Prince"

Check Out

Verbal Evaluation

## Session X

Check In

Taking Time

Written Evaluation Forms Handed Out for Completion by Group Members

Written Exercise on Two Fantasies: (1) Three Goals for the Next Ten Years, (2) Three things each woman would like to accomplish in the next 12 months.

Sharing of Responses

Exchanging of each woman's near future plans

Facilitator Reminding Women re: three week follow up contact to see how each one is doing, to complete post tests and to provide them with the option of receiving a resource pamphlet.

Refreshments and Cake Celebration and Goodbyes

## Format and Process

### Session 1

The first group meeting opened with an information presentation by the facilitator. Some of the information had been discussed with each of the women during the screening pre-group meetings. The following points were discussed:

1. A feminist approach in working with support groups for battered women;
2. the role of the group facilitator;
3. closed format of the group - contracting, safety, trust and confidentiality;
4. the use of "check-ins" as a way of getting the group started on a positive note, "taking time" individual problem-solving time and "check-out", a process to end the session with each woman focusing on something good they plan to do for themselves;
5. the purpose of videotaping sessions to support supervision of the facilitator by two of her committee members, and consent forms to be signed by each woman if she approved of being taped. Tapes were to be used for reviewing and learning purposes by the facilitator as well;
6. a discussion addressing the legal obligation to report suspected instances of child abuse;
7. topics and themes to be explored;

8. verbal feedback on the session to be elicited during the last fifteen minutes of each session, and a formal evaluation to be handed out in the final session; and
9. a discussion of fears they may have about coming to the group and difficulties they may have about being a group member.

The following goals and intentions of the group facilitator were shared with group members:

1. to provide a safe environment wherein healing and positive self-development would occur;
2. to increase awareness about abuse against women and learning to understand our feelings and emotions;
3. to regain self-respect and increase feelings of self-esteem; and
4. to facilitate a group process wherein members set up support systems for themselves and discover ways to support each other.

The group members were asked to share their personal goals for the group. They included:

"I would like to receive good support and give good support."

"To find out about commonalities among us women...that others have similar feelings like I do."

"I want to learn how to trust people...I feel I can be of some help to the group given my experiences and I would like support from them."

At the first session, three women attended. Two other members started in the second week and the sixth member joined the group in the third week.

The group facilitator thanked the women for being courageous in coming to the group. For abused women, this may be a huge step to take. The group rules were then read aloud (Appendix VI). A group contract was signed by each group member (optional) and by the group facilitator (Appendix VII). This was done to urge commitment and individual attendance. The second page of the contract outlined tasks and expectations of the group facilitator. Each group member was advised that there would be no negative consequences once the contracts were signed, but that they were to demonstrate a notion of shared commitment to the group.

Videotaping was a concern for all three group members because they felt it would inhibit their actions as well as what they would be able to say. We talked for sometime about their fears and about ways we could resolve the problem. One member suggested that we give the video machine a name which seemed to relax everyone to some degree, including the group facilitator. This discussion occurred prior to the break and the group members decided to reach a decision around a name for the machine and about being videotaped, following the break. During the break, it was evident that group interaction had begun through the members' own initiatives. After the group resumed, it was only a matter of fifteen minutes before group members consented to being videotaped. A few names for the machine were suggested, but we were

unable to settle on a particular name. It was up to the group facilitator to encourage discussion during the last twenty minutes of the session, as once the tape was turned on, group members became timid and more quiet. The items that were covered focused on the topic to be explored next week, the rituals around the "checking in" and "out" at the beginning and ending of each session, comments about who else would be joining the group and when participants would be completing the second pre-test, (Hudson (1974) Self-Esteem Scale), and last but not least, asking the women to begin thinking about something good they would do for themselves in the next week and asking them to share this with the group and/or telling the group one positive thing that they like about themselves. Group members agreed with the plan for the following week. The facilitator reminded the group members that they could raise topics or issues anytime which they felt were relevant to them.

### Summary of Observations

This first session was frightening for group members as it was a difficult time for breaking the ice and meeting new women. Despite the discomfort experienced by group members around the issue of videotaping, at the same time, a connection was made among them in trying to brainstorm together around naming the video machine. This connection became more visible during the break period when group members began exchanging bits of information about themselves. All three group members shared that they do not live with

their partners, although two of the members continued to keep some degree of contact with their partner. Group members also expressed some apprehension at having to meet new members in the next two weeks. When the group facilitator suggested that all group members had had some similar experiences with abusive relationships, this appeared to reduce their anxieties to some extent. Moreover, members were reminded that the group closed after the third session, and no new members would join after that. The facilitator was given permission to call the participants, with the exception of one woman, in between group sessions, if they had missed a session. Also, the facilitator asked group members if she could call them sometimes just to ensure that they were alright following a specific topic which may have been anxiety producing for them. They agreed that this was fine.

## Session 2

Sessions were structured by the group facilitator. However, in most sessions the group took on its own life and chose to deal with the issues among themselves or in their ways. Handouts were always available on specific topics for the women to take home only if safe to do so.

In the second session the main focus involved increasing awareness on the types of abuse battered women may experience. Prior to this discussion, there were some formalities which needed to be dealt with. These included introductions as one new member joined this week's session. She was very intimidated by the video machine and declined to be on videotape. The women

were asked to complete the Self-Esteem Scale and sign the group contracts. To save some time, the group facilitator met with the last two members and had them fill in the Self-Esteem Scale, videotaping consent form and the group contracts prior to their starting at the third session of the group. To begin, each woman was asked to focus on a good or positive thing each one had done for herself. The group facilitator suggested that the reason for doing this exercise was that too often we get "caught up" doing things for others in our families. It is a large part of society's role expectations of women to be the nurturer, mediator, child care giver and housemaid. Therefore this exercise can serve as a "re-training" in our way of thinking, to include ourselves as important and deserving of self-care. This exercise proved to be somewhat difficult for three of the four group members. They laughed nervously when it was their turn and asked to "pass". Mary was the only member who shared the following:

"I was feeling stressed out yesterday, so I decided to take the morning off just to relax and rest by listening to some tapes."

My overall sense of why the women had a difficult time in responding to this question was perhaps due to a lower level of trust in the group, as this was only the second session. But, possibly, the women were uncertain as to whether or not they had done anything "positive" for themselves.

The group facilitator suggested that we try the exercise again next week. Group members were also reminded that time was available for any woman

who needed it. This would ensure that upsetting or troubling issues could be heard and dealt with in the group or that the woman could simply "talk it out". The session then moved on to the topic of definitions of abuse. Group members were encouraged to participate by providing their definitions of physical, sexual and psychological abuse. It was interesting to note that although the women could define physical, sexual and emotional abuse, they had difficulty relating those aspects of abuse to themselves and their own experiences.

In asking members for their definitions of all three types of abuse, it appeared for the two women who responded, that they had a bit of difficulty with what each meant. For example, in terms of physical abuse their responses were:

Mary: "I think of it as force."

Andrea: "Power maybe."

Following some prompting and a few suggested definitions of physical abuse by the facilitator, some group members were then able to provide specific definitions of their own. For sexual abuse, Mary and Andrea responded again with more general type of answers:

Mary: "Forcing the woman?"

Andrea: "Is it like a psychological scare, tying the woman up?"

Group members understood what sexual abuse meant after the facilitator explained some ways in which women can be sexually abused. Both Andrea

and Mary provided an explanation of psychological abuse with the following responses:

Mary: "It is using threats, playing on our emotions."

Andrea: "I think it means yelling at us."

The facilitator asked the other two members if they had anything else to add and they replied that they did not. A more detailed definition of psychological abuse was provided to group members followed by handouts on this topic to the women. We talked about taking home the handouts only if it was safe to do so.

Much of the dialogue exchange in this group session occurred between Mary and Andrea. An emotional discussion ensued following the facilitator's presentation of a historical perspective of wife abuse. This segment asked the women to define "patriarchal" and "patriarchy". Andrea offered her definitions. Recent Canadian legal changes and current statistics on wife abuse in Manitoba were showed. Basically, it was noted that in spite of some legal improvements aimed to assist battered women, society still does not view wife abuse as seriously as it should. The group was asked, "Can you think of ways that the system does and does not accommodate battered women?" The following responses were expressed:

Andrea: "I learned after a while with the police that I had to appear calm and plan what they wanted to hear when they arrived at our house. It used to bother me a lot when the police would ask, -

"When is this going to stop?" Not only would I be made to feel guilty, but if I were really upset they'd look at me as if I was hysterical and crazy."

Mary: Yes, I felt that I had to act reasonable and pretend that things are not so bad."

The facilitator suggested that violence appeared to be taken seriously only after a woman was murdered by her partner. The following remarks were made in response to this statement:

Mary: "That's almost what the system waits for, when a woman is either dead or in crisis."

Andrea: "I think society has a problem in this area. Even supposedly friends of mine found it hard to believe that my husband had done those awful things to me which led me to phone the police and lay charges. They tried to talk me out of sending my husband to jail...Some crown attorneys made me feel that I was being unreasonable by the questions they asked of me."

Toward the end of the session some ideas were generated as to how women could more effectively deal with the "system". Examples included things like helping women learn how to trust each other more, and thus supporting each other, and reminding ourselves that the problems of violence are more than only a personal problem. Society's attitude of condoning violence against women encourages the problem to grow. Women need to learn not to

always blame themselves and remain as passive victims, but to find out ways that they can help to decrease this problem through increased education, awareness and learning about how the system works in order to best protect themselves.

### **Summary of Observations**

There were four women present at this session; two of them were quite vocal and the remaining two group members were relatively quiet. Despite the degree of silence from two of the group members, they seemed alert and interested. This was evidenced by their laughter and eye contact when Mary and Andrea were talking. The facilitator observed that three of the four group members appeared to be experiencing a combination of feeling nervous and shy, and perhaps possibly feeling a sense of guilt at having to express something good that each of the women had done for themselves in that given week. It was the facilitator's thought that the women needed to feel more secure in the group before they could respond to this particular exercise. In this session the women were beginning to feel a degree of safety based on their growing willingness to be open and honest about their experiences and feelings.

The group presented an interesting mixture of women who were at different stages in what Symor, (1977), calls the Dependency Cycle. (See Appendix V.) None of the women fit perfectly into one of her four outlined

stages. [In my assessment, Pat and Andrea were between the Dependence - (victim position) and Counter-dependent - (rebellion) stage. Marie was at the Dependence stage and Mary was between the Counter-dependence and Independence - (where the woman is most concerned about her own needs) stage.] Women may slide back at times into the dependence position, whereby they deny their abuse and minimize it as a way of coping with their fear. Even for Andrea and Mary who were the most outspoken women in the group, they both admitted that although they felt that the system was biased more in favour of men, at the same time it was difficult to not feel at fault or deserving somehow of the abuse. During the verbal feedback period, two of the women indicated that they felt more comfortable this week but that the time went by too fast. The other two members nodded in agreement.

It should be noted that the group members still looked largely to the facilitator for direction at this time, and while each person was talking, their eye contact was usually in the direction of the facilitator. Perhaps this pattern of eye contact was due to the classroom-like seating arrangement. When the seating arrangement was re-arranged in Session 3 to a round table structure, increased interaction between members became evident.

### Session 3

The session began with introductions of the two new members, Lucy and Barb. In total there were three members present, Lucy and Barb, as well

as Andrea who had been attending since Session 1. One member did not call to advise why she could not attend. One member called to say that she was having car difficulties and Marie's homemaker did not show up to take care of her children, making it impossible for her to attend. The Check In exercise was discussed and the group decided that for all of the next sessions we would begin with the exercise, given that all members were now aware of and accustomed to this "ritual". The facilitator then moved into a discussion on the statistics on wife abuse in Canada and in Manitoba. She also presented on some of the factors which contribute to wife abuse, such factors as societal beliefs, and the lack of community resources available to battered women. The facilitator presented some informational material on traditional female role(s) and overall, how women were expected to be the "givers", both as wives and as mothers. The group was asked if they could relate to these expectations of the traditional female role. Some responses included:

Lucy: "I learned when I was young to always try and please people to make them happy. It did not work, but I did it for many years."

Andrea: "I think that roles have changed slightly today. Not every woman is expected to do everything at home, although many still are...One thing that stands out for me is the guilt I feel when I treat myself. My ex-husband was great at playing on my guilt."

When the facilitator moved on to talk about how the community traditionally responds to battered women, the community which invariably

"blames" the woman for provoking or wanting to be in an abusive situation, the discussion became emotionally charged and tearful. The facilitator asked the women to share their experiences which may have reflected blaming attitudes toward them.

Lucy: "First of all, I think women are brainwashed into believing myths about them...It all started for me as a child. It is ingrained in you. If I was a good girl, my father would not beat me. You take the abuse because it is expected of you. I did not know better. Then later I married a man who treated me almost like my father did."

Barb was crying while Lucy told her story. The facilitator turned to her and encouraged her to talk if she was up to doing so. The other two group members gave her verbal support.

Barb: "I can relate to what Lucy is talking about. Both my mother and father abused me, especially my mother. She made me feel like nothing. Then I ended up in a relationship with a man who reminded me of her. I am at the point now of trying to stand up for myself."

This was painful for Barb to talk about and she ended by saying that, "I want to build my self-confidence and be able to talk about my feelings; that is why I am here."

The facilitator talked about the ways abused women feel trapped in their relationships. One of the major reasons for feeling unable to change, is the fear

of reprisal from their partners. Other reasons include limited or no economic support, and the societal myth that one is "nothing without a man". The women were asked for their input. Comments included:

Lucy: "I have so much fear, especially with people in authority. But I'm trying to overcome it."

The group facilitator asked her how she was doing in her efforts to overcome her fears. She replied:

Lucy: "I am terrified, but I am not going to give in to it... Sometimes I feel anger, like 'how dare you treat me like that, I do not deserve it!'"

The next subtopic on isolation and loneliness drew out some painful responses and awareness from Andrea. The facilitator suggested that often abused women feel isolated when their partner tries to control them totally, including preventing the woman from having friendships. The following was said:

Andrea: "I was young and insecure when I met my ex-husband. He took advantage of my insecurities by telling me how dependent upon him I was and how I could not make lasting friendships. I was so apologetic and thought I was crazy."

Andrea talked further about starting to find out now who she was and said she was beginning to realize that she was abused by her husband. We talked about battered women having low self-esteem which sometimes starts

in childhood, especially if one is an abused child, but can also be the result of years of living with a batterer. The facilitator suggested to Barb, Andrea and Lucy that it sounded as if their feelings of low self-esteem originated in their childhood. Barb agreed and said, "I used to often wish I wasn't alive or that I was a totally different person, although I am glad I had my kids." Lucy responded that, "my life has been very painful, but I am trying to make it better." Andrea said that, "it is hard to change my way of thinking, but I will get there."

The group closed with the exercise of focusing on something good about each woman. Barb shared that, "I am proud of how patient I have become with my kids," and she related this to a particular incident which had occurred last week with one of her children. Andrea indicated that, "I rarely show anger and work hard at being patient," and Lucy remarked that, "I am proud of my work skills and I am starting to like myself." The feedback for the evaluation was most positive. Comments included the following:

Lucy: "I feel a great deal of closeness. I enjoyed the session very much."

Barb: "The group was interesting and helpful. I feel better because I was able to cry and get it all out."

Andrea: "I feel very comfortable ever since the first time I came. I would like it to continue as it is."

### Summary of Observations

The group was very open and honest in their sharing of life experiences and demonstrations of support to each other. As a result, the members expressed a common bond and a feeling of closeness with each other. Thus far, all group members have identified that they all had come from dysfunctional families and now shared a sense of not being alone. As the facilitator, I have observed that the group members were at different points of "Harris's dependency cycle". They also represented a diversity of ethnic backgrounds and age groups. These factors seemed to positively enhance the group's interactions as opposed to impeding communication. The members appeared to realize now how painful, lonely, fear-filled and isolated their lives had been as abuse victims.

### Session 4

This group session ran without a planned agenda. Group members basically took the lead in discussing what was important for each of them. Five out of the six members made it to the group, although two of these members arrived late. The exercise on something good or positive went smoothly for all, including the most quiet member, Marie. The group facilitator reminded the women that they all have a right to speak up and ask for time as long as they do so in a respectful manner. Also, the group was reminded that they could

choose topics which were of interest to them to discuss and not to see the facilitator as the only "leader", a strategy which is in keeping with feminist practice.

With this invitation, Lucy asked for permission to talk about something which was troubling her. The group gladly agreed. Lucy shared about her own abusive experiences. This set off an emotional tone for the session, which was much like the tone of the previous week. Common experiences were shared among the members. These experiences related to childhood abuse and the resultant fears and numbness which they brought into adulthood. The facilitator suggested to the group members that it was not uncommon for abused women to have limited opportunities to deal with their feelings. She noted that abuse victims often deny that their situation is so bad. The general lack of societal support adds tremendously to this denial. Some of the common experiences which emerged were that all six group members had been abused as children, some physically and others sexually as well as physically abused. All of the women suffered from emotional problems as a result. Another common experience shared was that all women had "chosen" abusive partners. Some women had chosen abusive men more than once. Another shared experience was that the dominant feeling expressed by their parent(s) in each of their childhood homes was anger. Some examples of the women's statements include:

Lucy: "I was never allowed to express my feelings as a child which carried into my adulthood....My father was incapable of showing love."

Pat: "I handled my feelings later in adolescence by drinking alcohol...by even attempting suicide. My father abused me and my mother abandoned the family...My father beat me for trying to kill myself.

Barb: My mother displayed anger and hostility toward me all the while I was growing up. My father never lived with us and I was told that he was an alcoholic...My uncle sexually abused me for a few years which my mother would not believe."

Mary: "My mother was the abuser in our family, whereas my dad was passive and afraid of her. He sometimes abused me verbally as a teenager, although we were closer than I was to Mom."

Marie grew up in a foster home and did not recall being abused in any way. While the women were talking and sharing their experiences there was lots of laughter and humour expressed. Lucy tended to be maternal to the other group members, particularly toward the youngest group members. She said encouraging things like. "it is important to love yourself and not always please others." The group facilitator talked about the importance of moving from a victim stage to one of taking charge. She also noted that everyone moves at their own pace in this process of healing. Barb offered her opinion about where she was at in terms of men, "I want a guy like my friend's boy

friend. He's not abusive and treats her well, including her kids." Lucy shared the anxieties and fears she experiences whenever she is scared and anxious.

Several comments from the women include:

Lucy: "I cannot concentrate, eat, or sleep when I am scared. I still get scared often, even though I am starting to realize that I have to stand up for myself."

Barb: "I eat when I am upset and nervous."

Pat: "I am like Lucy, food does not appeal to me when I am scared and upset."

The facilitator talked about the cycle of abuse during the second half of the session, including a discussion about why women may repeatedly choose abusive relationships. Lucy summed up an observation for everyone when she said, "All of us have come from abusive families and have ended in abusive marriages." Everyone nodded in agreement to this. There was a sense of closeness at this moment among group members. The group ended with Lucy wanting to talk about characteristics of abusers the next week, and Mary said she was interested in discussing anger and ways to deal with it. Everyone said they were pleased with how the group was going. The facilitator ended by reinforcing all of the women's strengths.

### **Summary of Observations**

This was a good session in that it felt as though the women were starting to really connect with each other and discover a "oneness" with

respect to their abusive relationships, both as children and as adults. All of the women expressed abuse related trauma including suicidal thoughts, alcohol abuse, nervous breakdowns, panic disorder, eating difficulties and sleep problems. Feelings of depression, loneliness, rejection, fearfulness, low self-worth and abandonment were common issues among all group members. A couple of the women admitted to being out of touch with some of their feelings when asked how they felt as children while they were being abused. Fear was what the women remembered experiencing. After that, they described feelings of "numbness". As the group facilitator, I felt that I needed to develop more skills and tact in the area of refocusing group discussion. A group program was new experience for me and thus it was difficult at times to know what to do when one particular woman would dominate the discussion. The dilemma for me centered on my principle of giving the group permission to ask for time when they needed it. A last point to make is that most of the group members were very insightful about their present behaviour patterns.

### **Session 5**

This session was a strong indicator of the group having taken on a life of its own. Four group members attended week five. Another group member had a previous engagement and the sixth member did not call to say whether she would be attending or not. The group's independent life was evidenced by the women frequently searching each other out, increased interactions and eye contact amongst members and less directed to the group facilitator. One of the

members, Marie, remained relatively quiet and passive, although it seemed that she was taking in much of what was shared. Marie often looked at each woman as she spoke and laughed with them when something humorous was said. Overall she seemed somewhat less apprehensive as she was biting her nails and fidgeting less. All of the group members appeared more relaxed and comfortable with each other.

"Taking Time" offered a great opportunity for group members to "unburden" themselves of troubling matters. This proved to be a valuable time for the women, as it tended to draw them closer together. This session, like last week's, focused primarily on the women's feelings. Barb started off by telling the group that she was unexpectedly pregnant again and was having a difficult time in deciding on what to do about her pregnancy. Other group members were supportive and provided her with information and advice as well as their personal experiences with this problem. Andrea revealed that she was experiencing a lot of troubled feelings. Like many battered women, the feelings Andrea described included a sense of failure, depression, low self-esteem and loss about her marriage (NiCarthy, 1984; Harris, 1985). Along with these feelings, she was beginning to gain insight about herself and her behaviours. Some of her thoughts were reflected in the following statement:

Andrea: "I figured out now that when I was with my husband I had low self-esteem. With him, at that time, I felt I was worth something...He has got a girl friend now, which makes me sad

that it is all over. I think about the good times mostly when I am lonely and depressed."

Andrea followed up by saying that she feels a bit mixed up because at the same time she is starting to feel better about herself. She also talked about her panic attacks which have increased since leaving her husband. The facilitator suggested to her that perhaps this may be due partly to the fact that she is all alone, thus having more time to reflect on her situation, and as well, having more responsibilities. Andrea agreed that this suggestion made some sense to her. Barb remained quiet, biting her lip and acting a bit restless. Mary spoke up about her panic attack experiences and said the following:

Mary: "It took me a long time to admit this problem...I felt embarrassed like something was wrong with me."

When the women seemed comfortable to move on, the facilitator talked about the cycle of violence, and followed this by a discussion on the characteristics of abusers (see Appendix VI). The group was asked to share what they knew about their partners. The following discussion ensued:

Mary: "My boy friend feels threatened that I will be graduating in two months. He wants me to quit school, be a "wife". Otherwise, he refuses to help me out much...It took a lot from me to tell him that I am not prepared to drop my education for anyone."

Andrea's feelings of guilt and grief were persistent. It was difficult for her to think about the negative experiences which she had during her marriage. Instead she talked about other things which included:

Andrea: "I feel a lot of pressure about my husband hating me for preventing him from seeing the kids. I have not seen him for some time, so it is hard to think about the bad times we had."

Mary challenged her by asking whether or not her husband had changed. Andrea thought about it and said, "no". Barb contributed her opinion and stated that she did not believe her partner had changed either. She talked further about her partner's alcohol and drug problems and all the "false promises" he would make each time they had a fight. The facilitator talked about "denial" being a central characteristic for both the man and the woman, and then added some more information on characteristics of abusers using Barb's last comments as a springboard. This process seemed to have the effect of "unlocking" parts of the negative memories which Andrea had stored away. Her remarks were:

Andrea: "There were constant putdowns, my ex. invalidated my existence often, even though I would cry and plead with him...He never allowed me to show any emotion and would criticize me if I did. I believed him whenever he told me something about me."

The facilitator asked the group what their thoughts were regarding Andrea. Mary spoke up and said, "He treated you like an object, a possession." The

facilitator talked about each woman having rights and that no one had a right to hit them. In addition, I said it was important to understand how society's beliefs play an instrumental part in dictating how men and women "ought to be". Mary commented that, "we are brainwashed into believing what our roles are." Insightfully, Andrea remarked that, "I was supposed to be a good little girl and I buried my feelings as a child." The facilitator reinforced the fact that the group members were courageous in having to "live through" what they had endured, and by attending the group, they were demonstrating a brave attempt to break the cycle of violence. Barb added that, "hearing others' stories helps me to see that I am not the only one who has experienced abuse."

The session ended with an evaluation of how things were going. Mary asked for an extension of time, maybe half an hour longer per group session. Andrea repeated that she had never felt as comfortable as she does in this group, and was satisfied with how things were going. The facilitator suggested that they wait until next week to ask the other members how they would feel about a half hour extension for the remaining five sessions. Present members were in agreement with extending the sessions. I also suggested that they could exchange names and phone numbers if they felt comfortable enough to do so. In the closing session asking the women to think about something good for themselves in the coming week, Andrea spoke up that she felt pressured by this. The facilitator reiterated the importance of the women starting to think about being good to themselves. I reminded them that so far everyone had

discussed "doing" for others. The activity they picked could be a small activity and not necessarily be large or costly.

### Summary of Observations

In reflecting upon this session, the facilitator's beliefs in the importance of a support group was affirmed as each woman showed her strengths and courage to speak out and share her experience. There appeared to be some degree of "bonding" and trust, as the women started to hear similar experiences to their own. As in the last session, the group ran successfully without a planned agenda. It is my belief that as NiCarthy stated in her book, "Talking It Out", that generally, the more cohesive and well-functioning the group participants are, the less structured the activity needs to be (NiCarthy, 1984: 61). Again, in this session, the group members realized that alcohol and drug problems were common experiences for most of the women's partners and that maybe they were not as crazy as they thought they were.

I felt that I needed to practice a smoother transition at the beginning of the group session, and to try and relax a bit more with the group. Also, it was a struggle at times with how to refocus one member who was dominating the conversation and encouraged greater participation by the others. What seemed to work well involved asking other members for feedback/suggestions on what the group member had been saying. This allowed other group members to not only respond, but also they could discuss their own personal issues as well.

## Session 6

There were four members present at this meeting. One of the absent members did not call, however it was later revealed that she had been ill. The other absent member's reason(s) for not attending were unknown. Absent members were not always the same ones from session to session.

This week it appeared that the group members seemed to be feeling more at ease with the "focus on something good for themselves" exercise. They indicated that they were beginning to nurture themselves as best they could given their individual situations. Andrea started off by saying that, "I went shopping and I bought myself some things without feeling guilty." Mary was next, and although she was struggling with ways to treat herself, she reported that, "work has been busy, but I decided to take a break from everything this morning and relax." Lucy shared that, "I decided to spend part of my weekend with a friend and had a good time." She added that she rarely goes out, so she had surprised herself when she had a good time. The fourth member, Barb, was not so lucky that week as she reported that, "there was no time for me as my kids are still sick." The facilitator then moved on to review last week's topic as Lucy had been unable to attend then and was particularly interested in the characteristics of abusers. During that discussion Lucy became very emotional. She spoke about herself as a child and tried to give the other group members some advice. For example:

Lucy: "As a fearful child, I grew up with that pattern and brought it into other aspects of my life...We cannot change others, we can only change ourselves."

Lucy began to cry at that point and Mary pulled her gently toward her shoulder to comfort her. Tears welled up in Andrea's eyes and she supported Lucy by saying, "I hear your strengths coming out." Lucy continued to talk about some positive changes she was working on for herself. This brought about an exchange between the women and reflections from Mary and Andrea about good changes in themselves.

Lucy: "I never allowed myself to enjoy anything before. Now I'm beginning to give myself permission to do so."

Andrea: "I surprised myself last night when a friend called me and confided in me. I actually let my guard down and confided in her as well. I am getting better at this I think."

Mary was more aware of her lack of trust in people. She opened up and disclosed what life was like for her as a child and as an adult, in much detail.

I perceived this as an act of trust. A few of the things she expressed were:

Mary: "I do not trust easily, or think I am capable of loving...The two people who I trusted lied to me and my mother abused me."

Mary's story reminded Barb about a family member of hers who was very abusive and who she tried to help in her own way. Barb seemed to need to talk about her abusive experiences with her family of origin at great lengths,

sometimes going off topic. I struggled with Mary's need to talk and wanted to see whether other group members would try to intervene for personal time. No one did so. I allowed Mary to continue her story as it seemed to help her feel stronger. This decision was congruent with one of the goals of feminist counselling, that of hearing the woman out and validating her experiences (Shaw, 1985). Following the break, the group members had the option of filling out Anger Worksheets individually or in pairs. The members chose to do them alone. (Examples of Anger Worksheets can be found in Appendix VII.) The purpose of this exercise was to help the women to see how anger was expressed in their family of origin and to compare it to how they were dealing with anger now. This took up most of the latter part of the session. We agreed to discuss the responses next week. Once the sheets were filled in, the facilitator asked the women how they felt while answering the questions. Mary indicated that, "I felt a headache coming on." Andrea said that, "I felt anger surging inside of me." Lucy reported that, "my stomach is churning and feels sick." And Barb indicated that, "I feel similar to how Lucy and Mary feel." At that point the facilitator asked group members if she could read them a poem which might help to calm them. They agreed. The poem was entitled "Live But One Day At A Time." (Appendix VIII). At the end of the reading Lucy remarked, "It is beautiful, it helped. I had never heard it before and would like a copy."

Then we wound down with a verbal evaluation of the session. Lucy said, "the group is very good and feels like a cleansing." Barb suggested another possible place where the group could meet once the ten weeks were up. This idea was in response to Mary's comments about, "how sad it is that there is only four more sessions left." I suggested ways in which the group could continue on its own. One example was that each woman could take turns hosting the group at her home. The group briefly discussed the possibility of this idea and decided to give it some further thought. What was decided by the end was that starting next week, sessions would be extended to 2 1/2 hours. The group agreed to continue the topic on anger next week.

### **Summary of Observations**

Much of the literature on battered women suggests that "trust" is difficult for many battered women to achieve in both male and female relationships (NiCarthy, 1984; Boyd, 1985; MacLeod, 1987). In this session, I saw evidence of "trust" displayed among group members. There was an ease between the women in the sharing of their lack of trust in others. Some of the group members demonstrated insight as to how being victims impacted negatively on their entire life. They now realized how important it was to work on moving onto an active stage of making self-changes, no matter how difficult that might be. Four of the group members had begun this process already, partly as a result of prior involvement with other helping professionals. Two

of the members felt at ease with hugging or holding hands with another member who needed to cry. This did not appear to produce tension.

One problem which emerged after the group began, was the issue of literacy. The lack of reading and writing skills was a reality for a couple of group members. This became evident when the Anger Worksheets were distributed. Also, one particular member always left the materials she was asked to read or complete at home. This is a very sensitive area to pay attention to, as many battered women experience feelings of low self-esteem, and when asked to do any writing in a group setting, it may exacerbate their feelings of low self-worth and make them feel worse than they already feel. One way in which the facilitator tried to help was by offering each woman her assistance in interpreting the questions. The sessions did not require a lot of paperwork and I will be reminded to consider literacy abilities in future work with women. Literacy levels can be observed in a pre-group phase as a way to assist in the planning of how useful and practical handouts will be to group members. Potential members could be asked if reading is a difficult area for them, and the group could be planned on that reality.

### **Session 7**

All members were present this evening for the first time since the group sessions began. The Focus Exercise ran smoothly and the overall tone of the evening was more subdued than the previous session. Everyone was basically

doing okay, with the exception of Andrea who stated that she was stressed out. We continued with the previous discussion on anger, relying on the responses the women had given on the Anger Worksheets. Time was allotted to those group members who were absent last week to complete the worksheet.

Their responses to these worksheets revealed the following summary observations. All of the group members remembered having an angry parent. It was an even split between three angry fathers and three mothers within their families of origin. Five of the group members related that they had internalized their feelings of anger and were afraid to express anger. The sixth group member said she released her anger on her sister. The group reported that the non-abusive parent tended to ignore their feelings when they were children. Only one woman indicated that her mother attempted to make her feel better, but that her mom also did not know how to deal with her own feelings. Some of the feelings they have experienced as a result of parental abuse towards them included feelings like confusion, sadness, fear, numbness, shame, badness, emptiness and loneliness. A feeling of "aloneness" was consistent with all of the group members. The group talked about their current behaviours with respect to anger and tried to connect the past with the present.

The reported present day behaviours were interesting. Four out of the six group members said that they kept quiet when they were angry, especially with others present who are outside of the family. Other group members said

their children would experience their anger. Group members claimed that they had a tendency to blame themselves for being in the wrong and would withdraw. All of the women indicated that one of the reasons they did not show their anger towards others, was because of fear of not being liked if they did so. Three of the members said they felt anxious and confused about what they wanted to say when they were angry. The facilitator asked the women to share with others about where they "feel" their anger, as a way to get in touch with their bodies when this is happening to them. The responses were similar. They reported things like headaches, stomach aches, sore muscles (in the neck, back and pelvic area), and nausea.

Feelings of inferiority and low self-esteem also seemed to be shared among the members. They were able to connect these feelings to an origin in their childhood. The facilitator suggested that the group members think about whether or not there is a double message given to men and women about anger. Some thoughts about this were offered by a couple of the group members.

Lucy: "It is acceptable for a man to get angry, but unladylike for women."

Mary: "It is seen as our fault when anything goes wrong."

The group discussed the appropriateness of displaying anger and gave possible reasons why angry people may act as they do. This discussion led to some very interesting results. The facilitator suggested that anger may

sometimes be used as a tool to keep a distance from others. Mary gave an example of her mother's anger, suggesting that it was difficult for her mother to get close to anyone. Lucy responded by saying,

Lucy: "I always thought I was the weak person, but now I realize how weak my abusive father was."

Barb: "I ask myself now why I take my anger out on my kids. Getting help was good for me."

Andrea, who had remained fairly quiet up until this point in this session, admitted to feeling angry at how her life was going. At the same time, she was apologetic for showing anger. The facilitator challenged her feelings by reflecting to Andrea that she sounded ashamed about her behaviour and then inquired what this might be about. Andrea replied, "My mother kept everything in. She seemed so easy going." The facilitator asked Andrea if she ever felt that she would become volatile like her father if she expressed her anger. She felt that this was a possibility, but added the following change in herself, "When I am angry at outsiders now, I am starting to stick up for myself. This is new for me." Lucy made the following statement of encouragement,

Lucy: "I know why I do not show anger. I wanted people to like me, to please them. It is bullshit. I realize now."

Andrea: "Sometimes it is still hard for me to display anger towards others. As a kid I was always a helper."

Mary: "Sometimes it is okay to be a bitch. It does not pay to be nice all the time."

Barb: "Other ways that I help myself when I am angry is to punch a pillow or have a hot bath."

Pat was quiet throughout the session. She explained that she was more interested in learning about ways to deal with her anger, as she had become physically aggressive in her relationships with men. Pat mentioned that hearing about how the other women handled their anger provided her with new ideas to consider. A couple of the group members gave Pat feedback about the damage she inflicts upon herself when she acts out her anger on others. They asserted that jail and criminal charges were not going to improve her life, but that finding less destructive means to express her anger would help.

At this point, the facilitator turned to Marie, who tended to be very shy and quiet throughout all group sessions, and asked her what made her angry and why it is difficult for her to show anger. What transpired in the remainder of the session with Marie's disclosure marked a huge step for her and in addition, was a significant time for all of us in the group. Marie, in answering, started to cry, and in what seemed like a "trusting" way, proceeded to share with all of us her fears about the abuse she was experiencing with her boy friend and how that was impacting on her life. Marie received support from the others that was filled with protectiveness, encouragement for her courage to speak out, and guidance about options that were open to her whenever she felt

ready to make changes for herself. The facilitator discussed Marie's own safety and the safety of her children. We went over some ideas regarding protection planning with other group members who also shared what it had been like for them staying at Osborne House. Two of the group members gave Marie their telephone numbers and encouraged her to call if she needed to do so. I gave Marie the same message. This felt like a time of genuine closeness, where we all felt a unity as women, having had similar abusive experiences. At this point, I shared some of my own experiences as an abused woman. The group members acknowledged in an understanding way that the entire group had been in similar situations. The session ended with Marie stating that she would be safe tonight and could go to her mother's house if necessary. Handouts on anger management, a Bill of Rights and "Differences between Aggressive, Passive and Assertive Behaviours" were available to the women who wanted them.

### **Summary of Observations**

This group session affirmed the strong impact of support groups, as the research on battered women's groups has noted (NiCarthy, 1984; Harris, 1985; and MacLeod, 1987). The group provided a "safe" forum for Marie, enabling her to confide in all of the group members. This marked a major step for Marie because she had revealed very little about herself up until this point. It gave the group an opportunity to demonstrate their caring and support. Upon hearing about Marie's fearful and painful situation, members were able to

identify their own experiences with hers, and then became adamant about the fact that no one deserves to be abused. The group also talked about ways women can protect themselves. The group members provided each other with peer support and positive validation, which in turn seemed to empower the women to determine ways in which they could protect themselves.

### Session 8

Group members agreed to continue with the topic of anger as they felt it was important given how anger had controlled so much of their lives so far. There were four members present at this session. One of the absent members called to say that she would be unable to attend. The sixth member did not call. The Focus Exercise at the beginning of the session gave Pat an opportunity to vent some things that were troubling her. There was lots of interaction, support, easiness and laughter in this session. When it was Marie's turn to say something, she proudly announced that she had left her abusive situation and was in a crisis shelter. Everyone applauded her efforts, the room became filled with excitement and gentle questioning. Some group members commented on how "animated" she looked, eyes sparkling, looking happy and holding her head up. Marie remarked that she had slept well and felt "safe". Lucy praised her and said that it had taken her 17 1/2 years to leave an abusive relationship.

The discussion then moved onto continue the topic on anger. We talked about paying special attention to our bodies when we were angry, stressed, depressed or in other negative emotional states. I asked the women to think about a colour for their anger. My reasoning for this was to create a "visual way" for the members to talk about their anger and to explore what it meant to them. Responses included the following:

Lucy: "My anger is black, like darkness, I cannot see or feel much."

Mary: "Colourful. I cannot deal with darkness. The colour of my clothing largely reflects how I am feeling."

Pat: "Red, because I have a quick temper and react right away when I am angry. My cheeks get hot and my heart races."

The facilitator expressed that her anger used to be very much like Pat's, but has been slowly changing over the years with a lot of work involved on her part.

Marie: "It is hard to tell because I usually do not show anger. Instead I get headaches."

We went over ways to constructively deal with anger. This included a brief discussion on the differences between assertive, passive and aggressive behaviours. I suggested that it was healthy for everyone to own their anger and not to blame others. I talked about this as a bind, because as battered women, we always tend to be blamed for everything by the abusive partner.

As a result of blaming others, batterers see no need to change their destructive patterns.

Group members shared the progress they had been making in working on their anger. Examples included:

Mary: "I talk to myself now, verbalize what is upsetting me. Try it. It works."

Lucy: "I am learning slowly to allow the anger to come out. It is amazing how better I feel and the strength it gives me."

Mary: "I am still afraid to show anger to someone else, but I am getting better at picking safer situations to express my anger."

Pat: "My problem is that I need to learn ways to handle my anger. I can be physically abusive now. This is why I came to this group."

Marie: "I have a hard time showing anger to adults."

The facilitator summed up the discussion by reflecting that each one of them sounded as if they were moving beyond the "victim" stage to a "proactive" stage.

The evaluation of this session was combined with a discussion about how the women felt about having only two more sessions to go. Lucy indicated that, "it is not a good feeling." Mary's comments were, "this is my night, my treat on group evenings." Marie said that, "I like the way the group has gone" and Pat remarked that, "it goes too fast." The group agreed to do a visualization exercise next week as there was not time for it in this session.

### Summary of Observations

As in keeping with one of the goals of a feminist philosophy to counsel battered women, I observed that the process of "validating" the women's experiences had been instrumental in encouraging the members to feel at ease and safe. As a result, they were comfortable to share their life experiences with each other. There was a sense that the women felt "heard" by others, and accepted support from each other. Group members had expressed that they were beginning to see a connection between society's role expectations regarding the expression of anger, and how they experienced and expressed anger. They also realized the powerful shaping of their expressions of anger that was learned in their families of origin. Some of the members showed that they were starting to become aware of their struggles in managing their own anger, including daily difficulties of allowing themselves to experience such painful feelings. Lucy and Mary seemed the most able at this time to challenge cultural stereotypes regarding anger and make some healthy changes for themselves.

### Session 9

The focus of this session was to explore the group members' "fears". The techniques for doing this included using a visualization exercise and a relaxation exercise. It seemed to the facilitator an opportunity to get in touch with and express fear(s) would be a positive experience for these group

members. I assumed that by talking about their fears, the results would be a sense of decrease in the members' isolation, increased feelings of safety, (as in "safety in numbers"), and help for members to realize that they were not crazy for feeling "paranoid" or fearful. This session would provide an opportunity to check out this assumption.

Only three members were present this week. The other three members had indicated that they were unable to attend. The facilitator started the session by providing feedback about her observation on the development of the group. For example, I remarked about how the group interacts now, compared to the first three sessions. I talked about the ways in which they were showing a sense of "trust" in each other, through affection, verbal support, joking and laughing together.

For the first time since the sessions began, we were interrupted by one of the group member's children who ran in from the child care room several times to see his mother. The child seemed somewhat distraught. Despite these "breaks" in the meeting, we managed as best as possible to continue with the session when the mother was able to take her son back to the childcare worker. Near the end we had to abruptly stop the meeting when the child became more insistent upon staying with his mother.

Before actually focusing on the topic of fear and before starting a fear visualization exercise, I asked each woman to name a personal strength. I asked this as a way to find out whether or not members were able to identify

anything positive about themselves at this point. The task of looking for the positive provides each woman with an opportunity to start focusing on her strengths, rather than her weaknesses. I suggested that their strength(s) might have been from a time when they were younger, as a child or teenager. Group members volunteered the following:

Barb: "I am learning how to stand up for myself and my children. I do not feel scared to open up and talk about my feelings anymore."

Andrea: I try and find help anywhere possible. I hate quitting. I do not try and please everyone as much anymore."

Marie: "The fact that I left my boyfriend."

We continued with the visualization of fear exercise, (Appendix IX), followed by a discussion on their reactions to the exercise. The members seemed a bit uneasy about doing the exercise, but agreed to try it. The facilitator asked the group if they were able to take themselves back to their childhood and remember a particularly fearful incident. This exercise was an attempt to trace back to a childhood time, to learn how the women remembered dealing with fearful situations then. The goal of this exercise was to help the group members understand that we can deal with fear differently as adults.

The women shared the situations they got in touch with:

Andrea: "I felt like bursting out crying when I thought about one childhood incident...I thought about a T.V. screen with lines on it, it is weird, but I thought I was going to conquer my fear."

Barb: "I felt numb, everything was spinning around...I would like to be hypnotized so that I can talk about my childhood."

Marie: "My fear seems all black. I had no childhood images, I could not think of anything scary."

The facilitator asked the members if they could describe how their fear affected them physically. They gave the following descriptions:

Barb: "I get tension in my lower back and my stomach tightens."

Marie: "I get cold hands and shake when I am afraid."

Andrea: "I feel coolness over my body and my chest tightens."

As a result of Andrea's insightful remark the group members started to share in a very trusting, supportive manner. Two of the group members compared how similar their experiences were.

Andrea: "I think something just came clear during the visualization. I am afraid of men in general. I thought about my dad and how I cut my feelings off...I feel like nothing around men. I do not trust men."

Barb: "Sometimes I feel like that too. I am not good enough. Or that other men will be like my ex-boyfriend."

Andrea: "I would be somebody else when I kissed my dad on his cheek. Like being outside of myself. It is really weird. He had such a mean temper."

Barb: "The only time my dad kissed me was when he was drunk. It made me feel like nobody. Like why was I born?"

Andrea: "Whenever my ex-husband touched me in a forceful way, I was haunted by the memory of being raped when I was younger."

Barb: "The only way I got attention was when I slashed my wrists. That did not last because my boyfriend told me I was stupid."

I gave the women feedback, suggesting that their whole experiences with men thus far, had been primarily negative. It was not surprising that trust and power were major issues for them. I also suggested that as women begin to feel better about themselves, that they have a better chance of attracting partners who are more able to meet their expectations and needs.

Barb said with frustration, "it makes me mad that men do not show their hurt, their emotions." I reminded her about an earlier discussion that we had had regarding how society teaches men and women their appropriate roles. She nodded in agreement. I suggested that all of the group members could start repeating to themselves a positive validation that "I am a courageous person." Andrea continued the discussion about how the system had let her down by not helping her with her divorce in the way she had expected. She then mentioned that when she had stayed in a crisis shelter, "the group was

not as close as this group." She also expressed her sadness about this being the ninth session. I responded by reminding her that the women could carry on the group meetings at their place as was previously suggested. We were unable to do the relaxation exercise planned for the conclusion as one of the children ran into the room crying and wanted to be with his mother.

### Summary of Observations

In this session the women demonstrated candidness and insight. They were beginning to be able to separate some of the self-blaming attitudes into perspectives which blamed the people in their lives who were supposed to have loved them. For the women who shared their stories, this was a sad revelation. Their pain was evident as they realized how they felt about their fathers and the other significant men in their lives. The session was very moving. I felt myself identifying with the group members, both as a woman who had been abused, and a woman in our society. The sense of powerlessness was overwhelming. Another factor observed was the sense of grief and to some degree, desperation in the women as to whether they would ever find a "man" who would love them and treat them well, especially given their negative experiences so far. The one strong point which emerged for the women was the sense that they were not alone, nor were they the "only" women who had had bad experiences. This lent some credence to the realization that there was not something inherently "wrong" with them. The visualization of fear exercise allowed the women an opportunity to experience

a sense of safety. As they shared similar experiences about being afraid, they realized that they were not "crazy" for feeling paranoid.

### Session 10

The goal of this last session was to talk about feelings regarding the termination of the group, complete evaluation forms, and then have a "ceremonial cake" with other refreshments. Only three members came to the final session. Two of the absent members made contact, indicating that they could not attend. During the first fifteen minutes the group members engaged in a conversation about life experiences, which were unrelated to abuse experiences. Then I asked how the group members were feeling about this being our last session. The tone of the meeting became very emotional and there were lots of tears and hugging. The comments made by the group members were moving and touched me significantly.

Lucy: "I felt the need to tell you all how lucky you are to have more resources and support available today compared to my time. I would like to thank you Dianne, there are things that came out of me that I did not think were there before and you helped. I hope to continue seeing you all and exchange our numbers."

Andrea: "I am sad." (and Andrea began to cry).

Mary: "We were looked after, we had no worries being here. From the coffee, apple juice and childcare. You took the time with us."

Facilitator: "The group would not have been the same or gone as well without you all as members."

All three group members said that the facilitator had done a good job and then they applauded. They all agreed that they were disappointed that all group members did not attend this last session. I commented to the group members that it was possible that the absent members had a difficult time with "endings", and the feelings which go along with that. When the evaluation forms were completed we had cake and refreshments in the kitchen as a way of saying our group "goodbyes".

### **Summary of Observations**

The primary emotions expressed in this final session were anxiety and sadness. Members realized that the group had become a "safe place" for them. They were frightened by the prospect of no longer having this place for themselves. While they were exchanging phone numbers with each other, they also acknowledged that their lives were very separate from the group environment. They felt that it was as if they had been walking with "supports", and now they had to continue without them. As they left, the members were planning to continue their friendships. Some also felt encouraged to join other types of self-development groups, based on their positive experiences here.

### Facilitator's Comments

The challenge and opportunity to establish, facilitate and participate in this support group for battered women, provided me with much self-growth, both personally and professionally. On a personal level, the group experience affirmed a shared common understanding that we as women experience due to our socialization. As well, we shared both our similar and varying responses to violent situations. The group process was instrumental in shedding light on my queries that had been previously theoretical in nature. I will briefly outline some of my thoughts on these questions now that the group experience is complete.

1. Can this type of group, with a feminist value base, help women understand that the violence directed at them is not their fault, despite society's messages of appropriate female roles?

The group agreed that our support group was invaluable in helping them to alleviate the burden of self-blame. Despite societal messages that women are "weak, emotional, or crazy", the group felt that their similar responses to abuse could not be merely self-induced given their diverse backgrounds. At the same time, there was strong agreement that they had all been indoctrinated with ideas of "proper" female roles. The women came to realize that they were negatively affected by these messages. The double bind results of female socialization, encourages women to be passive and to "take it", and then, secondly, blames them for causing the abuse.

2. How can we achieve a healthier sense of ourselves in a society that limits women's opportunities to have equal control in all areas of our lives?

This proved to be a difficult question for the group members because they felt that they were "brainwashed" and as a result, debilitated, feeling a loss of control in some areas of their lives. They realized that they would have to put less value on what society dictates as acceptable female behaviour. Non-conforming women are labelled as "not ladylike", "bitchy", "emasculating", "overreactive" and "men haters". These labels pressure women to conform to the standards of being a "real woman". The group consensus seemed to be that women needed to be "true" to themselves about what made them feel good, in spite of external resistance in our patriarchal society.

### Common Themes

Some common themes that are a reality in most women's lives were emphasized in the ten session support group for battered women. The similar experiences of most women who live in a patriarchal or male-dominated society, one that largely condones violence against women, suggested the need for a therapeutic approach which focused on societal norms and values instead of on individual pathology or weakness. Women who are not abused express similar fears to those of the women in this group. While not detracting from the expressed pain of the group members, it is important to make connections

with the experiences of women who may not be suffering from abuse, but who live under similar societal conditions whereby they are fearful of becoming victims of abuse.

The salient message presented by all the women in the group was, "we are undervalued members in society." The themes that developed during the sessions will be presented individually, but it is critical not to lose sight of the continuous, persistent, underlying message of disenfranchisement.

One of the primary themes that arose throughout the support group sessions was, "If I could have been a better wife, mother, lover, then he would not have had to hit me." Generally, the members blamed themselves for their marital troubles and saw themselves as failures. Many women aim to be the "perfect wife", able to meet all of her spouse's needs. This goal fully prepares a woman for the position of victim (Sinclair, 1985: 26). Such an ideal aim puts women under tremendous pressure to achieve an impossible goal or mission. Feminine attributes include being emotional, submissive, indecisive, dependent, home oriented, and excitable. Women are not expected to be competitive, adventurous, aggressive, independent or self-confident (Walker, 1979). Battered women find themselves in a "Catch-22" position, because like other women, they are held responsible for the success or failure of the marriage. If they decide to leave an abusive relationship, they frequently are accused of desertion or of not trying hard enough. Yet, on the other hand, if they remain in the abusive relationship, they are then accused of deserving what they get.

Some claim that women are masochistic and that they derive pleasure from the pain (Sinclair, 1985: 26). Women put in enormous amounts of time and energy to achieve their expected roles as nurturers and caretakers. As a result, women's individual desires and needs usually get forfeited.

It became apparent in the support group that for these women, their relegation to secondary status was "legitimized" from early childhood and continued into adulthood. This resulted in "victim thinking" and ultimately led to deleterious consequences for these women. Society instills and then sanctions women's roles, including one's "duty" to "give" and to please others, especially men. An important distinction between the notions of "caring about" and "caring for" is made in Taylor's work on women as "givers". Taylor parallels these ideas to the concepts of labour and love. Taylor says that "caring for" comprises the tasks of tending for another person while "caring about" is related to the feelings one has for the other person" (Taylor, 1991: 208).

In the situation of wife abuse, the two kinds of caring become blurred. Dobash and Dobash note,

The cleanliness of the house, the preparation of the meals, and the care of clothing often serve as symbols that a wife is committed to her husband, that she takes care of him and respects his authority and serves him and that she has been well

prepared for these tasks. (Dobash and Dobash, as cited in Taylor, 1991: 91)

Taylor argues that it is not difficult to see from the above example how the tasks of "caring for" another person are regarded as substantiation of a woman's affection, which is the act of "caring about" her husband. With respect to abusive situations, Taylor further noted that "caring in this way is often provided not from concern but from fear, and caring about may indeed be eradicated" (Taylor, 1991: 216).

"I am nothing without a man" was another common theme in the group. Such a statement is often heard explicitly or implicitly by women of all social classes. Women are socialized to believe that their worth as a person will be measured by their capacity to "hook a man" and to "retain him". This creates feelings of being "unworthy" when marriages break down or "unnatural" for those women who choose to remain single. The illustration of the "complete woman" is found in stereotypic phrases such as: "Marriage is not a bed of roses", "You have to take the good with the bad", and in "you made your bed, you have to lie in it".

The two-parent family is considered the ideal in our society. There is a belief that children need their fathers present in the home regardless of the safety factors and happiness of the individual family members. Thus another pressure is placed upon women to remain in marriages, no matter how destructive they may be. This rule can be heard in the message, "She should

stay for the sake of the children (NiCarthy et al., 1984: 87). For women who learn from society that they are inferior, and deserve to be treated as "less than", these teachings reaffirm that there is "something wrong" with the woman who does get assaulted. Many battered women attempt to be "super woman" and seek approval as a means of validating themselves. The result is an ongoing sense of guilt, blame, failure, and confusion.

A reality for women who live with the false hope that their abusive man will get better as long as they, the women, simply "try harder" is self-defeating, and in effect this hope perpetuates the "cycle of violence" (Walker, 1979: 56-70). The women of the support group shared with each other personal experiences which underscored the emotions connected to remaining in their abusive situations. Feelings of low self-worth, loneliness, fear and anger were related to the futile pursuit of, "keeping their man", or "keeping the family intact". In reality, abused women have limited options because the loss of a spouse usually means a loss of economic status. Some women lack options because of limited educational opportunities and poverty. Others rightfully fear the partner's retaliation. Nearly all feel shame and guilt that she has failed as a partner, particularly if her spouse tells her that he'll fall apart without her or that if she "really loved" him that she would forgive him and trust him again. It is not difficult to understand why abused women have feelings of "entrapment" in unhealthy relationships, especially when they are implicitly

rewarded by society for being a "successful" wife, and mother, or, in other words, a "complete woman" (NiCarthy, 1986: 10).

A third common theme expressed was the minimization of abuse. "I am not really an abused woman because he mostly yells and rarely hits me". "He says he loves me and is sorry when he hits me." "If only I were not so stupid at these times." These phrases are commonly heard statements from abused women. As traditional community responses to wife abuse have also been characterized by an attempt to minimize or deny the incidences or seriousness of this crime, it follows that those abused will also deny and minimize (Boyd, 1985). Many consider intervention as an attack on marriage and the family unit as wife assault is referred to as a private matter between husband and wife. Such destructive thinking contributes to an exacerbation of the problem rather than eradicating the problems of wife assault. The value that society places on the family unit as essential, also has the effect of perpetuating a strong sense of guilt in many abused women. For example, historically it has been an acceptable view that men are aggressive by "nature", and therefore it is only natural when they express their anger externally (MacLeod, 1987: 23). Cliches such as, "you only hurt the one you love" or "a man's home is his castle", imply that a man can do whatever he wants to do. This creates a sense of inadequacy in battered women. Women are held responsible for seeming to be unforgiving and heartless if they decide to leave. They are thought to be cruel if they deprive their partners from seeing the children. It is not uncommon for

batterers to tell their wives that, "I'm afraid I'll fall apart without you." This tends to heighten battered women's feelings of guilt and as well urges them to try harder to make the marriage work (Sinclair, 1985: 26).

Even within contemporary times, fantasies continue to abound with respect to the ideas of "romantic love". There is a belief that romantic love is supposed to lead to sexuality, married love, and "happiness ever after" (NiCarthy, 1986: 33). Such fantasies lead everyone to believe that the "oneness" of being a couple instantly banishes loneliness and the sense of alienation. For those women who have low self-esteem, whether as a result of an abusive childhood or from having endured an abusive marriage, the romantic love often becomes more of an "addictive love" (NiCarthy, 1986: 33). In such instances, the women come to believe that they cannot survive without the man's love because without it there would be nothing to live for. Thus, periodic neglect or abuse is explained away as if it did not really happen, that it was only a one-time error not to be repeated. The alternative to this latter perspective is self-blame.

The support group members shared that from the time they were children, they could remember feeling "at fault" or "bad" when they were punished by their parents. Most of the group members had watched their mothers remain passive when their husbands were being abusive or when they, as children, were being abused. They witnessed and heard derogatory terms

being hurled at their mothers, while little or no resistance was expressed by their mothers.

From the time that women are young girls they are taught to be passive and ladylike, not to display anger, but to be "pleasers" to others, particularly to men. Women are essentially taught to accept their "lot" in life. These messages about women's inferiority and passivity come from a variety of sources, such as family and friends, advertisements, movies, and even children's story books. The support group members affirmed that they had all tried to achieve these expectations throughout most of their lives.

The fourth theme which the group expressed addressed the mixed messages which many women receive. These confusing messages begin when they are young girls. Sometimes these messages or rules fall into the area of "emotional abuse". This form of abuse can be difficult to recognize and name because its forms are hard to separate from the infrequent and minor abuse present in most intimate relationships. The struggle many women experience as a result of mixed messages was shared in the support group. "I have crazy feelings, I am mixed up, maybe hysterical", were examples of commonly heard expressions. Medical practitioners have only treated battered women's physical injuries and have avoided the assault issue, even when it is suspected. Instead, it has been common practice to diagnose battered women as hysterical, hypochondriacal, or presenting with unusual symptoms. The course of action that has traditionally been taken has been to prescribe drugs, such as

tranquilizers and anti-depressants. Not surprisingly, this response has tended to perpetuate the notion of "individual pathology" or a "victim blaming" perspective (Sinclair, 1985: 27). Because as young girls, women are taught to keep in their anger, many women internalize this anger and carry "self-blame" or "depressed" feelings. Some women suppress their anger through the development of self-destructive means such as the abuse of alcohol and/or drugs. In extreme cases, these women attempt suicide or develop psychiatric symptoms.

A "crazy-making" double bind is created for battered women when they do try to externalize their anger or any other feelings which are considered "unladylike". For example, as young women females learn that they should not act sexually permissive, nor demonstrate competence, or independence. They also learn not to take responsibility in social interactions. If they do so, they are subjected to criticism from parents, men, the church and school systems (NiCarthy, 1986). Women who "misbehave" are labelled as "crazy", "bitches", "castrators", or "men-bashers". Either way, there is a sense of being "trapped". Harris notes that in the case of battered women, they tend to experience a pendulum of feelings ranging from rage and murderous thoughts of revenge against the abuser to feelings of immobility and numbness (Harris, 1985: 33). Society creates a no-win situation for battered women. The subjugation of women as inferior, which relegates them to passive and

emotional roles, only serves to render and maintain women in a powerless state and position.

The four themes discussed above were on-going issues in the support group for battered women. These issues pose similar concerns for many women in general. The manifesting impact is a false belief that women are "inferior". The goal of achieving equality is unachievable in a male-dominated environment, although less so in contemporary society. Women's value is ranked according to how pleasing and subservient they are to their male superiors. Women's accomplishments are validated only when they do not threaten their male counterparts. Economic discrimination, deprivation and the limitations imposed by sex-role socialization, perpetuate or support women's "inferior" status. No matter how hard many women attempt to become the "perfect woman", it can never be achieved within the confines of the stated limitations. The result is self-blame, isolation, and shame which leads to a general mistrust of men and women thus serving to maintain the status quo of gender stratification. This was the case when the support group members had shared the feelings they had experienced as a result of being in an abusive relationship. In a society that "sanctions" or accepts women as personal property, it is not surprising that violence against women has increased rather than decreased (Dobash and Dobash, 1979).

### Rationale for Altering the Planned Agendas

The group was able to "take on a life of its own". The group members began to feel at ease and, to some degree, were "trusting" of each other, resulting in members taking on more of a lead with the group process and content. NiCarthy presented a general rule about groups, that "the more cohesive and well-functioning the group participants are...the less structured the activity needs to be" (NiCarthy, 1984: 61).

The women's validation of each other's painful experiences provided peer support and they felt empowered to openly share their issues of personal abuse. By the sixth session, as was reported by them, most of the group members had begun to feel comfortable with doing something positive for themselves.

In Session III we continued to discuss society's response to violence against women, followed by a discussion on the planned agenda, as to why it is difficult for women to leave abusive situations, and then listed ways that women feel trapped.

The planned agenda for Session IV was not covered at this session, but later. This session was to deal with the topic of anger. Instead, the group members felt the need to talk about their personal abusive experiences, both in their childhood and as adults. It is believed that the group members were beginning to feel safe, and to an extent were "trusting" and able to take the lead in meeting their own needs within the group structure. Also in Session IV,

the facilitator, with the group's permission, discussed the Cycle of Abuse which was originally planned for Session II, but omitted then due to a lack of time.

Session V's agenda was also changed, to include the suggestions the women made regarding the areas of interest they would like to cover. Group members identified similar feelings they had experienced, such as low self-esteem, depression, and failure. They also shared their experiences of having panic attacks. The group appeared to feel empowered by the discovery of shared similar experiences. This sharing then "freed" them to start making their own decisions. .

Session VI also took a direction which was different from what had been planned. The focus for most of the evening involved group members taking the lead and discussing positive changes in their lives. The central theme was on how each woman had begun to allow herself to enjoy activities.

Near the end of this session, group members agreed to fill in an anger sheet questionnaire. There was strong agreement from the group to explore the area of anger, as this was a major issue in their lives. Some anxiety and feelings of discomfort were created for group members following the completion of the anger questionnaires. The facilitator, with the women's permission, read aloud a poem. The women commented that the poem was helpful in calming them. The women decided that anger would be explored in the following session. The group members also agreed to extend the sessions

from two hours, to two and a half hours, as they found that two hours was insufficient.

As was planned from the previous week, the area of anger was the topic of the evening of Session VII. Halfway through the session one of the women disclosed about the abusive relationship she was in. This resulted in the other group members providing support, encouragement and advice to her. Protection planning was discussed and the sharing of telephone numbers was initiated by the group members in response to this disclosure.

Handouts on a "Bill of Rights", and other handouts on the difference between aggressive, passive and assertive behaviours were offered to any woman who was interested. The "Bill of Rights" was read out loud by the facilitator and followed by the group members brainstorming about ways they could protect themselves.

Session VIII continued with the topic of anger. This was the third consecutive session devoted to this topic. The facilitator led a discussion on the handout about the three types of behaviours. The group came to an important realization that society largely determines how women and men are expected to express anger.

Rather than the originally planned agenda, Session IX explored fears that the women had experienced. There were also a couple of major interruptions by one of the group member's children, which required her to take time out from the group session to attend to her child. Everyone else remained patient

and assisted in whatever way they could. The facilitator was able to do a visualization on fears with the group after the child had settled and returned to the play room. This generated much discussion and brought about clarity and a unanimous agreement about the members' distrust of men, coupled with feelings of low self-esteem. Due to another major interruption near the end of the session by the same group member's children, it became impossible to follow through with the planned relaxation exercise. The facilitator checked with the group quickly to ensure that they were all okay with how the session ended.

Finally, Session X went according to plan, with the exception of the written exercise on two fantasies. This exercise was not necessary as the group wished to discuss the ending of the group and what the group had meant to them instead.

### **Summary**

In summary, this group intervention which was guided by feminist values and a feminist approach, proved to be an effective and powerful means of reaching the desired goals of the support group. The primary task of ensuring a "safe" and supportive place for the women, wherein they could express their feelings and emotions, as well as to learn more about the abuse in their lives was achieved, but also enabled the women to begin to examine the nature of their oppression. Another result of the impact of the intervention included the

group members' agreement that the support group was invaluable in helping them to alleviate the burden of self-blame.

A further noteworthy point regarding the group intervention, was the importance of the application of a non-authoritative structure, closed group format, as well as the voluntary nature of the support group. Group members attended the sessions because they chose to do so, and not because they were expected to attend. Flexibility on the facilitator's part was crucial as it allowed the women to actively participate and share in the development of the group. While the facilitator brought her own planned agendas for the group sessions, the awareness of the group members' needs were equally as important. The facilitator's belief in the ability of the women to give each other support and encouragement, resulted in women feeling empowered to take more charge of their lives, in addition to the creation of a positive force in the group atmosphere.

A final point to mention is that the closed group format after the third session enabled the women to form closer relationships, as they were not faced with the task of having to get to know ongoing new members.

## CHAPTER IV - EVALUATION OF THE IMPACT OF THE GROUP INTERVENTION

Much of the data that has been gathered and reported from support groups for battered women have indicated that battered women share similar experiences as a result of their battering situations (Sinclair, 1985, NiCarthy, 1986, and MacLeod, 1987). These experiences include feelings of low self-esteem, guilt, loneliness, isolation and a sense of a general lack of support in their lives.

It was initially hypothesized that a ten week support group could assist in increasing battered women's feelings of self-esteem, and as well, provide a safe environment in which they could positively enhance their perception of support from friends and their families. Other battered women's support groups have reported that "battered women were perceived as needing access to the information, protection and "peer" support found in a group setting, such factors being necessary to achieve an understanding and an end to the abuse in their lives" (Harris, 1985: 100).

### Tests Used

Measures of Perceived Social Support from Friends (PSS-Fr), Perceived Social Support of Family (PSS-Fa), and Hudson's Self-Esteem Index (SE-I) were utilized in pre and post group testing. Pre-testing was administered at the

beginning of the support group during Week 1. Post-testing was administered in a follow-up session three weeks after the group terminated.

Perceived social support refers to the potential impact that networks have on the individual. If networks provide support, information and feedback, then perceived social support can be defined as the extent to which an individual believes that his/her needs for support, information and feedback are fulfilled (Procidano, 1983:2).

The PSS-Fa's and PSS-Fr's were administered with the hope of determining whether or not the women believed that their needs for support, information and feedback were being fulfilled by family and by friends. The PSS measures are internally consistent and appear to measure valid constructs that are separate from each other and from network measures (Procidano and Heller, 1983: 1). Hudson's SE-I was utilized to measure the women's self-esteem. The SE-I has been found to have internal consistency, reliability and test-retest reliability. In addition, the SE-I is reported as having high face, concurrent, and construct validity (Hudson, 1977: 49).

With respect to group process, ongoing verbal feedback was solicited from the group members throughout all the group sessions. In addition, the members completed a written evaluation of the group, program and the facilitator during the final session of the group.

### Why Other Tests Were Eliminated

Given that the focus of this practicum project was to reflect a more qualitative approach, based upon the actual reporting of individual experiences, group development, interactions and process, more traditional evaluation methodologies were not applied. There was no plan to implement a control group and extensive quantitative testing was not done. The qualitative approach that was utilized is in keeping with a feminist model of intervention.

### Reasons Why the Particular Tests Were Chosen

The PSS-Fr, PSS-Fa and Hudson's SE-I were chosen as measurements because it was reported in the literature that low self-esteem and lack of support, i.e. networks, were found to be significant issues for women who had experienced violence. Theorists in this field suggested that the limitations due to these factors have a detrimental impact on other areas of battered women's lives (Walker, 1979, Levine, 1984, and NiCarthy, 1986). For example, it is suggested that low self-esteem and limited networks generate a sense of hopelessness, depression, fear and loneliness.

T-tests and summary recordings were used to compute and compile the data results using a sample size of five women. The whereabouts of the sixth group member was unknown from the time of the ninth session of the group onwards. Three illustrative graphs of T-test results are included in this chapter following the discussion of results.

### Limits to the Study

The first and primary limit to this study relates to the fact that the group sample size was small, not large enough to be representative. Therefore, it is not possible to generalize results from this intervention to the population of battered women in society. Furthermore, this was a pilot project only, not intended to be a comprehensive study. Also there was no control group which could be used for the purposes of comparison. A third limit to the study, which the group members themselves indicated, was that ten weeks was felt to be insufficient for the group duration and possible content. The members had suggested an extension of the sessions to fifteen. However, in this case, due to a lack of funds for childcare and other expenses, it was not possible to do so. This factor may potentially have changed the group outcome in a more favourable way, if the sessions had been increased to fifteen weeks. Possible results may have been the development of a more cohesive group, one which might have been able to move on to forming a self-help network together. Another positive supplement to the group might have been the utilization of monthly follow-up sessions for six months. The aim of these sessions would have been to maintain the gains made in the support group, though not to introduce new material (Toseland and Rivas, 1984: 337).

A further limit for this particular group was the issue of functional illiteracy. This posed a problem for three of the group members. Therefore, it is likely that the readings and worksheets utilized in the group sessions were

reasonably non-productive, thus also affecting the process and outcome of the group. Illiteracy might partly explain why the sixth member dropped out as she may have felt threatened by the written exercises and her limited ability to complete these.

A final limitation encountered was found in the PSS-Fr Questionnaire, where some of the group members expressed that the word "friend" would have been more appropriate rather than the word "friends". The women's circle of friendships were very minimal, thus they had some difficulty in responding to this particular questionnaire. Another problem regarding the same questionnaire which was pointed out by a number of the group members included the point that many of the questions should have included the word "sometimes" in the response section, instead of only having "yes", "no" and "don't know" options. However, to have made that change would have invalidated the questionnaire, therefore the group members were asked to respond as best as possible given the limitations.

### **Discussion of Results**

The attendance level of the support group members was 71% for the ten week duration. This was calculated by totalling the number of sessions each of the group members attended, as well as by totalling the number of women who attended each week. (Please see chart attached.) As the facilitator, I felt this was a fairly good turnout. A follow-up meeting with each member three

ATTENDANCE LEVEL OF SUPPORT

GROUP MEMBERS

Number of Weeks

|              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total           |
|--------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Barb         | x | x | A | x | A | A | x | x | A | A  | 5               |
| Andrea       | x | x | x | A | x | x | x | A | x | x  | 8               |
| Lucy         | - | - | x | x | A | x | x | x | A | x  | 6               |
| Marie        | - | x | A | x | x | A | x | x | x | A  | 6               |
| Mary         | x | x | A | x | x | x | x | x | A | x  | 8               |
| Sue          | - | - | x | x | x | x | x | A | x | A  | 6               |
| <b>TOTAL</b> | 3 | 4 | 3 | 5 | 4 | 4 | 6 | 4 | 3 | 3  | <u>39</u><br>55 |

Total of vertical column = 39  
 = 71%  
 Total of horizontal column = 55

weeks following termination of the group sessions revealed that all five of the group members who completed the group were managing positively with their lives. Three members were continuing their educational pursuits, one woman had moved in with her mother in order to obtain assistance in looking after her children, and to avoid her ex-boyfriend. The fifth member continued to work at her usual job, which she enjoyed.

### Overview of "Therapy" Used in the Group

The "therapy" or intervention used in this project included:

1. An all women support group. Membership was closed to new members after the third session, and was limited to six members only. The group was also voluntary in nature.
2. The facilitator employed an educational approach, focusing on personal, familial and societal influences on battered women's lives. "Talking It Out", a sharing of ideas and experiences (NiCarthy, 1987), coupled with an educational focus, were primary components of the group content. Essentially, a feminist ideology and approach was developed and used in facilitating the group.
3. Flowing from the feminist perspective, a non-authoritative structure was applied, with the group members and the facilitator sharing in the contributions to the development of the group.

4. The focus was on a safe, supportive, and strength building environment.
5. Childcare and transportation needs were attended to.
6. On-going evaluation was carried out after each session, and a formal written evaluation was solicited during the final session.

Initial information obtained from the five group members regarding previous group work revealed that four out of the five group members had been involved, or were presently involved in supportive group work, although not including a group for battered women. Such other groups included Alcoholics Anonymous, psychiatric work, a marriage encounter group and a school based support group.

### **T-Tests Results**

T-tests were used as a way of drawing inferences to the general population due to the small sample size of the group. The T-test computation was carried out on five group members only, as the sixth member dropped out following the ninth session and could not be located for the follow-up post-tests. Post-testing was administered three weeks after the termination of the sessions.

Although the t-tests results of the PSS-Fa, Pss-Fr and SE-I are discussed separately, these factors seem to interrelate in some respects. For example, self-esteem may affect friendship formation. Family support may have been

lacking in these women's lives since childhood due to an abusive environment. In turn this might then impact on self-esteem, erode levels of trust, and impact on friendships experienced as well as relationships with their families.

### **T-Test Results of Pre and Post PSS-Fr**

The t-test results of PSS-Fr were significant. In other words, there was an increased positive change in the overall group's perception of support from friend(s). (See Table I and the illustrated Graph A.) This may indicate that the group members felt supported by each other and sensed a closeness as a result of the group process. Given the similarities in experience, group members may have felt more compatible with each other as well as experienced feelings of validation and understanding with regard to their common situations.

Additionally, in view of the positive PSS-Fr results, it could be inferred that the group's goals of safety and affirmation were met at some level for the group members.

The group members' immediate friendship networks were relatively small prior to the group starting. All of the women reported that they had one person whom they referred to as a "friend". This was someone with whom the women felt they could discuss any issues and concerns, and who could provide them with support when they needed it. The improved second measure in the PSS-Fr may indicate a stronger "trust" level between group members, and the possibility of forming friendships as a result of the group process. In general,

the women reported that historically they had experienced difficulties with friendships. They thought this was related to the abusive environments they grew up in, thus resulting in a lack of trust in their world. Group members also reported a lack of friendships during their marriages. Again, this appeared to be a result of a lack of trust, coupled with a fear of repercussion from their partners if they did have a friend.

Overall, the increased scores in PSS-Fr suggested that the women felt comfortable, more trusting of each other and able to perceive each other as "friends". (Please see Table IV for individual members mean scores and brief comments on Pre and Post PSS-Fr.)

#### **T-Test Results of Pre and Post PSS-Fa**

The t-test results of pre and post PSS-Fa were not significant. (See the illustrated Graph B and Table II.) Although there was an increased change in PSS-Fa, it was only a slight change.

The women's relationships with their families had been fairly constant prior to the group and remained so following termination of the group sessions. This was not surprising and was indeed consistent with Procidano and Heller's findings that, "the perception of family support seems to be stable and less vulnerable or influenced by temporary attitudinal changes" (Procidano and Heller, 1983: 19). In other words, siblings and parents do not have the option of "making new siblings and parents", as one can do with friendships.

Furthermore, these same authors claim that individuals who have negative perceptions regarding their families are likely to withdraw from full intimate interactions with them (Procidano and Heller, 1983: 18). Therefore, those support group members who had some degree of relationship with one or more family member(s) prior to the group starting, continued to maintain this following the termination of the group sessions. For those women who lacked any relationship with family members, this pattern remained the same after the group sessions. It was interesting to note that the two women who reported a lack of some family contact, also tended to perceive less support from others in general, and therefore seemed to experience difficulties in forming friendships. This finding is consistent with Procidano and Heller who suggest that, "PSS-Fa is inversely related to several indices of psycho-pathology" (Procidano and Heller, 1983: 19). This is not to say that these two group members had any kind of mental disorder, but rather that they seemed to have been unable to develop a trusting bond with their families overall, given their abusive histories.

For the three women who maintained contact with their mother and siblings, there was an increase in contact reported, albeit not a significant increase overall. This is displayed by the graph. As reported by the five group members, none had any contact with their fathers. Either the fathers were deceased or the adult daughters were choosing not to have a relationship with him if he was alive. Of the five women, one of the members had four siblings,

three of the women had two siblings each, and the fifth member had one sibling. Again, if relationships with one or more of their siblings were perceived as negative, then continued withdrawal from full intimate interactions remained constant.

In summary, the lack of significance in the results of the t-test on the PSS-Fa suggests that the women remained relatively constant in the form and intensity of family relationships, regardless of the support group's impact. (Please see Table V for individual members mean scores and comments on Pre and Post PSS-Fa.)

#### **T-Test Results of Pre and Post SE-I**

The t-test results of the SE-I revealed an interesting picture. Two out of the five cases indicated a slight decrease in their self-perception between pre and post testing. One case indicated a noticeable drop in self-perception, and the other two cases indicated a slight increased change in self-perception. (Please see Table VI and and illustrated Graph C for individual members mean scores pre and post SE-I.)

TABLE I

PERCEIVED SOCIAL SUPPORT FROM FRIENDS

| <u>Pre Test</u> | <u>Post Test</u> |
|-----------------|------------------|
| X               | X                |
| 9.4             | 11.8             |
| (S.D. = 4.615)  | (S.D. = 4.15)    |

T = -6 p < .005

N = 5

**TABLE II**  
**PERCEIVED SOCIAL SUPPORT FROM FAMILY**

| <u>Pre Test</u> | <u>Post Test</u> |
|-----------------|------------------|
| X               | X                |
| 7.2             | 9.8              |
| (S.D. = 2.95)   | (S.D. = 4.76)    |

T = -2.23 p < .90

N = 5

**TABLE III**  
**INDEX OF SELF-ESTEEM (SE-I)**

| Pre Test      | Post Test      |
|---------------|----------------|
| X             | X              |
| 52.00         | 40.20          |
| (S.D. = 12.9) | (S.D. = 13.77) |

T = 2.16 p < .097

N = 5

**TABLE IV**

**INDIVIDUAL MEMBERS MEAN SCORES OF PSS-Fr**

| <b>Members</b> | <b>Pre</b> | <b>Post</b> | <b>X</b> |
|----------------|------------|-------------|----------|
| Mary           | 13         | 14          | 13.5     |
| Lucy           | 6          | 9           | 7.5      |
| Barb           | 3          | 6           | 4.5      |
| Marie          | 13         | 16          | 14.5     |
| Andrea         | 12         | 14          | 13.0     |

Individual Mean Scores ranged from 4.5 to 14.5

A lower number would indicate that there is a lower PSS-Fr, whereas a higher number would indicate that there is a higher PSS-Fr.

There was a positive increase in all group members PSS-Fr.

**TABLE V**  
**INDIVIDUAL MEMBERS MEAN SCORES OF PSS Fa**

| <b>Members</b> | <b>Pre</b> | <b>Post</b> | <b>X</b> |
|----------------|------------|-------------|----------|
| Mary           | 5          | 5           | 5        |
| Lucy           | 6          | 10          | 8        |
| Barb           | 5          | 5           | 5        |
| Marie          | 8          | 14          | 11       |
| Andrea         | 12         | 15          | 13.5     |

Individual mean scores ranged from 5 to 13.5.

A lower number would indicate a lower PSS-Fa by individuals, whereas a higher number would indicate a higher PSS-Fa by individuals.

Two individuals had shown no change between Pre and Post PSS-Fa, whereas the remaining three members had shown an increased positive change between the Pre and Post PSS-Fa.

It is interesting to note that the three members who showed an increase in Post PSS-Fa had a previous relationship with their families.

**TABLE VI**  
**INDIVIDUAL MEMBERS MEAN SCORES SE-I**

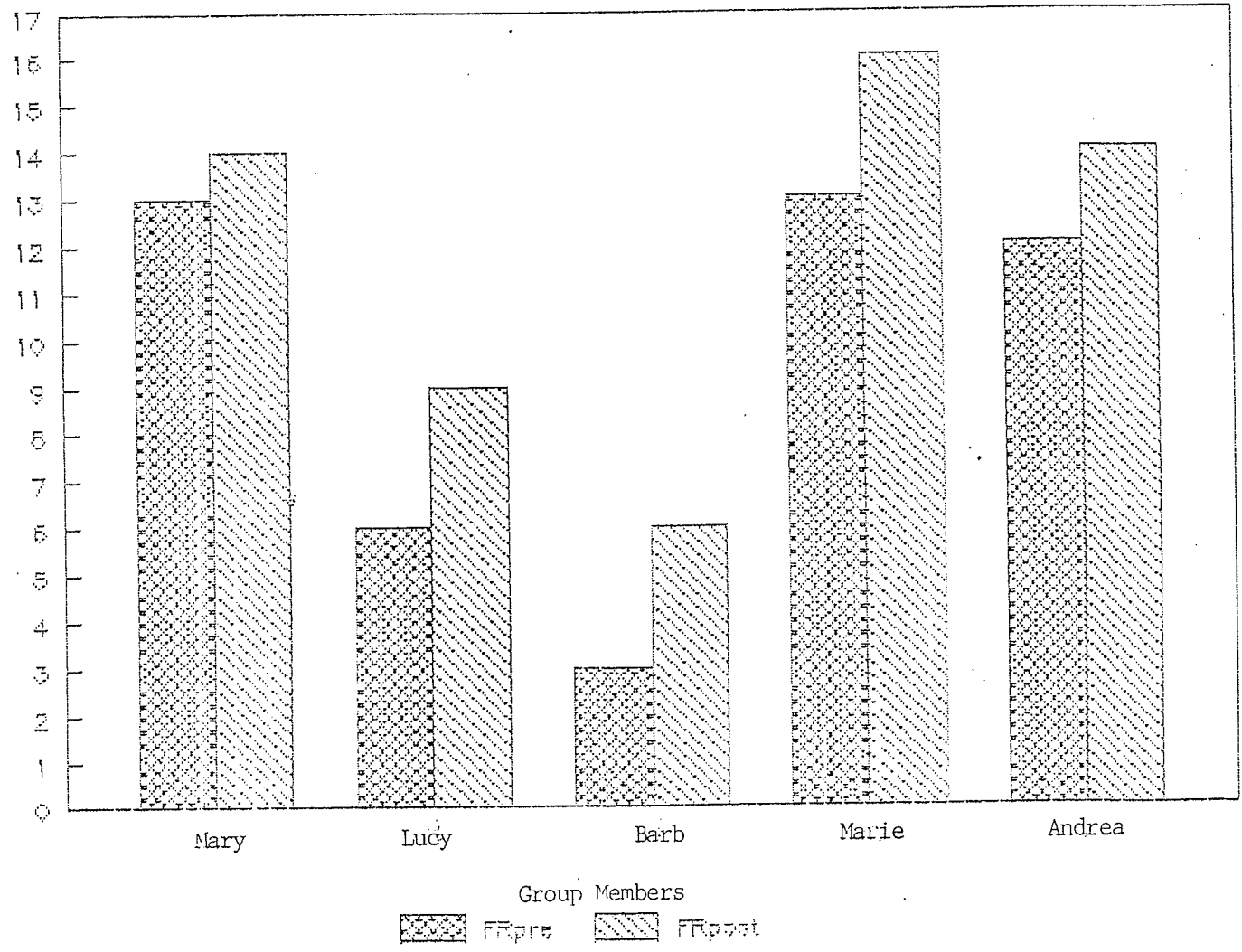
| <b>Members</b> | <b>Pre</b> | <b>Post</b> | <b>X</b> |
|----------------|------------|-------------|----------|
| Mary           | 38         | 21          | 29.5     |
| Lucy           | 53         | 58          | 55.5     |
| Barb           | 41         | 40          | 40.5     |
| Marie          | 34         | 35          | 34.5     |
| Andrea         | 48         | 47          | 47.5     |

Individual mean scores ranged from 29.5 to 55.5.

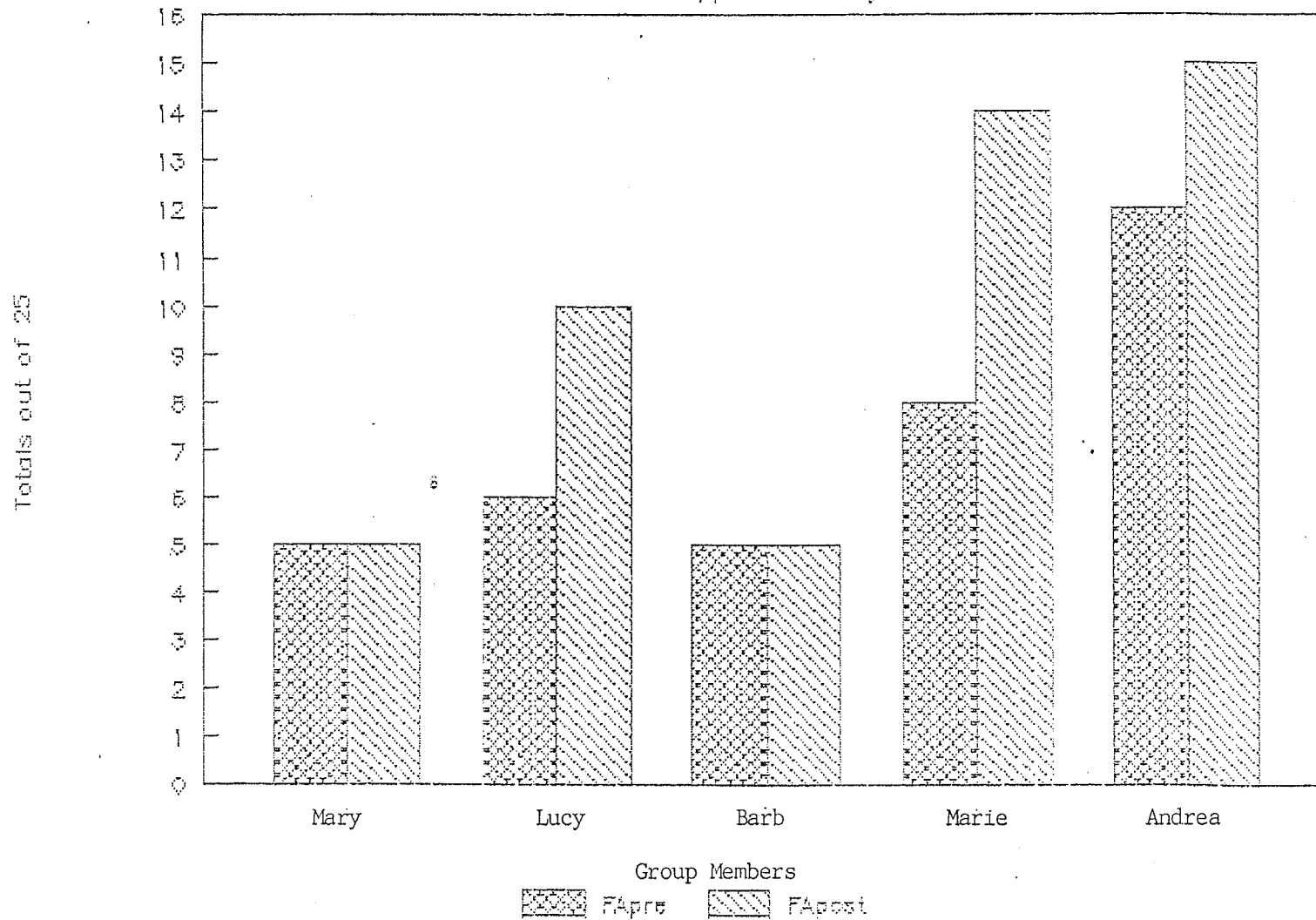
There was a slight positive increase between the Pre and Post SE-I for two group members, whereas the scores decreased between the Pre and Post SE-I for the remaining three group members.

GRAPH A  
Perceived Support - Friends

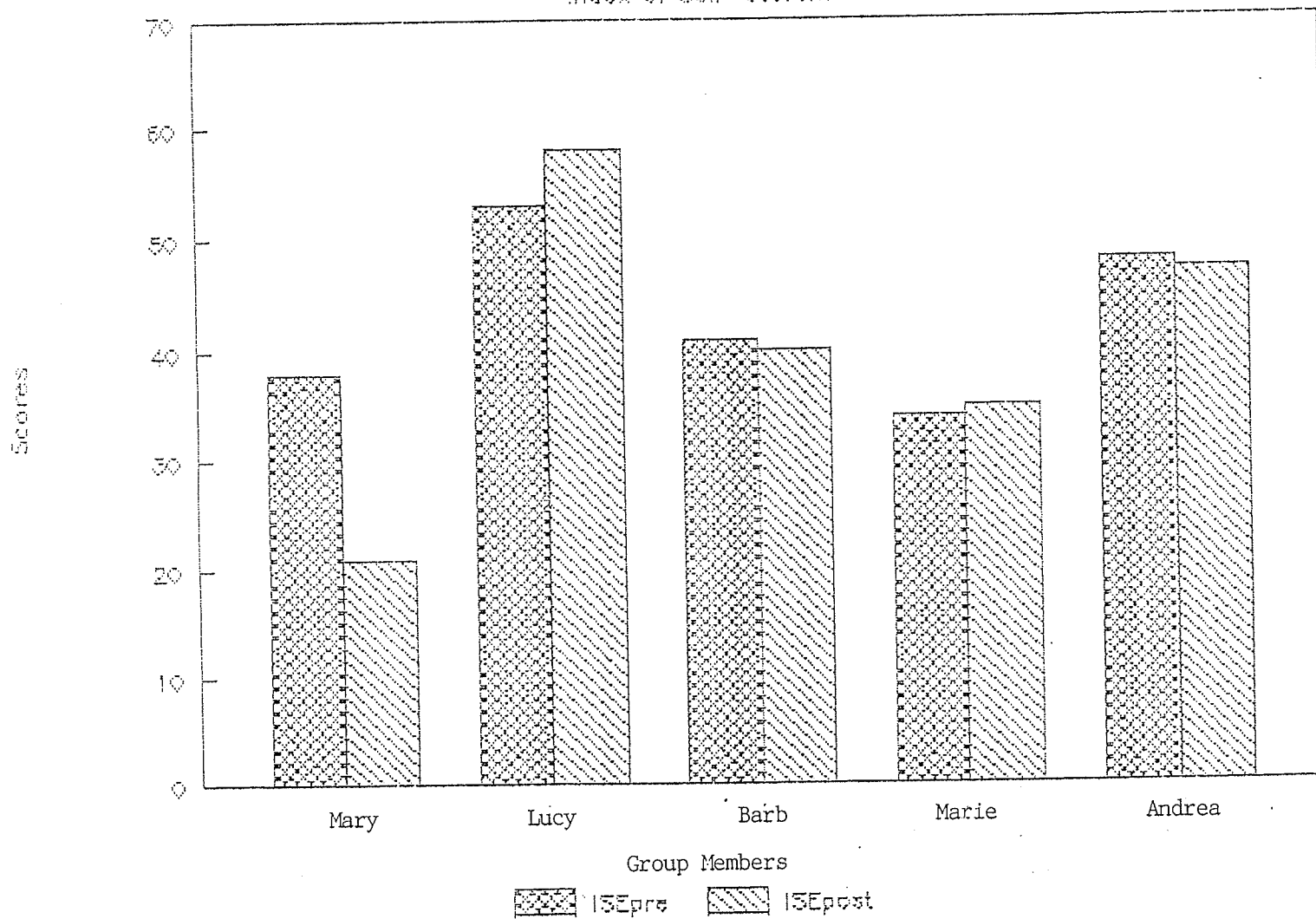
Totals out of 25



GRAPH B  
Perceived Support - Family



GRAPH C  
Index of Self-esteem



Overall, while the t-test results were not generally significant, they can suggest a number of interesting factors:

1. The women in the group may have become more aware about how they perceived themselves - relating to how the abuse has affected their sense of self-worth, thus they may be more in touch with "who they are" at the time of the post testing. In addition, it is not uncommon for a decrease in self-perception as women begin to examine the nature of how they have been oppressed.
2. The sample size was too small and not a representative one.
3. There may have been many personal differences or factors, which were probably not accounted for in the therapeutic approach. For example, illiteracy was revealed to be a problem for a couple of the support group members.
4. The intervention may not have focused sufficiently on self-esteem or strength building exercises, thereby affecting the limited change in post scores and pre scores.
5. As the post test was administered only three months following the commencement of the group sessions, the time period may have been too brief to allow for significant changes in self perception. Change is a gradual process, the integration of alternative attitudes and beliefs tends to involve a slower process of growth and change in individuals. A suggestion might be to

administer the SE-I one year later, if contact could somehow be maintained with the group members on a follow-up basis. This could be combined with a follow-up session approach. For example, one could plan six follow-up sessions at one month intervals, and then two quarterly meetings during the rest of the year after completion of the group sessions.

In summary, the findings of the Pre and Post testing of the three measures of PSS-Fr, PSS-Fa, and SE-I, suggested that these measures were useful as a means of providing an estimate of how effective the group intervention was.

The results of the Post PSS-Fr test, showed a positive significant increase for the support group members. The individual members mean scores indicated a positive increase as well. This finding suggested that the women believed that their needs for support, information and feedback were fulfilled as a result of the group process.

The post test results of the PSS-Fa were not significant for the group members. The individual mean scores indicated an increased positive change for three of the group members, while there was no change for the remaining two members. Interestingly enough, the three members who showed an increased positive change had had a previous relationship with their family prior to the support group, whereas the other two members had minimal or no contact with family members. As was noted earlier in the T-test findings

discussion, the group members' relationships with their families had remained fairly constant. This was consistent with the findings of Procidano and Heller, 1983.

The T-Test post results of the third measure, the SE-I, were not significant. The individual members' mean scores indicated a slight positive change in self-perception for two group members, whereas there was a decrease in self-perception for the other three women. This finding of decreased self-perception suggested that the women were beginning to examine the nature of how they have been oppressed, as well as developing an increased awareness regarding how they perceived themselves.

Two important factors should be underscored in this discussion of the limitations of the study. The first limit addresses the small sample size of the group. Consequently, it is not possible to generalize the results from this intervention to the population of battered women in society. The second important limit to this study of consideration is the issue of functional illiteracy of some of the group members. Unfortunately this was not discovered during the screening pre-group stage. As a result, attending to this factor may likely have contributed to a difference in the outcome of the group intervention.

## CHAPTER 5

### THE SUPPORT GROUP EVALUATION QUESTIONNAIRE

The women in the battered women's support group provided feedback throughout the ten sessions and via a questionnaire that was handed out in the final session (Appendix IV). Group members were asked to complete the questionnaire following the Check In exercise. All responses to the questionnaire were compiled and are presented verbatim.

1. What is the best time for you?

Morning, Afternoon or Evening?

Four members responded in the evening category. The fifth member responded that afternoon was best for her.

2. What is the best length for the sessions?

1 hour, 2 hours, 3 hours, 4 hours, other?

Four members responded in the 3 hour category, and the fifth member answered in the 2 hour category.

3. What is the ideal number of sessions?

5 sessions, 10 sessions, 12 sessions, 15 sessions, other?

Two members responded in the 15 sessions category, a third member felt that the 10 sessions were fine, and the last two

members responded in the "other" category, with a qualifier that said, "as many session as needed/required".

4. What is the ideal group size?

2-3 members, 4-6 members, 7-10 members, 11-13 members, other?

Three group members responded in the 4-6 members category, a fourth member in the 7-10 members category, and the fifth member responded in the other category and stated "it did not matter".

5. Question 5 included subsections a, b, c, d and e.

Question 5 was: Do you feel that you got enough of the following from the group?

The subsections a-e included such responses as: (1) Much less than expected, (2) What was expected, (3) Much more than expected, (4) Less than expected, and (5) more than expected.

The (a) subsection was on Time.

Two women responded in the (5), More than expected column, a third member responded in (1), Much less than expected category.

A fourth member responded in the (3), Much more than expected category. The fifth member responded in the (2) or, What was expected category.

The (b) subsection was on Attention.

Two members responded in the (2) What was expected category, two members in the (5) more than expected category. The fifth member rated attention in the (3), Much more than expected category.

The (c) subsection was on Understanding.

Three group members responded in the (5) More than expected category and the other two members in the (3) Much more than expected category.

The subsection (d) was on Support from Group.

Three members responded in the (3), Much more than expected category, and the other two members responded in the (5), More than expected category.

The subsection (e) was on Support from Facilitator.

Three women responded in the (3), Much more than expected category and the other two in the (5), More than expected category.

Three group members added in the Please comment of this section, the following:

"Very 'fine-tuned' to each individual and very supportive."

"The facilitator was wonderful. She made me feel so very comfortable through her patience and understanding."

"When entering a group, I tend to be nervous, not wanting to verbally relate but would show good attendance. My facilitator has made this small group expand with support never being negative, always showing a positive goal. She has taken time working one on one, group support, allowing a safe secure surrounding, as well as making it possible for a single mom to have their children cared for in a secure, safe surrounding."

6. Did you feel comfortable enough to say what you wanted to say to others in the group?

"Yes, I did."

"Yes"

"Yes"

"I felt very comfortable with the other group members. I think the most comfortable for the first time in my life."

"Yes"

7. What did you like best about the group?

"Sharing each other's problems."

"Sharing our stories."

"The honesty of each person and the support that came along with this openness."

"I felt a sense of cleansing inside when I left the group. My confidence level rose after each session."

"The support."

8. What did you like least about the group?

"Nothing"

"The video camera"

"When people did not attend."

"There was absolutely nothing I did not like."

"Having the group to end."

9. What were your expectations from the group?

Two group member did not provide a response.

The remaining three responses included:

"To know more about abuse and support and to find out that you're not alone."

"Because of all of us being abused, I could find out how to solve some of my situations from their experiences."

"To share my feelings with a group of women."

10. How close did the facilitator come to meeting your expectations of the group?

The response categories included:

1. partially
2. what was expected
3. less than expected
4. much more than expected

5. much less than expected
6. more than expected

Four members responded in the (6), more than expected category.

The fifth member chose not to respond. Two of the group members responded in the "Please Comment" section of question 10.

"The facilitator went into depth regarding topics that I was unaware of, or how to handle some situations."

"I've been in groups before and the facilitator met all of my expectations more than any other facilitator."

11. Since you started coming to the group, have you seen any change in yourself in dealing with the following?

Question 11 included subsections a-j. The response categories included for a-j were:

1. Negative change
2. Very negative change
3. No change
4. Positive change
5. Very positive change
6. Not applicable

The subsection (a) category was on Guilt.

Four group members responded in the (4), positive change category. The fifth member responded in the (5), very positive change category.

(b) Self-Respect

Four group members responded in the (4), positive change category. The fifth member responded in the (5), very positive change category.

(c) Personal Strength

Four group members responded in the (4), positive change category. The fifth member responded in the (5), very positive change category.

(d) Image of Yourself as a Woman

Three group members responded in the (4), positive change category. The other two group members responded in the (5), very positive change category.

(e) Anger

Three group members responded in the (4), positive change category. The other two group members responded in the (5), very positive change category.

(f) Loneliness

Two group members responded in the (4), positive change category. Two group members responded in the (6), not applicable category. The fifth member responded in the (5), very positive change category.

(g) Confusion

Two group members responded in the (4), positive change category. Two group members in the (6), not applicable category. The fifth group member responded in the (5), very positive change category.

(h) Decision Making

Two group members responded in the (5), very positive change category. A third group member responded in the (6), not applicable category. The fourth and fifth group members responded in the (4), positive change category.

(i) Awareness of Rights as a Person

Three group members responded in the (5), very positive change category. The fourth and fifth members responded in the (4), positive change category.

(j) Ability to Help Yourself

Three group members responded in the (5), very positive change category. The fourth and fifth members responded in the (4), positive change category.

In the final section of question 11, there was a Please Comment section.

Responses included:

"Sometimes the uncertainty and helplessness in some situations take away the positiveness that I know and feel I have."

"This group has helped me see things about myself, positive things."

"I feel this group has given me a great deal of strength."

12. Did you find the information you received from the group to be helpful?

Response categories included:

1. No help at all
2. Minimally helpful
3. Made no difference
4. Somewhat helpful
5. A great deal of help

Three group members responded in the (5), a great deal of help category. The fourth and fifth group members responded in the (4), somewhat helpful category.

In the Please Comment section, three responses were provided:

"Helped me in finding different ways of handling situations and being more rational and decisive in this by taking a more positive approach about myself."

"Very helpful. The information that the facilitator gave really helped me to understand abuse."

"I have not as yet had the time to really absorb the information received as I am a student."

13. If it is possible, would you like to continue meeting as a group:

Yes and No response categories.

All five group members responded in the "Yes" category.

If yes, please describe how you see the group running?

"The same as our group, just more time."

"I'd like the format pretty well the same as at present, but would be very interested in learning more about the different feelings, the beginnings, the why's , conclusions, and how to learn to deal with abuse, conflict, anger, etc. in a rational healthy behaviour, which would allow me to deal with others in a positive, healthy way."

"Dianne could get some feedback from other members and try and give us some information on how to continue."

14. This was the final question. I would be very interested in your suggestions and advice on how future groups should continue and any other comments you would like to make.

"Yes I would be interested in more advice."

"With a facilitator, direction and feedback from the facilitator and the members in the group. Have mini-workshops with professional people (abused people who have made it)."

"I feel very fortunate to have been a part of this group. I am saddened that the group is ending. As for future groups, I strongly feel that they should continue just like this group. I really felt a sense of comfort and belonging. Dianne really demonstrated her many wonderful qualities in running a group and made the entire group feel a sense of comfort, safety and caring. She brought out so many of our feelings that were deep inside of us. We shared some very painful, sad, funny, fearful, happy, angry moments which we all needed to do to deal with our abuse."

And lastly:

"I would like to see the participation time greatly extended as well as the number of sessions."

### **Suggestions for Running a Future Group**

As a result of my learning and observations as the facilitator of the group, I would make some suggestion as to how a facilitator might run a future group:

1. Increase group sessions to fifteen weeks.
2. Keep the group size the same - six members.

3. Increase the length of each session to three hours instead of two and a half hours. Only if the group members request this.
4. Deal with the possible issue of illiteracy at the screening pre-group stage. This should be a question raised at that time.
5. Put more emphasis on structured exercises such as: strength and self-esteem building exercises; assertiveness training; role playing; film(s) on violence directed at women; add speaker(s) who might possibly include a lawyer, other battered women survivors, an expert on relaxation techniques, a police woman, an anger management coach, etc. These strategies would enhance the goal to help members to develop confidence in their abilities and as well, to help members generalize abilities from the support group to other situations in their lives (Toseland and Rivas, 1984: 335).
6. Add a follow-up session. This session would be to ensure that "therapy" results or gains were maintained following termination of the support group sessions. For example, plan six follow-up sessions at one month intervals, and then two quarterly meetings during the rest of the year after completion of the group sessions.

Toseland and Rivas suggest advantages of providing follow-up sessions for members:

1. They review members' commitment to maintaining changes;

2. They remind members of the changes that have taken place in their lives since they began the group sessions;
3. Members can share similar experiences about the difficulties they have encountered trying to maintain changes and trying to generalize changes to new situations and new life experiences (Toseland and Rivas, 1984: 337).

Another alternative suggestion for running a future group would include meeting with members following the post testing sessions and assisting them in organizing a self-help group. The limited role here would be to provide them with ideas, suggestions and more information on how to develop this desired goal.

In summary, the written evaluation served a useful purpose in eliciting group members' response. Group members had the option of remaining anonymous in doing the evaluation questionnaire, which I hoped would assist the women in responding as they wished to respond.

The implications for group intervention in view of the members' responses, would lead me to believe the following important points:

1. Evenings was an ideal time to run a group of this kind;
2. Three hours seemed to be a suitable time for the length of each session, with a demand for fifteen sessions on the average;
3. Four to six members appeared to be the ideal group size;

4. The process and content of the group sessions appeared to meet the need of the group members in a positive manner overall;
5. The positive results overall about the group sessions encouraged the women to want to continue meeting as a group;
6. Finally, the questionnaire allowed the women to provide feedback about what other areas and topics they would be interested in learning more about.

## CHAPTER 6

### SUMMARY AND CONCLUSIONS

The experience of facilitating a battered women's support group using a feminist approach has assisted me in drawing some conclusions, which will be discussed. Hopefully these conclusions can offer a meaningful insight to a helper's perception of the therapeutic process and one's ability to assist battered women to achieve their maximum potential.

Western society's cherished cultural prescriptions of male dominance and aggressiveness tied with female subordination, have played an important message for men in using physical force as one method of expressing their "right to control" and chastise women. Women's lives are profoundly affected by the socially produced and often socially-legitimated cultural phenomenon of violence. The prevalence of battering and the complex constellation of such behaviour in many violent relationships, indicates that this is not a case of individual pathology or social aberration. Rather, the socially constructed ideology of masculinity and femininity casts men and women into "acceptable" ways of "being" and "doing". The effect of this socially-produced sex role socialization is to set-up women to be beaten, blamed, and kept in their place. The false division of emotional expression between the sexes, that is, "instrumental" male behaviour versus "expressive" female behaviour, turns out to be dysfunctional for both men and for women. Battering men tend to

interpret all their negative emotions, for example, fear, hurt, guilt and disappointment, as anger. Along with sexual desire, this is one of the few feelings that men are permitted to express (Klein, 1982: 93). For battered women, feminine standards of "expressiveness", for example, empathy, submissiveness and self-sacrifice, forces them to "buffer the blows" while nurturing their families. The problem for women is that if they fail to conform to these expected standards, they face both external opposition and internal conflict. The implications of this process are important for those working with battered women. Encouraging battered women to confidently disregard society's demands of female propriety, and to instead develop and nurture personal and collective power that is not relegated to patriarchal expectations, should be an integral part of the therapeutic goals. The debilitating effects of society's oppression of women is a core factor in women's mental health issues. Therefore, interventions developed similar to the one offered in this report, designed to help battered women gain a clearer sense of self and to challenge the fundamentals of patriarchal ideology are suggested as essential to the overall well-being of women.

The thrust in this proposed intervention was to educate women about how society not only oppresses women, but also teaches them to oppress themselves. Sex role stereotyping and gender stratification in both the public and private spheres, were discussed as these functions produce detrimental effects for women as well as reveal "a complex social structure where power,

inequality and oppression operate along socially-constructed gender lines" (Hanmer and Maynard, 1987: 12). This kind of analysis and thinking, the cornerstone of feminism, is the guiding rationale for the approach I have chosen in working with battered women.

The social system of patriarchy or the sex/gender order, underscores the social control of women. Klein observed that, "the fact common to all crimes of violence against women is that women are injured as WOMEN, as childbearers, sexual objects for men and nurturers" (Klein, 1981: 64). A feminist writer asserted that the overriding factor in violence against women is that, "male domination is the expectation that men will be gratified by women and that they will get their own way" (Schechter, 1982: 221).

An important point to be aware of as a helping professional is the area of one's own attitudes and beliefs. If the helper aligns with "society", helping professionals will continue as perpetrators for the status quo of oppression and social control. Helpers need to work collectively toward a balanced social system of change for women and men. I support that it be an essential aspect of the helper's work to include societal factors and to recognize how these societal factors may impact advantageously or negatively to erode women's well-being. To do otherwise only perpetuates the "individualization" of the problem and supports a victim blaming stance.

As the facilitator, I learned that the ten week battered women's support group process, utilizing a feminist application, proved to be an effective and

powerful means of achieving the intervention goals. My earlier outlined four personal learning goals were definitely met. They included learning how to organize a support group, learning new group skills in addition to improving on my existing skills in running a group, learning more about how to be an effective group facilitator in applying feminist principles and finally, learning a great deal from the support group members as they shared their personal experiences and provided their own ideas.

The other important area which is worth noting includes whether the intervention goals of the support group were met. The overall results of the ten week support group using a feminist application suggests that the following goals were met:

1. The goal of a safe and trusting environment was met, whereby women felt empowered to relate their individual experience to each other, as well as validating these experiences and providing peer support;
2. Another example of the group members' perception of safety was evidenced in the fifth session when one of the group members decided to disclose that she was being abused by her boyfriend. This woman had remained silent until her disclosure. The end result was that the other group members, including the facilitator, provided her with support, encouragement and guidance;

3. In addition to the above two examples, a feeling of safety was also demonstrated throughout the sessions when the group members felt comfortable enough to participate in planning for some of the weekly agendas. Furthermore, the facilitator's goal of a non-authoritarian approach was met, given the members participation in contributing their input and ideas;
4. The educational component of the intervention was reached, which focused on personal, familial and societal influences on battered women's lives;
5. The results of the sixth session of the support group indicated that the group members appeared to have experienced an increase in self-worth. Most of the women in the group reported initiating a practice of doing something positive for themselves, which did not include meeting anyone else's needs but their own;
6. As a result of the shared, identified, similar feelings of low self-esteem, depression and failure, the group members experienced feelings of empowerment and connectedness with each other. This contrasted with the members' earlier identified feeling of being the only one who carried those feelings;
7. The goal of one of the feminist principles of "voluntary" attendance was achieved in the support group. It appeared that the group members attended the sessions because they wanted

to, and they did not experience any consequences when they were absent from any of the sessions;

8. Childcare and transportation needs for the group members were fulfilled, as was stated prior to the group starting;
9. The final point to mention, that of evaluation, includes the achievement of an ongoing evaluation after each session, which was in addition to obtaining a formal written evaluation during the final group session. This process enabled the group members to have full participation in shaping their personal ideas and suggestions throughout the group process, as well as providing recommendations for running a future group.

A third important area which needs to be addressed includes the importance of the quantitative findings. In particular, the Post PSS-Fr data, both the group data and the individual scores, indicated a significant positive increase for the group members.

In view of these findings, the chosen group intervention suggested an effective and important approach for the group members. It is important to underscore the success of the impact of the support group on the members which indicated an increased perceived support of friends by each individual member. In other words, the findings encourage the benefits of the group support, which was made conducive by the safety group members had experienced.

The safety and support of the group environment also provided the opportunity for one of the group members to decide to leave an abusive relationship. This proved to be a strong demonstration of the importance of the group intervention, in addition to the importance of having a female facilitator who was identified by group members as a positive role model, who shared her own struggles as an abused victim.

The data findings on the Post PSS-Fa, served to reinforce similar research findings (Procidano and Heller, 1983). That is, group members who had a previous relationship with their family members continued to do so. In fact, the findings indicated a slight increase in PSS-Fa for these same members. Again, this may suggest a positive impact of the group intervention for these group members.

The data findings from the T-test group results of the SE-I was not significant. The individual members pre and post mean scores indicated a slight positive change for two group members, whereas there were decreased scores for the remaining three group members. Again, it is worth noting the importance of the group intervention, in particular, the educational component of the group structure as well as the group sharing, which enabled women to begin to examine the nature of their oppression. These findings were consistent with reported findings in feminist support groups:

Feminist [therapy] groups helps women to realize the ways in which they have internalized their oppression and to help them act

upon the conditions which create their oppression (HealthSharing Winter, 1982: 14).

Thus, the development of supportive relationships with other women in the group was a crucial dimension to raising women's awareness and consciousness about themselves.

Suggestions for further research into this type of group practice which might prove important could include:

1. Increase group sessions from ten sessions to ascertain whether there would be a significant statistical increase in women's PSS-Fr, PSS-Fa and SE-I.
2. Implement the group model utilizing two co-facilitators instead of one facilitator, to find out whether there would be a difference in the outcome of the group;
3. This type of group practice could be tried with women who have panic disorders, or with women with body image problems in order to test the model's efficacy;
4. Implement the model with two different groups of battered women, one group who are still in an abusive relationship, and the other group with women who have left their abusive situation within the last year. Then compare the two outcomes to ascertain what the differences may be;

5. This type of group practice could be attempted with women of the same age group or same ethnic origin, to determine whether the difference, if any, could be ascertained.

or

## APPENDIX 1

### INDEX OF SELF ESTEEM (ISE)

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well \_\_\_\_\_
2. I feel that others get along much better than I do \_\_\_\_\_
3. I feel that I am a beautiful person \_\_\_\_\_
4. When I am with other people I feel they are glad I am with them \_\_\_\_\_
5. I feel that people really like to talk with me \_\_\_\_\_
6. I feel that I am a very competent person \_\_\_\_\_
7. I think I make a good impression on others \_\_\_\_\_
8. I feel that I need more self-confidence \_\_\_\_\_
9. When I am with strangers I am very nervous \_\_\_\_\_
10. I think that I am a dull person \_\_\_\_\_
11. I feel ugly \_\_\_\_\_
12. I feel that others have more fun than I do \_\_\_\_\_
13. I feel that I bore people \_\_\_\_\_
14. I think my friends find me interesting \_\_\_\_\_
15. I think I have a good sense of humor \_\_\_\_\_
16. I feel very self-conscious when I am with strangers \_\_\_\_\_
17. I feel that if I could be more like other people I would have it made. \_\_\_\_\_
18. I feel that people have a good time when they are with me \_\_\_\_\_
19. I feel like a wallflower when I go out \_\_\_\_\_
20. I feel I get pushed around more than others \_\_\_\_\_
21. I think I am a rather nice person \_\_\_\_\_

- 22. I feel that people really like me very much
- 23. I feel that I am a likeable person
- 24. I am afraid I will appear foolish to others
- 25. My friends think very highly of me

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## APPENDIX II

### QUESTIONNAIRE #1

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

- |     |    |            |     |  |
|-----|----|------------|-----|--|
| Yes | No | Don't know | 1.  | My friends give me the moral support I need.   |
| Yes | No | Don't know | 2.  | Most other people are closer to their friends than I am.   |
| Yes | No | Don't know | 3.  | My friends enjoy hearing about what I think.   |
| Yes | No | Don't know | 4.  | Certain friends come to me when they have problems or need advice.                                 |
| Yes | No | Don't know | 5.  | I rely on my friends for emotional support.  |
| Yes | No | Don't know | 6.  | If I felt that one or more of my friends were upset with me, I'd just keep it to myself.           |
| Yes | No | Don't know | 7.  | I feel that I'm on the fringe in my circle of friends.   |
| Yes | No | Don't know | 8.  | There is a friend I could go to if I were just feeling down, without feeling funny about it later. |
| Yes | No | Don't know | 9.  | My friends and I are very open about what we think about things.                                   |
| Yes | No | Don't know | 10. | My friends are sensitive to my personal needs.   |
| Yes | No | Don't know | 11. | My friends come to me for emotional support.   |
| Yes | No | Don't know | 12. | My friends are good at helping me solve problems.  |
| Yes | No | Don't know | 13. | I have a deep sharing relationship with a number of friends.                                       |
| Yes | No | Don't know | 14. | My friends get good ideas about how to do things or make things from me.                           |

- |     |    |            |     |   |
|-----|----|------------|-----|---|
| Yes | No | Don't know | 15. | When I confide in friends, it makes me feel uncomfortable.  |
| Yes | No | Don't know | 16. | My friends seek me out for companionship.   |
| Yes | No | Don't know | 17. | I think that my friends feel that I'm good at helping them solve problems.                                  |
| Yes | No | Don't know | 18. | I don't have a relationship with a friend that is as intimate as other people's relationships with friends. |
| Yes | No | Don't know | 19. | I've recently gotten a good idea about how to do something from a friend.                                   |
| Yes | No | Don't know | 20. | I wish my friends were much different.  |

\* Taken from Prociano and Heller, 1983, pp 20-22.  
 "Measures of Perceived Social Support From Friends and From Family: Three Validation Studies." American Journal of Community Psychology, Vol. 11, No. 1, 1983.

APPENDIX III

QUESTIONNAIRE #2

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

- |     |    |            |     |  |
|-----|----|------------|-----|--|
| Yes | No | Don't know | 1.  | My family gives me the moral support I need.   |
| Yes | No | Don't know | 2.  | I get good ideas about how to do things or make things from my family.   |
| Yes | No | Don't know | 3.  | Most other people are closer to their family than I am.  |
| Yes | No | Don't know | 4.  | When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable. |
| Yes | No | Don't know | 5.  | My family enjoys hearing about what I think.   |
| Yes | No | Don't know | 6.  | Members of my family share many of my interests.   |
| Yes | No | Don't know | 7.  | Certain members of my family come to me when they have problems or need advice.                                    |
| Yes | No | Don't know | 8.  | I rely on my family for emotional support.   |
| Yes | No | Don't know | 9.  | There is a member of my family I could go to if I were most feeling down, without feeling funny about it later.    |
| Yes | No | Don't know | 10. | My family and I are very open about what we think about things.  |
| Yes | No | Don't know | 11. | My family is sensitive to my personal needs.   |
| Yes | No | Don't know | 12. | Members of my family come to me for emotional support.   |
| Yes | No | Don't know | 13. | Members of my family are good at helping me solve problems.  |

- |     |    |            |     |  |
|-----|----|------------|-----|--|
| Yes | No | Don't know | 14. | I have a deep sharing relationship with a number of members of my family.  |
| Yes | No | Don't know | 15. | Members of my family get good ideas about how to do things or make things from me.   |
| Yes | No | Don't know | 16. | When I confide in members of my family, it makes me uncomfortable.   |
| Yes | No | Don't know | 17. | Members of my family seek me out for companionship.  |
| Yes | No | Don't know | 18. | I think that my family feels that I'm good at helping them solve problems.   |
| Yes | No | Don't know | 19. | I don't have a relationship with a member of my family that is as close as other people's relationships with family members. |
| Yes | No | Don't know | 20. | I wish my family were much different.  |

\* Taken from Procidano and Heller. "Measures of Perceived Social Support From Friends and From Family: Three Validation Studies." American Journal of Community Psychology, Vol. 11, No. 1, 1983, pp. 20-22.

APPENDIX IV  
SUPPORT GROUP EVALUATION QUESTIONNAIRE

1. What is the best time for you?  
 Morning                       Afternoon                       Evening
2. What is the best length for the sessions?  
 1 hour                       2 hours                       3 hours  
 4 hours                       other \_\_\_\_\_
3. What is the ideal number of sessions?  
 5 sessions                       10 sessions                       12 sessions  
 15 sessions                       other \_\_\_\_\_
4. What is the ideal group size?  
 2-3 members                       4-6 members                       7-10 members  
 11-13 members                       other \_\_\_\_\_
5. Do you feel that you got enough of the following from the group?
  - a. Time  
 much less than expected                       less than expected  
 what was expected                       more than expected  
 much more than expected
  - b. Attention  
 much less than expected                       less than expected  
 what was expected                       more than expected  
 much more than expected
  - c. Understanding  
 much less than expected                       less than expected  
 what was expected                       more than expected  
 much more than expected
  - d. Support from Group  
 much less than expected                       less than expected  
 what was expected                       more than expected  
 much more than expected

e. Support from Facilitator

- much less than expected       less than expected  
 what was expected       more than expected  
 much more than expected

Please comment: \_\_\_\_\_  
\_\_\_\_\_

6. Did you feel comfortable enough to say what you wanted to say to others in the group?

\_\_\_\_\_  
\_\_\_\_\_

7. What did you like best about the group?

\_\_\_\_\_  
\_\_\_\_\_

8. What did you like least about the group?

\_\_\_\_\_  
\_\_\_\_\_

9. What were your expectations from the group?

\_\_\_\_\_  
\_\_\_\_\_

10. How close did the facilitator come to meeting your expectations of the group?

- partially       much more than expected  
 more than expected       what was expected  
 much less than expected       less than expected

Please comment: \_\_\_\_\_  
\_\_\_\_\_

11. Since you started coming to the group, have you seen any change in yourself in dealing with the following?

a. Guilt

- negative change       very negative change  
 no change       positive change  
 very positive change       not applicable

- b. Self-Respect
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- c. Personal Strength
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- d. Image of Yourself as a Woman
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- e. Anger
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- f. Loneliness
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- g. Confusion
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- h. Decision-Making
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |
- i. Awareness of Rights as a Person
- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |

j. Ability to Help Yourself

- |   |   |
|---|---|
| <input type="checkbox"/> negative change      | <input type="checkbox"/> very negative change |
| <input type="checkbox"/> no change            | <input type="checkbox"/> positive change      |
| <input type="checkbox"/> very positive change | <input type="checkbox"/> not applicable       |

Please comment: \_\_\_\_\_  
\_\_\_\_\_

12. Did you find the information you received from the group to be helpful?

- |   |  |
|---|--|
| <input type="checkbox"/> no help at all       | <input type="checkbox"/> minimally helpful |
| <input type="checkbox"/> made no difference   | <input type="checkbox"/> somewhat helpful  |
| <input type="checkbox"/> a great deal of help |  |

Please comment: \_\_\_\_\_  
\_\_\_\_\_

13. If it is possible would you like to continue meeting as a group?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

If yes, please describe how you see the group running? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

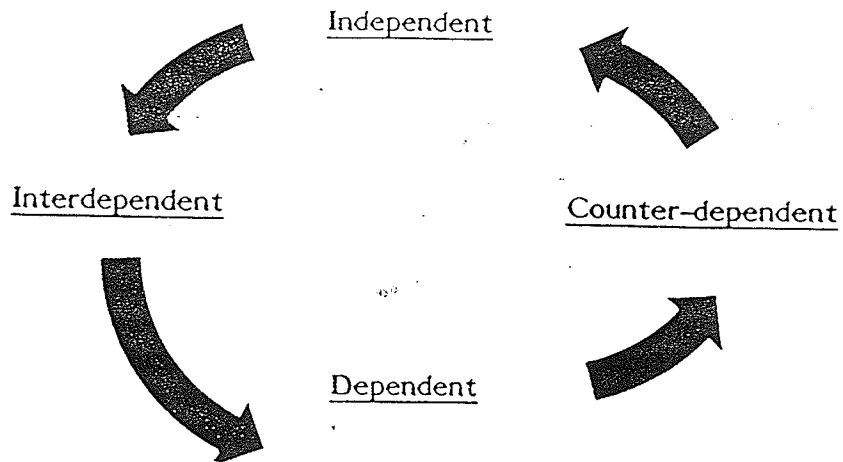
14. I would be very interested in your suggestions and advice on how future groups should continue and any other comments you would like to make?

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**T H A N K Y O U** for taking all this time!

## APPENDIX V

### DEPENDENCY CYCLE\*



Dependence is a victim position. The oppression the assaulted woman has experienced is internalized. She does not feel good about herself and believes the abuse is either deserved, her fault or a fact of life she must accept. She denies and minimizes the abuse to cope with her fear.

Counter-dependence is a stage of rebellion. She realizes that she has been oppressed. The assaulted woman still does not feel good about herself, but she now firmly believes she does not deserve abuse. She is angry! Angry at the man who has abused her and angry at society for allowing this to happen to her.

Independence is a stage where the assaulted woman is most concerned about her own needs. She has successfully stood up for herself and her self-image is improved. She now sees she has choices and opportunities. She feels good about herself and is protective of her hard won independence. If she is in a relationship, she is less concerned about working on it and more concerned about her individual goals. If she is out of her relationship, she is cautious about new commitments.

Interdependence is a position where trusting relationships are possible. The assaulted woman is now comfortable with her ability to be independent. Her self-esteem is on solid ground. She is able to consider relationships without fear, knowing that she will act to take care of herself if she is ever abused again.

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- \* Nola Symor, "The Dependency Cycle: Implications for Theory, Therapy and Social Action," Transactional Analysis Journal 7:1 (January, 1977).

## APPENDIX VI

### THE PSYCHOLOGICAL PROFILE OF THE VIOLENT MAN\*

#### Denial

Most violent men do not believe they have a problem. They tend to minimize, omit important details and even lie about the frequency and severity of the violence. Denying the violence gets him off the hook for his behaviour and thus he does not have to change himself. He also denies it in order to avoid the legal consequences of his behaviour. Denial protects him from evaluating the reality of his life.

This defense may have been developed early on in his life as a way to cope with punitive childhood experiences. It acts as a defense to ward off his depression and anxiety. The threat of her departure painfully confronts him with himself and the consequences of his violence. He becomes desperate and is often at a loss to cope. It is at the point of separation from his partner that he is most vulnerable to suicidal or homicidal behaviour. He should not be left to fend for himself. He does not know how. At this stage, he is most amenable to immediate crisis intervention. He is less well-defended, thus more open to change. A worker would be wise to reach out to him at this time.

#### Externalized Blame

Most offenders do not hold themselves responsible for their violent behaviour. They believe they are driven to it by external forces beyond their control. They have endless lists of reasons, justifications and rationalizations as to why they had to act violently. Some of the common excuses given are:

"She just wouldn't let up on me. I had to hit her to keep her quiet."

"She was giving me the silent treatment. I had to shake her out of it."

"I guess I drank too much. I didn't know what I was doing. I've really been under a lot of pressure lately. She should know not to bug me."

### **Dependency Fears**

Most violent men are terrified of losing their wives. They depend on their wives to meet all of their emotional needs. They unrealistically expect that their primary relationship will fill the emptiness in their lives. They lack empathy for their partners and are unable to see their wives' needs as separate from their own. Their often repressed fear of losing her causes them to be easily threatened by outside influences. This results in excessive jealousies and possessive, controlling behaviour. Down deep they sense they are losing her, so they cling even tighter, ironically forcing her further away.

### **Internalization of the Traditional Male Role**

He grows up believing he should be the "head of the household," that his word is the most important and that he is the ultimate authority. He often accepts this definition of men without question! He learns early on that to show emotion is a weakness. Men are supposed to be strong, in control, aggressive and successful. He believes he owns and is responsible for his wife. She is a reflection of him and he feels justified to take the necessary steps to make her comply with what he wants. To be in control means to control her and to totally dominate her life. If this cannot be accomplished by force of will, he will resort to "force of fist." The more he adheres to this rigid definition of

masculinity, the more likely he is to use force to get his own way. His children are often viewed in the same way. As many as one third of abusive husbands abuse their children as well as their wives.

### **Most Emotions are Expressed as Anger**

Most of his fears and anxieties are masked under the guise of "manly behaviour." Anger is an acceptable masculine feeling. He is unable to articulate a range of feelings. He relies on his wife to take care of all the feelings in the family. His language is limited to feeling "fine" or "furious." Words such as annoyed, frustrated, hurt, disappointed, sad and lonely are not a part of his vocabulary. He has been trained to be action- and problem-oriented rather than process-oriented. This makes him particularly vulnerable in discussions of an intimate nature, since he has little ability to express his feelings. He is easily threatened by his partner's skill at emotional expression. He copes with his inadequacy by "physically shutting her up." Although many things and people in his life make him angry, the brunt of his anger is directed at his wife. The majority of men know they would not get away with harming someone outside of the family.

### **Isolation**

For violent men, isolation from others tends to be self-imposed. He distrusts his environment and most people in it. He may appear to have many friends but the friendships are of a superficial nature. He seldom discloses anything important. He expects to solve his problems in private. Asking for help or expecting support from others (except his partner) is seen as unmanly and weak.

He is often seen as a "nice guy," but he keeps people at arm's length. The only person who really knows him is his wife. This often accounts for people's disbelief when they hear of his violence. It seems out of character from the side he has shown to the world. It is this side that women fall in love with--the Dr. Jekyll part. Mr. Hyde is reserved for private encounters with his wife. His convincing, charming manner and the fact that there are usually no witnesses to his violence makes him credible in the community.

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- \* Taken from Harris, Susan. Support Groups for Assaulted Women. In Deborah Sinclair (Ed.), "Understanding Wife Assault: A training Manual for Counsellors and Advocates." Ontario Government Bookstore, 1985, pp. 37-39.

## APPENDIX VII

### REALLY DIFFICULT TO DEAL WITH BLOCKS TO ASSERTIVENESS: ANGER\*

#### Possible Goals:

1. To maintain communication and continue an ongoing relationship with another person--express anger in an assertive way. (Doesn't mean we must be continually sympathetic and understanding and respond sweetly.) When we wish to keep the relationship intact, it is important to communicate and resolve our anger, rather than let it build up to destructive proportions. We can let others know directly how we feel and what we want, without attempting to dominate, insult or humiliate them.

2. Primary need is to explode, to alleviate tensions, or to end the relationship. In this case we may want to tell the other person off and forget the consequences. In this case, our intent is different, so we are not in a situation calling for assertive behaviour. (I would suggest, however, that in dealing with an abusive husband, even if you want to end the relationship, #1 would still be more appropriate, simply in terms of maintaining personal safety.)

#### Points to remember:

- a. Timing is important. Don't wait until you are ready to explode!
- b. Use "I" statements, not "you" statement. (i.e., "I feel angry."; "I'd like you to be on time.")

#### How Do I Handle Anger?

1. Do I usually keep quiet when I'm angry?
2. Do I usually walk away from the other person when I'm angry?
3. Do I simmer for days and then vent my anger in a big blow-up?
4. Do I appear to feel hurt when I'm actually angry?
5. Do I take out my anger on someone other than the person at whom I'm angry?
6. Do I express my anger directly and firmly, but without labelling the other person?
7. When someone else is angry with me, can I respond directly and effectively, with composure and without tears? Can I listen, try to understand their grievance?
8. Do I feel hurt, and withdraw when someone is angry with me?

#### Dealing with my own anger:

1. When I am angry with people I usually:
  - (a) am afraid to say anything directly, because I don't want to hurt their feelings.

- (b) am afraid that if I do say something, it will sound aggressive and they won't like me.
  - (c) feel O.K. about expressing what is on my mind.
  - (d) feel anxious and confused about what I want to say.
2. When I am angry with someone, I usually:
- (a) drop hints about my feelings, hoping he or she will get the message.
  - (b) tell the person in a direct way what I want, and feel O.K. about it.
  - (c) avoid the person for a while until I calm down and the anger wears off.
  - (d) blow up and tell him/her off.
  - (e) express my anger sarcastically--getting my point across with some humour or a dig.

Dealing with others' anger:

3. When someone gets angry with me I usually:
- (a) think s/he doesn't like me
  - (b) feel too scared to ask why and to try to work things out.
  - (c) feel confused and want to cry.
  - (d) think I have a right to understand why s/he is angry and to respond to it.
  - (e) immediately feel wronged.
  - (f) feel angry in return.
  - (g) feel guilty.
4. When someone gets angry at me I usually:
- (a) end up crying.
  - (b) back off.
  - (c) ask him/her to explain his/her anger further or else I respond to it in some other straightforward manner.
  - (d) get angry in return.
  - (e) apologize if I don't understand why s/he is angry.
  - (f) try to smooth it over.
  - (g) make a joke out of it and try to get him/her to forget the flareup.

\* Material taken from Support Group Running in North-West Child and Family Services Office, Winnipeg, Manitoba, 1989.

## APPENDIX VIII

### **LIVE BUT ONE DAY AT A TIME**

There are two days in every week about which we should not worry--two days which should be kept free of apprehension.

One of these days is yesterday with its mistakes and cares, its faults and blunders, its aches and pains. Yesterday has passed forever beyond our control.

All the money in the world <sup>93</sup> cannot bring back yesterday. We cannot undo a single act we performed, we cannot erase a single word we said. Yesterday is gone.

The other day we should not worry about is tomorrow, with its possible adversities, its burdens, its large promise and poor performance. Tomorrow is also beyond our immediate control.

Tomorrow's sun will rise, either in splendour or behind a mask of clouds, but it will rise. Until it does, we have no stake in tomorrow, for it is as yet unborn. This leaves only one day--today. Any man can fight the battles of just one day. It is only when you and I add the burdens of those two awful eternities--yesterday and tomorrow--that we break down. It is not the experience of today that drives us mad--it is remorse or bitterness for something which happened yesterday and the dread of what tomorrow may bring. Let us therefore, live but one day at a time.

Author Unknown

## APPENDIX IX

### FEAR VISUALIZATION

First, make yourself comfortable in your chair. Keep your feet firmly on the floor to keep grounded. Pause (short).

Close your eyes and relax. Pause (short).

If you don't feel comfortable closing your eyes, place your hands in your lap and focus your eyes on your left hand. Pause (short).

Now take a huge, deep, full, slow breath. Pause (short). As you inhale, count one to yourself. All the way in. Pause (short). Then, slowly exhale, all the way out, and count two. Pause (short). Silently, another inhale is three (pause), out is four. Pause. Keep counting and feel your breath relaxing you. Pause. Breathe in and out slowly. Pause (long).

Pause for a couple of minutes.

Take a moment now and be aware of your centre. Pause (short). How do you feel in your guts. Pause (short). That place where you feel your feelings and strengths? Pause. Become aware of that centre. Pause (long).

Now, I want you to put yourself in a safe place. Pause (short). Picture an environment real or imagined, where you can feel totally safe. Pause. Get in touch with this place. Pause (short). Explore it. Pause. What colour is the sky? Pause (short). Where is the sun? Pause (short). What is the landscape like around you? Pause (short). Any flowers? Pause. Is it rocky or flat ground? Pause (short). Is there water near you? Pause (short). What colour is the water? Pause. Put yourself in this environment. Pause (short). Where are you sitting or standing? Pause (short). What does the earth feel like? Pause (short). What does the air smell like? Pause (short). What sounds do you hear? Pause. Explore the space around you. Pause (long). Remember your space; we'll come back to it later.

Now I want you to remember times in your life that you have felt fear. Pause (short). Fear as a child. Pause (short). As an adult. Pause (short). Don't concentrate on the incident. Rather, get in touch with how you felt. Pause (short). Where in your body did you feel fear? Pause. How did your stomach feel? Pause. Your back and neck? Pause. Your arms and hands? Pause.

Now I want you to create an image of your fear. Pause (short). If you were to draw a picture of your fear, what would it look like? Pause. What shape would it take? Pause. How large is it? Pause. What colour would you use?

Pause. Does it have a smell? Pause. If you were to touch it, what would it feel like? Pause.

Now, keeping your image of your fear there, I want you to create a container. Pause. It needs to be a strong container that no one else can see through. Pause. It needs to be large enough to hold your fear. Pause. Be aware of what material your container is made of. Pause. What shape it takes. Pause. What colour it is. Pause. Does it have any locks. Pause.

Now, I want you to gather all your fear up and put it in your container. Pause. Put all of it in there where you know it will be contained, contained and safe. Pause.

Now, put your container of fear at your feet and slide it under your chair. Pause (short). Your container is open so that you can be in touch with and face your fear but you know that it is in a safe place. Pause.

Now, return to your safe space that you created earlier. Pause. Be in the environment. Pause. Feel its beauty and its safety. Pause. Know that you can return here whenever you need to. Pause. Look around at your space and feel safe. Pause. Now say goodbye to this space, and when you are ready, open your eyes and rejoin the group.

Reprinted with Permission from North-West Child and Family Services Support Group, Winnipeg, Manitoba.

APPENDIX X  
GROUND RULES

1. This group will meet regularly once a week for ten weeks.
2. Each session begins promptly at an agreed-upon time.
3. This group closes at the third session; no one may join at that time who has not attended a previous session.
4. The group is committed at the third session; each person pledges at this session to continue the entire course of the group without absence except for extreme emergency.
5. Confidentiality is required. Everything discussed in groups must be held in confidence, both within and outside the group, always. Members are not to discuss personal information shared in the sessions with anyone.
6. Priority will be given to any woman in crisis, that is, the agenda for the night will wait until we can talk about the crisis situation.
7. For the group to be effective everyone needs to be honest and as supportive as possible. No one will be forced to share but will be encouraged to do so, as appropriate for you.
8. Use the group in a way that feels comfortable for you. Some women may talk more, some women may listen more--this isn't a competition and there is no one marking you.
9. No drugs or alcohol before or during sessions.
10. Members give each other their undivided attention when one is speaking.
11. No violence.

## APPENDIX XI

### DEFINITIONS OF ABUSE\*

Battering is the use of - or the threat to use - forceful physical, sexual or psychological behaviour by a person to coerce the partner to do something that one wants or to maintain control in the relationship.

#### TYPES OF ABUSE

##### **I**     Physical Abuse - Any forceful physical behaviour

Examples include:

|       |                              |
|-------|------------------------------|
| slap  | use of weapon                |
| punch | throwing bodily              |
| kick  | wrestle                      |
| spank | restrain                     |
| pinch | pulling hair                 |
| push  | spitting                     |
| shove | throwing objects as a person |

##### **II**    Sexual Abuse - Any nonconsenting sexual act or behaviour

Examples of non consenting include:

- when she indicates no and her limit is not respected
- when she is sleeping
- when she is drunk or high
- when she is not asked
- when she is afraid to say no

Examples of sexual act or behaviour include

- degrading or sexually attacking comments like "whore"
- grabbing breast, pinching buttocks
- person exposing himself
- sexual intercourse
- oral sex or any sexual activity that the woman was forced to perform

##### **III**   Threats of Abuse - Any threats to do bodily harms to partner, children, pets or self (i.e. suicide)

Examples include: threatening to punch, hit, kick, etc.

- threat to use weapon
- threat to harm self if partner leaves
- threat to be punitive to children to get back at partner
- threat to harm pet

vague threats such as "I'm really going to let you have it

**IV Destruction to Pets or Property**

Examples include: harm to pet to punish the partner  
throwing objects around the room  
hiding, stealing or destroying partner's possessions  
tearing up partner's protection plan

**V Psychological Abuse - a type of emotional abuse that exists when there is a threat of violence and/or there has been at least one of physical or sexual violence against the partner. Emotional abuse leads to hurt and anger. Psychological abuse involves not only hurt and anger, but also fear and degradation. The object of such abuse is to render the partner emotionally helpless and insecure about her own self-worth or ability to escape further abuse.**

Examples include: continued attacks on self-esteem  
repeated harassing, interrogating or degradation  
threats other than physical (i.e. to run away with children, withhold money, have an affair)  
insults to her person  
controlling or limiting her behaviour (i.e. keeping her from using phone or seeing friends)  
forcing her to stay awake  
blaming her for everything that goes wrong  
forcing her to do degrading behaviour such as making her do or perform unwanted sexual acts

\* Material shared by another Support Group Facilitator from North-West Child and Family Services, Winnipeg.

APPENDIX XII

CONTRACT

(CLOSED GROUP)

I, \_\_\_\_\_, contract with Dianne Tai, that while in the closed group, I will attend all sessions, except in the case of emergencies (illness, etc.). That if any more than two sessions are missed, I will discuss with Dianne, whether or not I wish to continue with the group.

I will not repeat anything that is said during group sessions to anyone outside of the group meetings.

---

GROUP MEMBER

---

DIANNE TAI, FACILITATOR

---

DATE

APPENDIX XII

CONTRACT

(CLOSED GROUP)

As the group leader, I agree to:

1. Be prepared for each group session.
2. Begin and end all group sessions on time.
3. Provide refreshments and program material needed for each session.
4. Discuss the group only with my two committee members and key advisor and not outside of this group context.
5. Evaluate each group session to ensure that the group is helping all members to resolve their problems and is personally satisfying to all group members.
6. Provide members with agency and community resources, where appropriate to help them resolve their problems.

---

DATE

FACILITATOR

## APPENDIX XIII

### THE CYCLE OF VIOLENCE\*

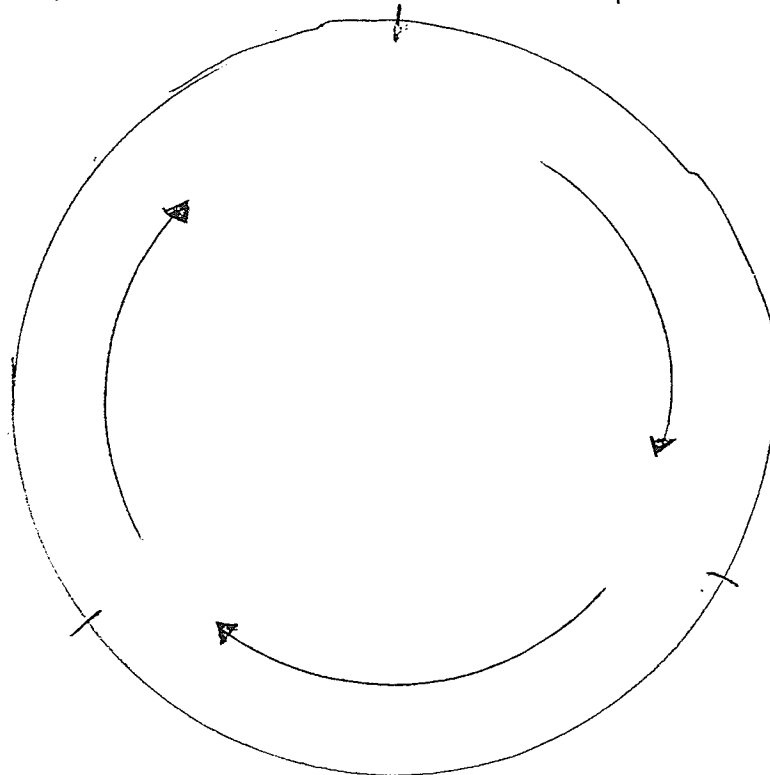
#### Phase II

##### "Acute Battering Incident"

- major destructiveness
- uncontrollable discharge of tension
- emotional collapse
- police may intervene

#### Phase III "Honeymoon"

- calm and kindness
- apologies and promises
- hope



#### Phase I "Tension Building"

- threats, verbal harassment
- minor physical abuse
- deny, minimize incidents
- tension builds

\* From The Battered Woman" by Lenore Walker, 1979. Harper and Row Publishers Inc., N.Y. p.p. 55-70.

## APPENDIX XIV

### BILL OF RIGHTS FOR ASSAULTED WOMEN\*

- I have the right not to be abused.
- I have the right to anger over past beatings.
- I have the right to change the situation.
- I have the right to freedom from fear of abuse.
- I have the right to request and expect assistance from police or social agencies.
- I have the right to share my feelings and not be isolated from others.
- I have the right to want a better role model of communication for my children.
- I have the right to be treated like an adult.
- I have the right to leave the abusive environment.
- I have the right to privacy.
- I have the right to express my own thoughts and feelings.
- I have the right to develop my individual talents and abilities.
- I have the right to legally prosecute the abusing spouse.
- I have the right not to be perfect.

\* Reprinted from: Harris, Susan, Support Groups for Assaulted Women. In Deborah Sinclair (Ed.), "Understanding Wife Assault: A Training Manual for Counsellors and Advocates." Ontario Government Bookstore, 1985.

## BIBLIOGRAPHY

### FEMINIST GROUPWORK AND COUNSELLING

Boyd, Marion. "Handbook for Advocates and Counsellors of Battered Women."

The London Battered Women's Advocacy Clinic Inc., London, Ontario,  
1985.

Greenspan, Marian. "A New Approach to Women and Therapy." McGraw-Hill

Book Company, New York, 1983.

Harris, Susan. Support Groups for Assaulted Women. In Deborah Sinclair

(Ed.), "Understanding Wife Assault: A Training Manual for Counsellors  
and Advocates." Ontario Government Bookstore, 1985.

Heriot, Jessica. The Double Bind: Healing the Split. In Joan Hanerman

Robbins and Rachel Josefowitz Siegel, (Eds.), "Women Changing  
Therapy: New Assessments, Values and Strategies in Feminist  
Therapy." Harrington Park Press, N.Y., 1985, 11-28.

Levine, Helen. "Feminist Counselling: A Look at New Possibilities." Carleton

University School of Social Work. Canadian Association of Social  
Workers Magazine, September, 1976.

Levine, Helen. "Feminist Counselling: Approach or Technique." Conference on

the Perspectives of Women in the 80's. March 22, 1984, 74-87.

- Mowbray, Carol T., Lanir, Susan, and Hulce, Marilyn. "Women and Mental Health - New Directions for Change." Harrington Park Press Inc., N.Y., 1985.
- NiCarthy, Ginny, Merriam, Karen, and Coffman, Sandra. "Talking It Out: A Guide to Groups for Abused Women." Seal Press, Seattle, Washington, 1984.
- NiCarthy, Ginny. "Getting Free: A Handbook for Women in Abusive Relationships." Revised Edition. Seal Press, Seattle, Washington, 1986.
- Pence, Ellen. "In Our Best Interest: A Process for Personal and Social Change." Minnesota Program Development Inc., 1987.
- Prozan, Charlotta Krause. "An Integration of Feminist and Psychoanalytic Theory." Women and Therapy, Vol. 6, Nos. 112, Spring/Summer, 1987.
- Shaw, Linda. "Counselling the Abused Victim." Pennsylvania Coalition Against Domestic Violence, 1985.

## REFERENCES

### FAMILY VIOLENCE

Brownmiller, Susan. "Against Our Will: Men, Women and Rape." Simon & Schuster, New York, 1975.

Chapman, Jane Roberts, and Gates, Margaret. "The Victimization of Women." Sage Publications, Inc., 1978.

Dobash, R. Emerson, and Dobash, Russell. "Violence Against Wives: A Case Against the Patriarchy." The Free Press, New York, 1979.

Flynn, Clifton P. "Relationship Violence: A model for Family Professionals." Family Relations, Vol. 36, No. 1, 1987. 295-299.

Gelles, R. No Place to Go: The Social Dynamics of Marital Violence. In M. Roy (Ed.) "Battered Women - A Psychosociological Study of Domestic Violence." Van Nostrand Reinhold, 1977.

Gelles, R. J., and Maynard, Peter E. "A Structural Family Systems Approach to Intervention in Cases of Family Violence." Family Relations, 36, No. 1, 1987, 270-275.

Hutchins, T., and Baxter, V. Battered Women. In Gottlieb, N. (Ed.), "Alternative Social Services for Women." Columbia University Press, N.Y., 1980, 179-211.

MacLeod, Linda. "Wife Battering in Canada: The Vicious Circle." The Canadian Advisory Council on the Status of Women, January, 1980.

- MacLeod, Linda. "Battered But Not Beaten...Preventing Wife Battering in Canada." Canadian Advisory Council on the Status of Women, June, 1987.
- Painter, Susan Lee, and Dutton, Don. "Patterns of Emotional Bonding in Battered Women: Traumatic Bonding." International Journal of Women's Studies, Vol. 8, No. 4, 1985, 363-375.
- Pressman, Barbara M. "Family Violence - Origins and Treatment." Children's Aid Society of the City of Guelph and the County of Wellington, 1987.
- Rothman, Erica, and Munson, Kit. "The Family Intervention Program." Women and Therapy, Vol. 6, Nos. 1/2, Spring/Summer, 1987, 211-219.
- Roy, Maria. "Battered Women - A Psychosociological Study of Domestic Violence." Van Nostrand Reinhold, N.Y., 1977.
- Roy, Maria. "The Abusive Partner: An Analysis of Domestic Battering." Van Nostrand Reinhold Co. Inc., N.Y., 1982.
- Schechter, Susan. "Women and Male Violence: The Visions and Struggles of the Battered Women's Movement." South End Press, Boston, 1982.
- Sinclair, Deborah. "Understanding Wife Assault: A Training Manual for Counsellors and Advocates." Ontario Government Bookstore, 1985.
- Steinmetz, Suzanne, and Straus, Murray. "Violence in the Family." Harper and Row, New York, 1974.
- Straus, Murray. A Sociological Perspective on the Prevention and Treatment of Wifebeating. In M. Roy (Ed.) "Battered Women - A Psychosociological Study of Domestic Violence." Van Nostrand Reinhold, N.Y., 1977.

Strauss, M. A., Gelles, Richard, and Steinmetz, Suzanne K. "Behind Closed Doors: Violence in the American Family." Doubleday, Anchor Press, Garden City, N.Y., 1980.

Walker, Lenore. "The Battered Woman" Harper and Row, Publishers Inc., N.Y., 1979.

Walker, L. E., Treatment Alternatives for Battered Women. In Chapman, J., and Gates, M. (Eds.), "The Victimization of Women." Sage Publications, Beverley Hills, 1978.

#### **LOSS AND GRIEF**

Kubler-Ross, Elizabeth. "On Death and Dying." MacMillan Publishing Co., Inc., N.Y., 1969.

## REFERENCES

### FEMINIST RESEARCH

- Adams, David. Treatment Models of Men Who Batter. A Profeminist Analysis in Yllo, Kersti, and Bograd, Michele, (Eds.) "Feminist Perspectives on Wife Abuse." Sage Publications, Inc., 1988, 176-199.
- Chesler, Phyllis. "Women & Madness." Avon Books, New York, 1972
- Edwards, Anne. Male Violence in Feminist Theory: An Analysis of the Changing Conceptions of Sex/Gender Violence and Male Dominance. In Jalna Hanmer and Mary Maynard (Eds.) "Women, Violence and Social Control." Humanities Press, International Inc., Atlantic Highlands, N.J., 1987.
- Eichler, Margrit. "The Double Standard." St. Martins's Press, N.Y., 1980.
- Eichler, Margrit. "Nonsexist Research Methods: A Practical Guide." Allen and Unwin, Inc., Winchester, Ma., 1988.
- Hanmer, Jalna, and Maynard, Mary. "Women, Violence and Social Control." Humanities Press International Inc., Atlantic Highlands, N.J., 1987.
- Klein, Doris. The Dark Side of Marriage: Battered Wives and the Domination of Women. In Nicole Hahn Rafter and Elizabeth Anne Stanko (Eds.) "Judge, Lawyer, Victim, Thief, Women, Gender, Roles and Criminal Justice." Northeastern University Press, Boston, 1982, 83-104.

- Klein, Renate Duelli. How to do what we want to do: Thoughts about feminist methodology. In Gloria Bowles and Renate Duelli Klein (Eds), "Theories of Women's Studies." Routledge and Kegan Paul, Boston, 1983. 88-103.
- Loewenstein, Sophia Freud. A Feminist Perspective in Rosenblatt, A., & Waldfogel, D. (Eds.), "Handbook of Clinical Social Work." Jossey Bass Publishing Co., San Francisco, 1983.
- Mies, Maria. Toward a Methodology for Feminist Research. In Gloria Bowles and Renate Duelli Klein (Eds.), "Theories of Women's Studies." Routledge and Kegan Paul, Boston, 1983, 117-139.
- O'Brien, Mary. Feminist Theory and Dialectical Logic. In Nanneri O. Keohane, Michele Z. Rosaldo, and Barbara C. Gelpi, (Eds.), "Feminist Theory: A Critique of Ideology." The University of Chicago Press, Ltd., Chicago, 1982, 99-112.
- Pagelow, Mildred Paley. "Women - Battering: Victims and their Experience." Sage Publications, Beverley Hills, Ca., 1981, p. 47.
- Pierson, Ruth, and Prentice, Alison. Feminism and the Writing and Teaching of History. In Geraldine Finn and Amgela Miles (Eds.), "Feminism in Canada: From Pressure to Politics." Black Rose Books Ltd., 1982, 103-118.
- Robbins, Joan Hamerman, and Siegel, Rachel Josefowitz. "Women Changing Therapy: New Assessments, Values & Strategies in Feminist Therapy." Harrington Park Press, Inc., 1983.

- Spender, Dale. *The Gatekeeping: A Feminist Critique of Academic Publishing*.  
In Helen Roberts, (Ed.), "Doing Feminist Research." Routledge and  
Kegan Paul, London, 1981, 186-202.
- Stanko, Elizabeth A., *Fear of Crime and the Myth of the Safe Home: A  
Feminist Critique of Criminology*. In Yllo, Kersti & Bograd, Michele,  
(Eds.). "Feminist Perspectives on Wife Abuse." Sage Publications, Inc.,  
1988, 75-89.
- Tavris, Carol. "Anger: The Misunderstood Emotion." Simon and Shuster, Inc.,  
N.Y., 1982.
- Taylor, Imogen. *For Better or For Worse: Caring and the Abused Wife*. In  
Carol Baines, Patricia Evans and Sheila Neysmith, (Eds.), "Women's  
Caring: Feminist Perspectives on Social Welfare." McClelland & Stewart  
Inc., 1991, 204-233.
- Yllo, Kersti, and Bograd, Michele. "Feminist Perspectives on Wife Abuse."  
Sage Publications, Inc., 1988.
- Roberts, Helen. "Doing Feminist Research." Routledge & Kegan Paul, England,  
1981.
- Stanley, Liz, and Sue Wife. "Breaking Out: Feminist Consciousness and  
Feminist Research." Routledge and Kegan Paul, London, 1983.
- Rich, A. "Compulsory heterosexuality and lesbian experience." *Signs, Journal  
of Women in Culture and Society*, 1980, 5,4, 631-660.

## GROUP WORK

Preire, Paulo. "Pedagogy of the Oppressed." Herder and Herder, N.Y., 1970.

Procidano, Mary E., and Heller, Kenneth. "Measures of Perceived Social Support From Friends and From Family: Three Validation Studies." American Journal of Community Psychology, Vol. 11, No. 1, 1983.

Toseland, Ronald W., and Rivas, Robert F. "An Introduction to Group Work Practice." MacMillan Publishing Co., N.Y., 1984.

Wickham, Edcil, and Cowan, Barbara. "Group Treatment: An Integration of Theory and Practice." Faculty of Social Work, Wilfred Laurier University, 1986.

## REFERENCES

### STATISTICAL REPORTS ON VIOLENCE AGAINST WOMEN

Manitoba Family Services Pamphlet, February, 1990.

"Winnipeg Census Data: Insights and Trends." Social Planning Council of  
Winnipeg. Comparing Census '81 to '86., 1986.

Winnipeg Police Statistical Report, 1989.

### EVALUATION

Babbie, Earl. "The Practice of Social Research." Wadsworth Publishing Co.  
Inc., Ca., 1986.

Beck, Aaron T., Rush, A., Shaw, B., and Emery, G. "Cognitive Therapy of  
Depression." Guildford Press, New York, 1979.

Bloom, Martin, Fischer, Joel. "Evaluation Practice: Guidelines for the  
Accountable Professional." Prentice-Hall Inc., Englewood Cliffs, New  
Jersey, 1982.

Caplan, G. "Support Systems and Community Mental Health." Behavioral  
Publications, New York, 1974

CHILD WELFARE

McKenzie, Brad, Penner, Addie, and Kristjanson, Kathy. "Child and Family Services of Central Winnipeg: An Agency Profile." School of Social Work, University of Manitoba, July, 1988.

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