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Couple Assessment: Identifying and Intervening in Domestic Violence in Lesbian Relationships

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SUMMARY. This paper examines the three paradigms that intersect when working with lesbian couples affected by domestic violence. The intersection of these three paradigms—family systems theory, lesbian and gay affirmative therapy, and the feminist analysis of domestic violence—creates a dilemma for lesbian therapists working in rural areas or small cities. Without the support of domestic violence services developed for or within the lesbian community, or a lesbian/gay community committed to acknowledging domestic violence, the lesbian affirmative therapist must balance the needs of the lesbian client with the feminist analysis of violence. This article outlines strategies that protect abused lesbians, without prematurely sacrificing the lesbian couple's relationship. [Article copies available from *The Haworth Document Delivery Service*: 1-800-342-9678.]

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Domestic violence in lesbian partnerships has become an issue of increasing public awareness in both the domestic violence movement and the gay and lesbian press in recent years. The focus of research and political activism has been to bring attention to the high incidence of abuse in lesbian and gay relationships. However, there has been a dearth of information on how to clinically address the needs of gays and lesbians who are involved in relationships that are actively violent and abusive.

This paper represents a beginning attempt to develop clinical assessment tools to recognize abusive dynamics and strategies and to interrupt them. It is especially important that as therapists we examine our assessment and intervention tools since, as Claire Renzetti (1992) has pointed out from her research on lesbian battering, over half of her participants sought help from a counselor. Although the focus of this paper is on lesbian couples, I believe that many of the ideas I am presenting will be applicable to gay male relationships and perhaps heterosexual relationships as well. It is also important to bear in mind that some women in lesbian relationships are bisexually identified, which can be a source of conflict between women.

THREE TREATMENT PARADIGMS

Treating lesbian and gay domestic violence demands the alliance of at least three different theoretical paradigms. The first is the feminist sociopolitical analysis of patriarchal violence, which is the foundation of the domestic violence movement.

The current movement against lesbian battering has been built on the experiences of the (heterosexual) battered women's movement, and interventions have been geared towards assisting lesbians who are currently being battered to leave abusive relationships. An effective political campaign created by lesbians within the domestic violence movement has addressed homophobia in the shelters through community education (Geraci, 1986; Porat, 1986). Consequently, in some larger cities, lesbians seeking shelter from violence have not only been believed, but have been able to receive sufficient community support in the form of concrete services. Services for gay male victims are being developed following a similar model of

ending abusive relationships and receiving support usually through group work (Island & Letellier, 1991). Despite the raised consciousness of the domestic violence community regarding the needs of lesbians and gay men, shelters, especially in smaller cities, are already functioning on less than adequate financial resources and, consequently, are often unable to incorporate the special needs of battered lesbians (or men, homosexual or heterosexual) into their already overburdened system.

Batterers programs have been receiving increased attention in the domestic violence literature, often at the expense of services for victims (Davis, 1987). Questions, however, remain about the efficacy of batterers services. Rarely, if ever, are these services geared towards, or appropriate for, lesbian batterers.

This current treatment milieu is predicated on the separation of victim from perpetrator. This system was developed with the primary aims of protecting and empowering the battered woman. As long as the battered woman is under the control of her batterer, she is not able to speak freely about her experience and, furthermore, is in potential danger that afterwards the batterer will further victimize her for the information she shared in front of a third party. Family therapist Daniel Willback (1989) has said that "when a potentially actively violent abuser and the abused person are in the same family, family therapy may be generally contraindicated" (p. 50). Barbara Pressman (1989), also a family therapist, echoes this, agreeing that "the primary consideration in working with abused women is their safety" (p. 32).

The second paradigm that interfaces here is the development of lesbian and gay affirmative therapy. This approach assumes that homosexuality and homosexual relationships are normal and healthy lifestyles. Lesbian and gay affirmative therapy has developed in direct reaction to a homophobic social service system that has ignored, trivialized and, at its worst, blatantly mistreated lesbians and gay men. At its best, the social service system still remains ignorant of the life issues facing lesbian, gay and bisexual people. (For discussions of lesbian and gay affirmative therapy, see Boston Lesbian Psychologies Collective, 1987; Gonsiorek, 1985; Silverstein, 1991).

The third paradigm, family systems therapy, has also been essential to the development of lesbian and gay affirmative counseling. In order to effectively work with lesbian couples, a therapist must recognize the various systems that are interconnected, including the family of origin, the family of choice, the extended friendship network, and the lesbian community context that has birthed and nurtured an environment in which lesbian couples can create families. (This is not to deny the historical and cross-cultural existence of lesbians and lesbian families, or to ignore lesbians who are only minimally connected to the lesbian community. However, the role of the feminist, and gay and lesbian civil rights movements in identity development for lesbians, and lesbian families, cannot be overemphasized.) As part of affirming lesbian identity, it is appropriate to acknowledge couple commitments and the bonds of families of choice that are not recognized legally, and often not honored socially. Lesbian family therapy insists that we treat lesbians within the context of their families and communities.

A number of difficulties are immediately apparent at the intersection of these three paradigms.

First, the intervention strategies borrowed from the feminist domestic violence movement assume the existence of a politically active lesbian and gay community committed to ending abuse and the support of a domestic violence community committed to ending homophobia. Outside of large cities, there are few alternatives to the homophobic service system, and rarely are there specialized domestic violence services that are sensitive to lesbian and gay issues. Therapists working with lesbians and gay men in small cities and rural areas need effective assessment and intervention techniques that do not assume the availability of shelters, services for batterers, and safe home networks. Even the development of empowerment groups requires a certain number of willing participants. Although in large cities these conditions typically exist, the majority of battered lesbians and gay men do not have access to these supportive services.

The second difficulty that arises is the dual role of a lesbian affirmative therapist. Working within a homophobic system, lesbian affirmative therapists must be aware of the possibility that other agencies are minimizing the impact of domestic violence between

women, and/or are minimizing the functional potential of lesbian partnerships. The lesbian affirmative therapist working with battered lesbians is often placed in the conflicting role of supporting lesbian families in an often hostile and homophobic environment on one hand, and intervening in dysfunctional, abusive, and fused relationships on the other.

In one case, for example, I had spent many months in an inpatient addiction agency developing a gay affirmative program and training the staff to respect lesbian families. A lesbian was completing the program and returning to the rural farm where she lived with her violently abusive lover. Although she had arrived in treatment with bruises and expressed terror about the prospect of returning home, her case manager was unable to honestly examine the violence because he wanted to appear supportive of the lesbian relationship.

Lesbians entering therapy are desperate to have their relationships recognized as legitimate. To attempt to prematurely sever that couple bond by suggesting separate treatment, especially when that treatment does not even exist, can instead prematurely sever the therapeutic bond, leaving the violent relationship intact.

In another case, a lesbian couple presented with obvious signs of battering. As soon as I was able to detect any sign of violence, I immediately recommended separate treatment. The batterer became so jealous and enraged about what she imagined her lover was saying in individual therapy that she abruptly ended therapy, deciding instead that "they" would do couple counseling with a heterosexual male psychiatrist.

However well-intentioned the clinical resistance to "couple counseling," an issue I will address next, sometimes battered women request conjoint services and to refuse, no matter how clinically or politically correct, means the client will probably go elsewhere, and elsewhere will often mean a therapist ignorant of battering issues.

The third difficulty, and by far the most complicated, has been the sexist denial of violence and power and control dynamics that has been endemic in the family systems field. Although this issue deserves far more attention than I have the space for in this article, many feminist family therapists have been addressing these issues for the past 10 years (Bagarozzi & Giddings, 1983; Bograd, 1984;

Goldner, 1992; Goldner, Penn, Sheinberg, & Walker, 1990; Margolin, 1982; Margolin, Fernandez, Talovic, & Onorato, 1983; Willback, 1989). In the past, family therapists have viewed both partners as participants in the violence which served a homeostatic function. MacKinnon and Miller (1987) criticize this "notion of reciprocity . . . [which] . . . implies that participants are not only mutually, but *equally*, involved in maintaining the interaction . . . , creating a reality in which all family members appear to be equally responsible" (p. 144, author's emphasis). This argument against mutual responsibility has resounded throughout the feminist domestic violence literature. For example:

Feminism challenges most family therapists' idea that in a circular world people are reciprocally powerful and helpless, with no one carrying more weight than another. It raises the question of whether a therapist can really be neutral about power. (Bepko, 1985, p. 47)

This lack of understanding of the dynamics of domestic violence among family therapists, and their disrespect for the actual danger battered women face, has fractionalized domestic violence treatment, making even the suggestion of "couple counseling" anathema. Couple therapy is deemed far too dangerous for battered women. For instance, Schechter (1987) states:

Couples therapy is an inappropriate intervention that further endangers the woman. It encourages the abuser to blame the victim by examining her "role" in his problem. By seeing the couple, the therapist erroneously suggests that the partner, too, is responsible for the abuser's behavior. Many women have been beaten brutally following couple counseling sessions in which they disclosed violence or coercion. The abuser alone must take responsibility for the assaults. (p. 16)

Although this position was initially held by feminists working in the domestic violence movement in opposition to family therapists, many feminist family therapists are now developing systemic strategies that do not blame the victim for her abuse and do hold the abuser completely accountable for his behavior. According to Goldner (1992):

. . . both traditions have been deeply compromised by their oppositional relationship to one another. Ideas that could inform and transform one another, creating a morally and psychologically complex paradigm, have instead been set against one another, creating unworkable choices between politically correct dogmas and morally timid evasions. (p. 60)

This polarization has also taken place in the lesbian battering movement. The lesbian domestic violence movement has always denounced the idea of "mutual battering" because it has been determined that one partner always wields considerably more power and control and, when battered women are violent, it is their attempt at self-defense (Hammond, 1986; Renzetti, 1992). The inherent power imbalance between abuser and victim changes the meaning of a violent act. Consequently, the proscription against "couple counseling" has been maintained in the lesbian and gay domestic violence movement.

ASSESSMENT

As a lesbian, and a feminist family therapist specializing in domestic violence, I have often felt myself torn by these opposing paradigms. I know it is inappropriate and dangerous to work with a battered woman with her batterer present, but I also know that lesbians have strong familial bonds to one another that they have created within a hostile and homophobic culture. Prematurely suggesting separation often tightens their protection of the relationship.

It is, of course, always my primary goal in working with battered women to ensure their safety. I have discovered over time, however, that insisting on separating battered women from their partners is not always the best way to ensure their safety. As Jay Haley and Chloe Madanes (1992) have noted, the couple does live together and whatever treatment modality I choose, most of their relationship takes place outside of my office. Pressman (1989) has suggested the following guidelines for couple treatment:

When a man [sic] has taken responsibility for his violent behavior; when a woman has a restored sense of her own worth

and believes in her right to assert her views; when the violence has ended; when a woman no longer fears her partner; and when both the husband and wife agree to couple counselling, then couple work can begin. (p. 33)

I agree with these guidelines, but I would add to them that couples can, and indeed should, be seen together for the purposes of assessment. As Bagarozzi and Giddings (1983) propose, it may be necessary to utilize couple counseling to "gain entrance into the couple system, to overcome initial resistances and to keep the violent spouse from prematurely terminating" (p. 10).

In the domestic violence movement, the concern legitimately has been protecting abused women. When the reality that women were beating and raping other women began to get some attention in the lesbian and gay media, there was a shocked silence, followed by an outcry that it was not true. As much as we may want to deny that lesbian battering exists in lesbian relationships, or in our communities, and as righteously angry as we may be at batterers, we, as feminists, cannot dismiss woman batterers as easily as we did male batterers. As Madanes (1990, p. xiv) says, "In a family there is always the victim and the victimizer, the good and the evil, the joyful and the pathetic. The therapist is an accomplice to all and loyal to all." This, too, is true for the lesbian family. Of course, there are times when our advocacy for a battered partner must take "precedence over the goals of the family as a system" (Margolin, 1982, p. 790). However, we also must accept our loyalty to the humanity of the abusive partner. Both lives are of value. It is one thing for a survivor to insist that her batterer is "incurable"—understandable, and perhaps essential to her healing; it is quite another thing for therapists to bring this assumption into the treatment milieu.

The assessment process is essential because it is rare for a lesbian, or a lesbian couple, to come into therapy requesting treatment for domestic violence. Women often present wanting treatment for "relationship problems" or difficulties with depression, anxiety, or substance abuse. It becomes the therapist's job to determine if domestic violence is a problem. Even when women are able to name

violence as a problem, this does not mean that they see it through the same political or clinical screen that the therapist does.

In heterosexual domestic violence, due to the nature of sexism and male dominance, it is easy to identify the power and control issues along gender lines, i.e., men have the power to control and women are victimized by their physically, economically, and sexually lower social position. In lesbian partnerships it is more difficult to determine the power roles, since they are not ascribed according to gender (Hammond, 1989; Renzetti, 1992). Hammond (1989) points out:

When a lesbian requests services, there is no simple way to know that she is, indeed, the victim. In fact, because of the detrimental effects of emotional abuse, the battered lesbian often perceives herself as the one in the wrong, the one who has provoked or caused the abuse by her misbehavior. Lesbian batterers have been known to contact shelters seeking a place to stay, and identify themselves as victims. In cases in which there has been mutual verbal or physical abuse, shelter or advocacy staff may feel ill-prepared to assess which partner is "most eligible" for services. (p. 96)

The assumption is often that the batterers are identifying as victims in order to manipulate both the battered woman and the shelter staff. It is my belief that the batterer actually does *feel* victimized in many cases. It is only by understanding her perception that we can assist her in seeing the reality of her behavior.

Many lesbian couples who are able to recognize the violence in their relationship as violence define this violence as mutual battering. It is easy to see how this could be psychologically easier to accept than the reality of victimization, and it is also easy to imagine that the batterer would be invested in maintaining this illusion.

In communities where lesbian battering is being discussed, accusations of domestic violence can be used to scapegoat women, or as excuses to end dissatisfactory relationships. In one case, for instance, a lesbian who is a domestic violence shelter worker accused her lover of abusive behavior. When we explored this in therapy she was, in reality, ashamed that her own behavior might be abusive. The words battering and abuse, like the word addiction,

can be overused, and become weapons that we hurl at each other whenever we do not like someone's behavior.

It is not always so complicated—sometimes one partner is clearly physically or psychologically abusive towards her lover, and the other partner is clearly frightened and protective. This is visible in watching body language and listening for verbal responses. Some useful questions to think about are: Does one woman always defer to the other? Does she change her opinion, or change the subject, after witnessing her partner's response? Are there bruises? Is one partner in control of the money, the car, or the children? Do they avoid eye contact or sit too close together? The therapist will need to be attuned to different signals depending on the stage of the violent cycle in which the couple currently is, and the severity of the violence (Douglas, 1991; Taylor, 1984).

As a therapist in private practice, I am ultimately left with the woman, or the couple, sitting in my office describing the dynamics of their relationship from their own perspective. They rarely talk about power and control issues, or use words like violence and abuse, and certainly do not fit into my neatly defined political definitions. My work ultimately demands that I go back to rule number one of social work: start where the client is. For example, Marie first came to see me because her lover, Pam, had asked her to go into counseling to address her frequent angry outbursts. Marie was clearly volatile and opinionated; she described furious fits of yelling, cursing, and throwing things and was ashamed that her lover was afraid of her. Marie was able to examine her behavior with insight, including her marijuana abuse, but the more she was able to control her own abusive behavior, the more depressed she became. When I invited Pam in for a couple session, she arrived in my office loud and furious. She walked up to me, her face inches from mine, her index finger poking me in the chest demanding that I "fix" Marie, and insisting that everything in the relationship was Marie's fault, and that if I couldn't fix Marie, then she would. Pam was unable to take any responsibility for any of the dynamics of the relationship, nor was she able to allow me to complete a sentence. She yelled and screamed loudly, giving me a detailed outline of Marie's "treatment plan," and finally, in frustration, walked out of

my office, slamming the door behind her. Marie remained curled in a ball on my couch, rocking in silence.

When I asked Marie to invite Pam into counseling, I knew I was breaking the sacred rule of domestic violence work by potentially exposing Pam to increased violence, but I somehow felt that I was not seeing a full picture. It is clear that although Marie's behavior was often violent, much of this was in reaction to living with a woman who was extremely abusive and who was degrading her. Marie often reacted to Pam's controlling behavior with angry outbursts. It took Marie many months of therapy to even acknowledge that there was anything unacceptable about Pam's behavior; for eight years she had been manipulated into seeing Pam's violence as her fault. Without an opportunity to meet Pam and assess their dynamics as a couple, the reality of the power and control issues never would have emerged.

Another case also illustrates this point. When Sue first came into my office, she was furious at her lover, Jane, for refusing to make love to her. It was not difficult to identify Sue's behavior as classically abusive; she admitted to physical, verbal, and sexual violence readily, without any remorse or embarrassment. She saw these as appropriate ways to treat her partner. Jane was not allowed to leave the house without permission, and certainly would not be allowed to see me without Sue being present. Even this took many months to arrange. She was a surprisingly articulate woman, who was easily able to describe her situation and was not at all surprised to hear it defined as abusive. In my presence, Sue was quiet and respectful, and for the first time began to exhibit remorse. When I shared my concern with Jane that working with the two of them together might endanger her further, she laughed. "I live in potential danger all the time," she said. "I love her and I'm not leaving. If your presence can keep her this mellow, then I'm coming back, whether she likes it or not!" In front of Sue I was able to give Jane resources for a local shelter, set up guidelines for safety, and tell Sue some potential legal and criminal consequences for her violence. After a few "couple sessions," I was able to convince both partners to work individually with me, and to continue to work occasionally as a couple.

In this example, again breaking all the rules of domestic violence counseling, my presence was able to serve as a "conscience" or

“superego” for Sue. Somehow she was unable to treat Jane abusively in front of me; I became the witness for her to see truly her own behavior. She later said that as she began to act in abusive ways, she could feel my presence in the room, and would decide to take a walk or call a friend instead of acting violently.

CONCLUSION

Therapists are not protecting lesbians who are battered by hiding behind the cloak of a politically correct paradigm and ignoring the client's own experience of her problems. While the safety of the battered partner is always of primary importance, in order to accurately diagnose the nature of power and control dynamics within the relationship, it may be necessary to work with both partners initially in an assessment process. An effective treatment model must address not just the limitations and dangers of “couple counseling,” but also honor the systemic issues the couple brings to therapy. In respecting the clients' perceptions of their relationship, the therapist can assist them in reframing the issues. The therapist must be able to identify and assess the violence in the relationship and then assist the couple in redefining the “relationship problem.”

In order to develop appropriate individual treatment plans, clinicians need to ensure that the clients are presenting accurate information. Witnessing the partners' interactions will enable the therapist to have the clearest picture of the relationship. Assessing battering in lesbian couples is a delicate process with the goals of both ensuring the protection of the battered lesbian and creating an environment where both women feel respected enough to be willing to enter into a therapeutic relationship outside of couple counseling. A thorough and careful assessment that respects the lesbian couple's relationship becomes the intervention that enables treatment to take place. The goal of therapy becomes helping lesbians build healthy partnerships, which in many cases might mean ending the relationship, but in some cases may mean developing a violence-free relationship. In the absence of supportive services, the dynamic relationship between the client(s) and the therapist is *the* treatment milieu.

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