

APPLYING FUNCTIONAL ANALYSIS FOR STUDYING INTIMATELY
VIOLENT MEN

Master's thesis in psychology
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ABSTRACT

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The aim of this thesis was to evaluate if it is possible to use functional analysis as a model to describe functional relationships associated with violent acts as expressed by the violent men. Functional analysis is one type of a cognitive behavioral approach to case-formulation and its purpose is to identify, organize and present causal functional relations that influence and maintain client's problems (Haynes & O'Brien, 2000). We were also interested in what kind of Functional Analytic Clinical Case – Models the method produces and what kind of an image it creates about the situation these men are in. It is assumed that functional analysis is able to embody and conceptualize the men's spoken explanations for their violence and its causes. We also went through briefly the women's reports of their partner's violence.

The data of the study consisted of 27 videotaped therapy sessions of three men who attended treatment group designed for intimately violent men. The treatment took place at a psychotherapy research clinic at the University of Jyväskylä. The specific research method was functional analysis developed by Stephen Haynes and Functional Analytic Clinical Case Models (FACCM) were made from each session of every man.

The results of this study suggest that functional analysis can be used as a model to describe functional relationships associated with violent acts. FACC- Models are able to address and describe men's problems, thoughts and emotions and conceptualize their complex situation as whole. The FACC-Models made in the course of the analysis address that the men viewed violence as just one of the several problems in their life. They pictured themselves as victims of their life situation where the external stress factors built up tension in them. The models indicated that men did not entirely take responsibility of their violent acts. In the end of the treatment, men reported more about changes in their behavior and their conversations were not so problem-centered. Despite this, no men reported directly that violence was completely absent.

Applying functional analysis as a clinical tool to treatment of batterers, as it has been used in treatment of other problem behaviors, should be treated with caution. Functional analysis and Functional Analytic Clinical Case Models represents more traditional psychological method for studying and treating intimate partner violence and it may diminish the attention away from the violence itself. It have been stated, that in appropriate treatment for abusers, the violence should be seen as a main problem, not a symptom of something else. Nevertheless, it is still important to work on all aspects of men's life, and not treat violence as a separate problem.

Key words: violence, intimate partner violence, functional analysis, Functional Analytic Clinical Case Model (FACCM)

TIIVISTELMÄ

Funktionaalisen analyysin soveltaminen lähisuhdeväkivaltaan syyllistyneiden miesten tutkimukseen

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Tässä tutkimuksessa tarkasteltiin voiko funktionaalista analyysia käyttää tutkittaessa lähisuhdeväkivaltaan syyllistyneiden miesten hoitoryhmää. Funktionaalinen analyysi on kognitiivis-käyttäytymistieteellinen lähestymistapa tapauksen käsitteellistämiseen ja sen tarkoitus on tunnistaa, organisoida ja esittää kausaalisia, funktionaalisia suhteita jotka vaikuttavat asiakkaan ongelmiin ja ylläpitävät niitä (Haynes & O'Brien, 2000). Olimme myös kiinnostuneita minkälaisia funktionaalis-analyttisiä malleja metodi tuottaa ja minkälaista kuvaa se luo miesten tilanteesta. Tutkimuksessa oletetaan, että funktionaalisen analyysin avulla voidaan käsitteellistää ja kuvata miesten selitysmalleja heidän käyttämästä väkivallasta ja sen syistä. Kävimme myös lyhyesti läpi miesten puolisoille tehdyt haastattelut ja kyselyt suhteessa tapahtuneesta väkivallasta.

Tutkimuksemme aineisto muodostui kolmen miehen 27 videoidusta ryhmäterapia-istunnosta. Terapia toteutettiin psykoterapiaklinikalla Jyväskylän yliopistossa. Tutkimusmetodina oli Stephen Haynesin funktionaalinen analyysi ja jokaisesta terapiaistunnosta miehille muodostettiin yksilölliset funktionaalis-analyttiset tapauksen käsitteellistämismallit (FACCM).

Tutkimuksen tulokset osoittivat, että funktionaalista analyysiä voi käyttää mallina, joka kuvaa väkivaltaisten tekojen funktionaalisia suhteita. FACC-mallien avulla voidaan kuvata miesten ongelmia, tunteita ja ajatuksia sekä käsitteellistää heidän ongelmatilannettaan laaja-alaisesti. Mallit osoittivat, että miehet kokivat väkivallan olevan vain yksi ongelma muiden joukossa. He rakensivat itsestään kuvaa elämäntilanteensa uhrina, jossa ulkoiset stressitekijät luovat paineita. Mallit luovat kuvaa siitä, että miehet eivät täysin ottaneet vastuuta väkivaltaisista teoistaan. Hoidon lopussa miehet kertoivat enemmän muutoksista käyttäytymisestään eivätkä keskustelut olleet enää niin ongelmakeskeisiä. Tästä huolimatta, kukaan miehistä ei suoraan sanonut että väkivalta olisi täysin loppunut heidän suhteestaan.

Funktionaalisen analyysin soveltamiseen väkivaltaisten miesten hoitoon tulisi suhtautua varoen. Funktionaalinen analyysi edustaa traditionaalista psykologista menetelmää kohdattaessa lähisuhdeväkivaltaa ja se saattaa siirtää huomiota pois itse lähisuhdeväkivallasta. On todettu, että lähisuhdeväkivaltaan syyllistyneiden miesten hoidossa väkivalta tulee olla hoidon fokuksena, eikä sitä saa nähdä oireena jostain muusta. Tästä huolimatta hoidossa on tärkeää ottaa huomioon koko miehen elämäntilanne eikä hoitaa väkivaltaa irrallisena ongelmana.

Avainsanat: väkivalta, lähisuhdeväkivalta, funktionaalinen analyysi, funktionaalis-analyttiset tapausmallit (FACCM)

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1 INTRODUCTION

Functional analysis is one type of cognitive behavioural approach to case-formulation (Haynes & O'Brien, 2000; Haynes & Williams, 2003; Virués-Ortega & Haynes, 2005). Case formulation is a clinical assessment tool used in therapy which helps the therapist in treatment planning and understanding the client's complex case as a whole. It guides clinical decisions throughout treatment. Several definitions of case formulation exist slightly differing from one another and concepts such as *case formulation*, *case conceptualization* and also *functional analysis* are partly overlapping. Levenson & Strupp (1997) define case formulation as "a hypothesis about the causes, precipitants and maintaining influences of a person's psychological, interpersonal and behavioral problems: it guides therapy by helping to identify treatment goals, appropriate interventions, and potential problems that may arise" (Kendjelic & Eells, 2007; 66).

As noted by Eells (2007), the number of case formulation methods have increased rapidly in recent years across different theoretical orientations, such as psychodynamic, cognitive-behavioral and integrative approaches (Kendjelic & Eells, 2007; 66 see compilation of case formulation models of different orientations e.g. in Westmeyer, 2003). In addition to Haynes et al., several authors have proposed strategies for clinical case formulation, e.g. Nezu and Nezu, (1993) and Mace and Binyon (2005).

Different kind of case formulations diverge from each other depending on the approach. According to Kendjelic & Eells (2007), four generic case formulation components can be found. First of all, case formulations include symptoms and problems as well as precipitating stressors related to the onset of the symptoms. Case formulations also include the events and the conditions that predispose and increase the vulnerability to the precipitating stressors. The final component in case formulations are the mechanisms, which are hypothesized to explain the problem and the symptoms in focus and account for the previous three components. These hypothesized explanations organize the subsequent interventions. Kendjelic and Eells address that although case formulations could be carried out with traditional psychometric measurements, they are mainly based on the clinical judgements made by the therapist.

A case formulation refers to the formulation process as well as its results, and it can be seen including a complex interaction between the assessor and assessed person (Westmeyer, 2003). In psychotherapy, it can be used as a conceptual, therapeutic and integrative instrument and it also has potential as a research tool to assess the outcomes of psychotherapeutic work (Sim, Gwee &

Bateman, 2005). According to Lappalainen, Miettinen and Lehtonen (2007), clinical case formulation can serve as a psychological counterpart for a diagnosis.

Tuomisto, Lappalainen and Timonen (2005) have specified quite comprehensively other applications of functional analysis, such as the planning and testing of psychological experiments and research, developmental psychology, organizational psychology and different application areas of behaviour medicine. To our knowledge, this is the first time that Haynes' functional analysis is applied as a qualitative research tool (compilation of applications using different kind of functional analysis as a research method can be found in e.g. in Vollmer & Smith, 1996).

In this thesis we are studying if it is possible to use functional analysis as a model to describe functional relationships associated with violent acts as expressed by the violent men who are attending treatment group designed for intimate partner violence. We are also interested in what kind of functional analytic clinical case – models the method produces and what kind of an image it creates about the situation these men are in. It is assumed in our study that functional analysis is able to embody and conceptualize the men's spoken explanations for their violence and its causes. First, we will present our methodology of study. Second, we will discuss about research done in the area of intimate partner violence and some current issues concerning especially our study. Then, we will present our study and its results. Finally, we will reflect on our results and the methodology used.

2 FUNCTIONAL ANALYSIS

Functional analysis is based on the philosophy of science called functionalism, where the purpose is to understand human behavior with the help of the mechanisms that regulates it (Gresham, Watson & Skinner, 2001). The aim is to determine the function, or the purpose that the behavior serves for the individual. To identify this function of behavior, information is gathered on antecedent factors, the behavior in focus and consequences of that behavior. According to Tuomisto, et al. (2005), in functional analysis, person's actions, thoughts, as well as physical and emotional reactions are assumed to have an interactional relationship with the situation and context which they occur. It is also assumed that when certain behavior is frequent, its context has common influential effects (Gresham, et al. 2001).

Examination of the literature suggests that the term functional analysis is defined differently across different subdisciplines and among different authors in psychology (see e.g. Cone, 1997; Gresham, et al., 2001). In this study, functional analysis is understood as the "identification of important, controllable, causal and noncausal functional relations applicable to specified behaviors for an individual" (Haynes & O'Brien, 2000). Functional analysis is a tool in modeling client's problem behavior and it is particularly useful when the case is complex. In psychotherapy, it takes the client's complete situation into consideration. It is especially designed to identify, organize and present causal functional relations which influence and maintain the problem behavior.

Functional analysis produces individual models that differ among the clients with the same behavior problems (e.g. Haynes & Williams, 2003). The main goal is to guide therapists' assessment strategies and decisions that lead to individualized treatment. According to Virués – Ortega and Haynes (2005) the functional analysis is a systematic strategy of clinical decision-making; it is designed to minimize clinical judgment bias and may also increase the validity of case formulation. The level of accuracy in analysis can vary according to its purpose of appliance, yet most often more accurate analysis is more beneficial when considering intervention decisions (e.g. Haynes & O'Brien 2000; Haynes, Leisen & Blane, 1997; Lappalainen, et al. 2007). According to Lappalainen et al., (2007) most of the information for the functional analysis is gathered during the assessment phase in the beginning of the treatment. Simultaneously functional analysis operates as an intervention.

2.1 The structure of analysis

Haynes's functional analysis (Haynes & O'Brien, 2000) consists of multiple components. In the analysis, empirical information on client's behavior problems and causes of these problems are combined with the information collected with different psychological assessment methods from the client. First, client's behaviour problems and intervention goals are estimated together with the client. In the Haynes's functional analysis, multiple problems can be presented simultaneously. Usually the most important problems are selected for the final analysis and the relations of these are evaluated. These relations can be noncausal, unidirectional or reciprocal causal relations. It is also possible that the problems do not have functional relation at all. In addition the effects of the problems on the other parts of client's life are estimated.

The purpose of the functional analysis is to identify the causal variables that are most influential to the client's behavior problems (Haynes & O'Brien, 2000). These variables are meant to be affected in order to remove the problem in the course of the treatment. In the analysis, causal variables which function as triggering or maintaining variables for the problems are emphasized and the relations among them are evaluated. Focus is on the contiguous antecedent events, environmental and situational events, response contingencies and cognitive variables that affect the behavior problem. The modifiability of the causal variables with different intervention methods are appraised simultaneously. Finally the relations between behavior problems and causal variables are examined because some of the causal variables seem to affect behavior problems more than the others.

According to Haynes and O'Brien (2000) behavior problems can be seen as a chain, which consists of causal variables and other behavior problems. These relations between the problems and causal variables can point to several possible intervention points. Haynes and O'Brien continue that the mediating variables can also explain the effect of causal variables on a certain problem. Interventions are able to focus on these mediating variables particularly, when the actual causal variable is an unmodifiable variable. At the same time the moderating variables, which affect the strength of relation between two other variables, are taken into consideration.

Further information on the functional analysis and its field of applications as well as the methods of estimating functional and causal relationships in clinical assessment can be found e.g. in Haynes, Spain and Oliveira (1993) and Haynes and O'Brien (2000). Functional analysis and Individualized treatments have been discussed in more detail in Haynes and O'Brien (2000) and Haynes and Williams (2003).

2.2 Functional Analytic Clinical Case Model (FACCM)

Functional analysis can be presented with the help of Functional Analytic Clinical Case Model, FACCM (Haynes & O'Brien, 2000; Virués-Ortega & Haynes, 2005; Lappalainen, et al. 2007). FACCM is a vector-graphic diagram which summarizes and organizes everything that is essential in the functional analysis. FACCM figure is drawn based on the client's experience of his/her problems as well as on the variables that are seen to affect or to maintain the problems. In this way, it offers a concrete representation and clarification of the client's situation. It illustrates the client's problems as well as the estimates of the importance of these problems and interrelationships among them. FACCM also presents causal variables that affect the problems as well as the direction, form, and strength of these causal and non-causal relationships. The modifiability of those variables is also considered.

The purpose of the FACCM is to promote a cautious clinical case formulation (Haynes & O'Brien 2000; Lappalainen, et al. 2007, Virués-Ortega & Haynes, 2005). It breaks the functional analysis down into its components and offers a systematic approach to the conceptualization of the clinical case. The FACCM guides decisions about which causal variables could be selected as treatment targets for the most effective treatment outcome. The clinical case model can be done together with the client and with different professionals working with the actual case (Tuomisto, et al. 2005).

The FACCM can also be presented with quantitative indexes (Haynes & O'Brien 2000; Virués-Ortega & Haynes, 2005; Lappalainen, et al. 2007). Quantitative indexes can be used to calculate the expected treatment effects and to illustrate the relative impact of the causal variable on the behavior problem hence further help the selection of the most effective treatment (further details are presented in Haynes and O'Brien 2000 and Haynes et al. 1993).

2.3 Limitations of the functional analysis

Several limitations are associated with the functional analysis and FACCM, which apply to all models of clinical case formulation (see discussion e.g. in Haynes & O'Brien, 2000; Haynes & Williams, 2003) Haynes and O'Brien emphasize that functional analysis is always hypothesized, probabilistic and an incomplete model of the client's situation. It is constructed subjectively and may include judgement errors made by the assessor. For example if the client has multiple

problems, the decision regarding the intervention is guided by the assessor's estimates of the relative importance of the problems for the client as well as the assessor's own values related to the problems. Also the assessment methods and thus the results can be imprecise, or important causal variables can be ignored. Hayne's and O'Brien also state that it is not assumed that functional analysis takes into consideration all the variance in the client's problem behavior, cognitions and emotions. In addition, it should be noticed that all causal variables are not necessarily modifiable. The modifiability and changeability affects the intervention focus in the treatment.

The subjective, probabilistic, and imprecise nature of the functional analysis suggests that it should be considered an initial best estimate (e.g Haynes & Williams, 2003). Functional analysis can change over time and the analysis should be checked and evaluated during the treatment. A change in the analysis can be affected e.g due to changes in the life circumstances of the client, due to further information that is gained from the client or it can change as a result of the treatment. On the other hand, also new problems can arise in the client's life (Lappalainen, et al. 2007). The Functional Analysis should be considered conditional, which means that it is valid within a limited domain (Haynes & O'Brien, 2000). For instance, the physical state of the client or the situational factors can have an influence on the validity of the analysis.

The problem in Haynes's global functional analysis could also be that the analysis is presented in too a general level (Lappalainen, et al. 2007). In addition it has been discussed if the treatments based on the functional analysis or treatments based on other case formulations can lead to better outcomes than those not based on them (Haynes & Williams, 2003; Kendjelic & Eels, 2007). In these studies, it is noted that case formulation and particularly functional analysis are probably most beneficial, when the clinical case is complex.

3 INTIMATE PARTNER VIOLENCE

3.1 Finnish research

Intimate partner violence is currently of interest to both the administration and various researches conducted in Finland (Piispa, Heiskanen, Kääriäinen & Sirén, 2006). Studies have been made of intimate partner violence as a phenomenon (Flinck, 2006), of the victims (e.g. Husso, 2003; Piispa, 2004), the batterers (Hautamäki, 1997; Holma, Laitila, Wahlström, & Sveins, 2005; Partanen, 2008) of prevention and treatment programs of intimate partner violence and abuse (e.g. Nyqvist, 2001; Säävälä, Pohjoisvirta, Keinänen, & Salonen, 2006). The publication of Federation of Mother and Child Homes and Shelters 35, 2006). The most notable and comprehensive studies have been the national representative victimization surveys of Finnish women made in 1997 and 2005 (Heiskanen & Piispa, 1998; Piispa et al. 2006). According to the latter research, violence against women has not reduced during the eight years; 20 percent of Finnish women have been exposed to physical or sexual abuse or intimidation of violence in their current relationship. Intimate partner violence is an asymmetrical problem: according to the studies the perpetrators are nearly always men and the victims are women and children, of which child abuse is indirect in the least (Dobash & Dobash, 2004; Nyqvist, 2001).

3.2 Theories about the reasons of intimate partner violence

Many theories considering the causes of intimate partner violence have been developed. One way to categorize these theories of causation is to separate them to biological theories, individual psychopathology theories, couple and family interaction theories, social learning and development theories and societal structure theories (Wolfe & Jaffe, 1999). Säävälä, et al. (2006a) enhances the situational conditions of the violent action and the batterers own volition as an explanation for the violence. The abuser is rarely in a situation where he does not have independent discretion of his actions and decisions leading to a violent act are thought to be intentional (see e.g. Hautamäki 1997; Hearn 1998; Holma, Partanen, Wahlström, Laitila & Seikkula, 2006).

However, explaining the reasons of intimate partner violence by means of only one theory is seen as high-risk (Hautamäki, 1997). The interpretation potency of theories and models of causation is limited because each of them observes the problem only from a certain perspective. All the theories of intimate partner violence are correct to some extent, but not one of them is able to give a comprehensive definition of violence, how it occurs and what it is caused by (Jokinen, 2000). Recently developed theories consider intimate partner violence as a complex phenomenon which is affected and exposed by several different factors (Ajo et al., 2005). For instance, the ecological theory accepts parallel competing explanations and takes into consideration several different factors that trigger violent behavior and increase the risk of violence when they accumulate (Säävälä, et al. 2006a).

3.3 The problem of men's explanations and responsibility

According to Hautamäki (1997) and Ajo and Grönroos (2005), it has been noticed that the abuser can escape the responsibility of his actions by using the contemporary scientific theories to explain and justify these violent events. Ajo and Grönroos suggest that it is natural that men, as members of the society, have adopted certain generally approved thought paradigms of violence. Men are influenced by them and often reflect these theories when justifying their behavior.

Another way for the abuser to avoid responsibility is to explain his violent actions by distinguishing the violence from the act, drawing themselves away from violent actions or constructing violence as a separate external phenomenon from the actual act (Hearn, 1998; Nyqvist, 2001). For example, according to the researches of Anderson & Umberson (2001) Dobash and Dobash (1998), Hearn (1998), and Nyqvist (2001), men often articulate that they have a good reason for using violence and that blame usually lies in the provocative behavior of women. Men tend to transfer the responsibility from themselves to external factors and they may experience the violence as a struggle for power through which the violence is also justified. The research of Aune Flinck (2006) shows that besides the struggle for power, men often mentioned the following factors as reasons for violent behavior: stressful life circumstances, alienation from partner, disappointment with the relationship and the partner. Also the influence of past incidents on the present was accounted for in the men's violent acts.

Hearn (1998) distinguishes between excuses and justifications in men's accounts of their violence. According to Hearn, Ptacek (1998) states that men use excuses when they do not take

any responsibility for their violent actions. The excuses make the violence seem like something that is not under men's control. Instead, when a man can take responsibility but does not accept the blame, the behavior in question is called justification. When using justifications, men think that some reason beyond their control gives them permission to use violence against their partner.

3.4 Loss of control or functional act?

Violent situations often commence from an argument or loss of control connected to the argument (e.g. Dobash & Dobash, 1998; Nyqvist, 2001; Umerson, Anderson, Williams & Meichu, 2003; Partanen, Wahlström & Holma, 2006) Men frequently experience these situations as humiliating and are not able to function in a constructive way to solve the issue. Men commonly reported that they had no other choice but to use violence (e.g Nyqvist, 2001). According to Dobash and Dobash (1998) it is difficult for men to demonstrate the specific moment when an assault is most likely to begin. However, they can designate intense emotions, such as rage, that influence their decision to use violence against women. In a study of Dobash and Dobash (1998) some men argued they were not in control of their violent acts. Other men could articulate what they wanted to accomplish by means of violence and whether they had succeeded in it or not. Consequently, intimate partner violence can be seen as functional and it is used to obtain a specified goal.

In researching intimate partner violence, there has been noticed considerable disparity in men's and women's accounts of the violence (e.g. Dobash & Dobash 1998; Hanmer, 1996; Langhinrichsen-Rohling & Vivian, 1994; Szinovacz, 1983). Dobash and Dobash note that men and women report relatively similarly about less serious acts but there is more difference between their descriptions concerning more serious acts of violence. Also conception of the nature, severity and consequences of violence vary distinctly. According to Husso (2003), the different views that both parties in a relationship have on violence form a big part of the actual domestic violence problem.

In the research done by Partanen (2008), it was found that intimate partner violence – treatment programs seem to require specific intervention practices compared to more traditional therapeutic settings. Programs based on solely traditional therapeutic theories of intimate partner violence explain the violence as a problem of external circumstances and do not focus on men's responsibility for their own actions. According to Partanen, the aim of specialized violence work

should be in making the violent men to take responsibility for their actions and trying to point the intentionality of their violence. Nevertheless, it is also important to have some neutral and more traditional intervention strategies included in the treatment.

3.5 Aims of the study

In our thesis we are studying the therapy sessions of men who have attended the intimate partner violence prevention- and treatment program in Jyväskylä, Finland. Functional analysis is used as a research tool to examine the explanations men give to their violent behaviour. Our objective is to study whether functional analysis can be used as a model to describe functional relationships associated with violent acts as expressed by the violent men. We are also interested in what kind of functional analytic clinical case – models the method produces and what kind of an image it creates about the situation these men are in. In addition, we will briefly go through the womens' reports on the violence of their partners and will study whether there was a difference between the reports of the two.

4 MATERIALS AND METHOD

4.1 The Jyväskylä Model – treatment program for intimately violent men

The program for intimately violent men operates in the Psychotherapy Training and Research Centre of University of Jyväskylä in collaboration with the crisis centre “Mobile” (Holma, et al., 2006). The program has features from pro-feminist thus focusing on the connection between masculinity and violence, but has features from different psychotherapeutic orientations (Partanen, 2008). The treatment for batterers begins with the intervention and individual sessions in the Mobile. After this, the man can enter the group program. Attending to the group treatment is voluntary for the men and the primary focus of the program is on the safety of the victims. The men’s partners are interviewed in the beginning and in the end of the group treatment. They answer to semi-structured questions about the violence they have experienced and fill in the Abusive and Controlling Behaviour Inventory (ACBI) (Davies, Holmes, Lundy and Urquhart, 1995). Also the violence they have met during the treatment group is assessed. Follow-up interviews takes place two years after the treatment.

Several masters thesis have been done on therapy conversations of the treatment group (e.g. Partanen, 1998; Liikamaa & Tantarimäki, 1999; Ojanaho, 2000; Kapanen, 2001; Laasanen, 2003; Räsänen, 2006; Keltanen & Räsänen, 2007; Kuznetsov & Lohman, 2007; Vornanen, 2007). Also one doctoral thesis has been done on the treatment group of intimately violent men (Partanen, 2008). Most of the researches have been done by using discourse analytic approach or other qualitative research methods.

4.2 The data of our study

Our data consisted of videotaped recordings of 27 sessions from one treatment group conducted in the years 2006-2007. Each treatment session lasted 1,5 hours. The treatment group was chosen and the three men attending to it was selected for the analysis because they all started and completed the treatment at the same time. In addition to them, four other men started their treatment later on and attended the group. Their treatment is still unfinished so they were not included in the research material. The selected men were at the age of 46 (man A), 33 (man B)

and 53 (man C). All the men were employed and had children. One of them (man C) was married, one was in a common-law marriage (man B) and one was in a relationship (man A). In the beginning of the treatment, every man reported that violence had been a problematic issue for him for several years. The selected men attended therapy sessions actively, participating the group from 21 to 26 times. Three recorded sessions were without a voice and therefore forming an analysis was not possible. Also the women's interviews made in the beginning and in the end of the men's treatment group were included in our study.

4.3 The method

The method used in this study was the Functional Analytic Clinical Case Model, FACCM (Haynes & O'Brien, 2000). The FACCM is practically accomplished as a vector diagram. First the therapist or observer selects 1-3 central problems together with the client. These are written in the middle of the analysis paper (inside the rectangle). In this study the central problem(s) was chosen only by the observer. Then the other problems and issues, which can be seen as the causes for the main problem, are located around the central problem (inside the circles). The reasons that are seen unmodifiable or can not be affected anymore, or the events happened in the past that still have an influence on the origin of the problems, are also represented (as a diamond). The arrows and lines leaving from the rectangle, circles and diamonds describe the relations between the behaviour problems, the relations between the problems and causal variables as well as relations between the causes. The causal variables can be unidirectional or bidirectional, and to mark this, the arrow connecting the problems is correspondingly unidirectional or bidirectional. When the connection was uncertain, the arrow was marked with dashed line. If the therapist has suggested some connections between some of the men's problems, this is noted in the figure. The importance of the causes and problems are not described in this analysis, because evaluating them only on ground of mere tapes would be quite challenging.

Before starting the research, we had a two hours training for the functional analysis and five articles for self-study (Tynjälä, 2001; Heikkilä & Lappalainen, 2003; Kukkonen, 2004; Siltakoski, 2004; Parkkinen, 2006). Our analysis of the data begun by observing the therapy sessions of the violent men and making an individual problem list for every man according to their speech. The problem list is a description of the men's situation as they explain the violent events and difficult life situations related to it. FACC- Models were drawn based on the

problems mentioned in the problem list and hypotheses were made about the connections between the problems and the causes for the problems. Hypotheses were based, as far it was possible, on the verbal descriptions of the clients.

First we both watched two therapy sessions of our data separately and made the problem lists and FACC-Models based on the speech of every three men. After that, we compared the analysis and ascertained that they were similar. In this this analysis it was noted that the FACC-Models which were made separately had the same main problems but differed slightly when comparing other problems and issues. The main reason for that was that we had different levels of accuracy in classifying all the problems and their causes. To ensure the reliability, we watched the last two sessions from data separately and compared the results. The rest of the analysis and FACC-Models we formed together and negotiated in case we had some different views in forming both the problem list and the FACC- Model. Few problematic issues were left out. The recordings were watched mainly once, but in some cases they were reviewed just to make sure that the analysis was accurate. There were three tapes without a voice, which had to be left out of the analysis.

Next, we compared the FACC-Models that were done during the first therapy session with the final FACC-Models that included all the important problems and causes the men had mentioned in the course of the therapy. The FACC- Models were seen as complete when the men did not mention any new problems. This happened during the sessions 15-18. FACC-Models could not be formed properly from the last few therapy sessions since the men started to speak more about the changes than the problems in their life. Thus we also listed all the changes the men reported. We also went through the interviews and Abusive and Controlling Behaviour Inventories (ACBI) done for the women partners both in the beginning and in the end of the treatment group. These results were compared to the men's reports about their changes and accomplishments during the treatment.

5 RESULTS

Functional analysis can be used as a model to describe functional relationships associated with violent acts as expressed by the violent men who attended the batterer treatment group. Functional analysis and Functional Analytic Clinical Case Model (FACCM) present the overall view of the problem situation described by the men as the observers understood it on the basis of the video tape observations. First we will present the men's FACC-Models and their results formed from their first session and then the final, completed models (done after 15-18 sessions). Next the common factors of the FACC-Models will be presented in relation to the intimate partner violence. Then the changes experienced by the men are reported and finally the women's interviews and results of the ACB-inventories are presented briefly.

5.1 First FACC- Models

During the first therapy sessions, the men did not bring forward that many problems affecting their life situation or violent behavior. One of the men (A) could not articulate any other problem in his life than the excessive alcohol consumption which had led to the violent acts in the past. The other two men (B + C) did not experience the violence as the main problem in their life but stated that relationship issues, problems of control as well as exhaustion defined the problematic situation. They saw violence as a consequence of other difficult factors in their life. In addition none of the three men mentioned emotional violence as a problematic issue. Nevertheless, it can be seen from the models that one of the men (man C) mentioned behaviours such as shouting, threatening behaviour which could be related to emotional violence.

Figure 5.1.1 Man A's FACC-Model from the first session

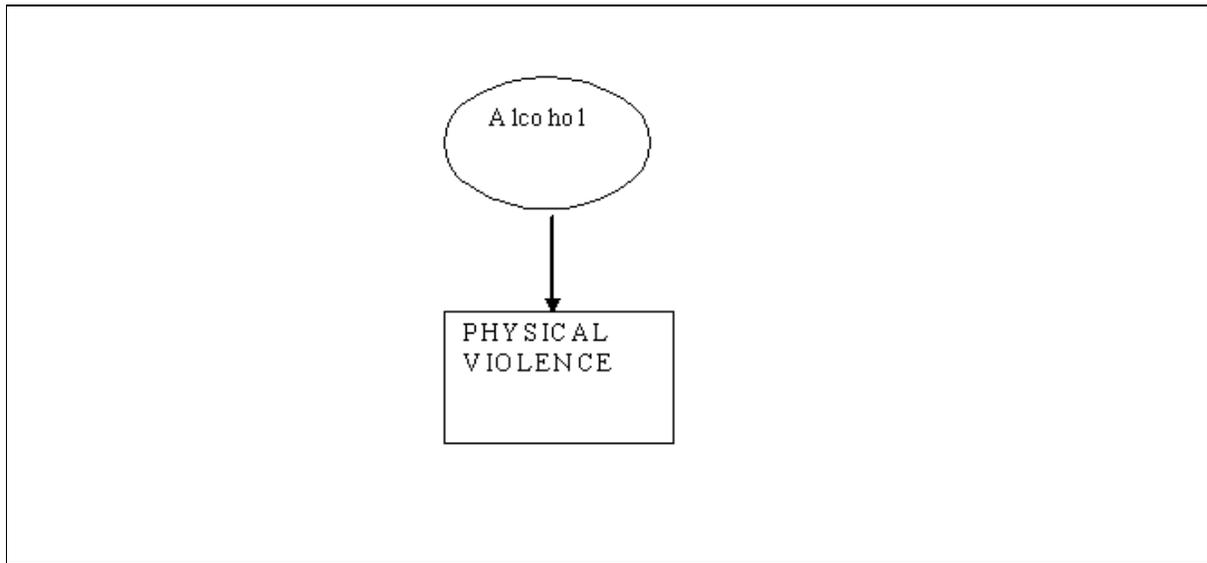


Figure 5.1.2 Man B's FACC- Model from the first session

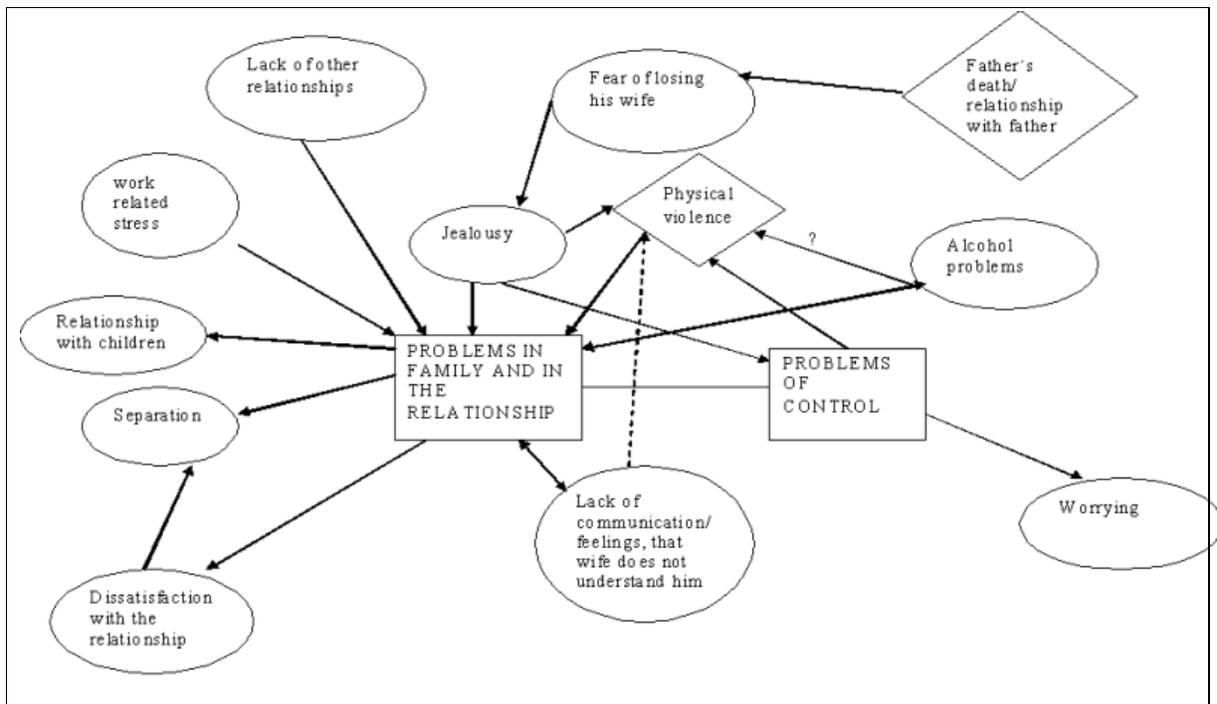
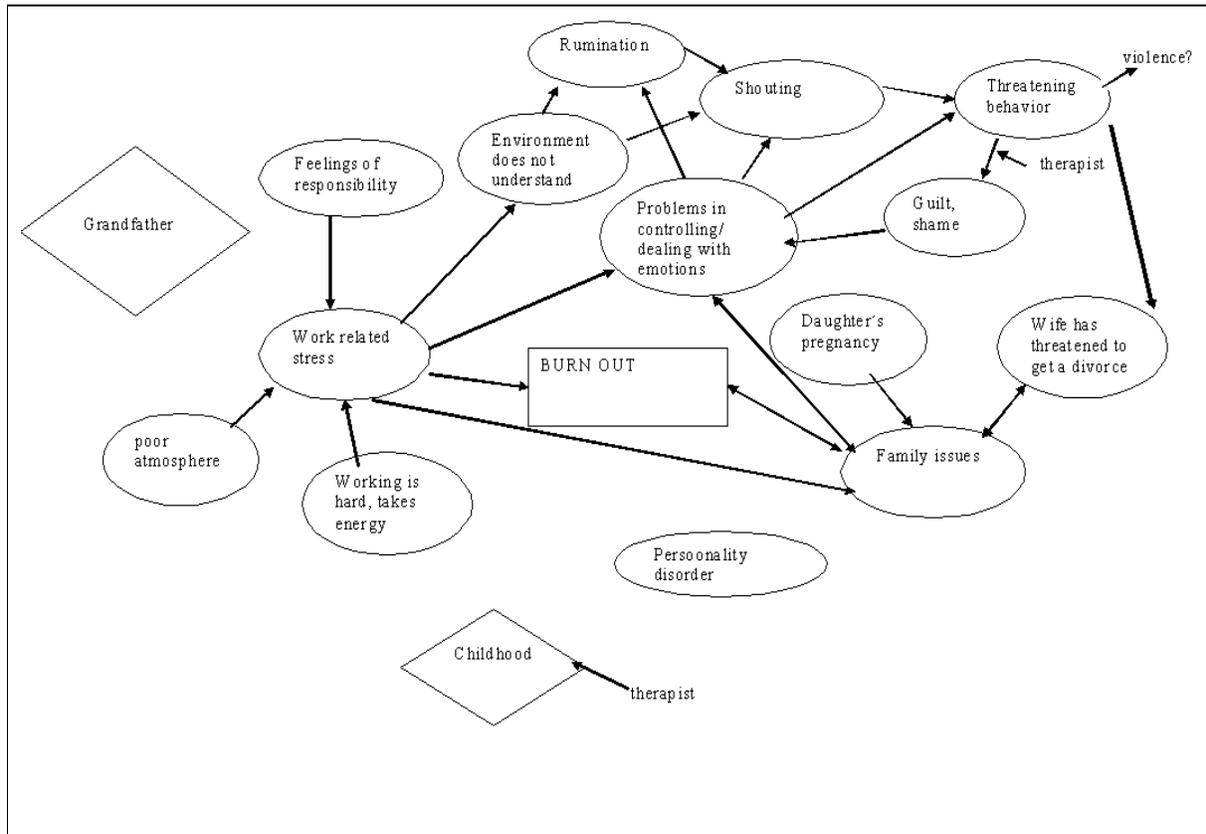


Figure 5.1.3 Man C's FACC-Model from the first session



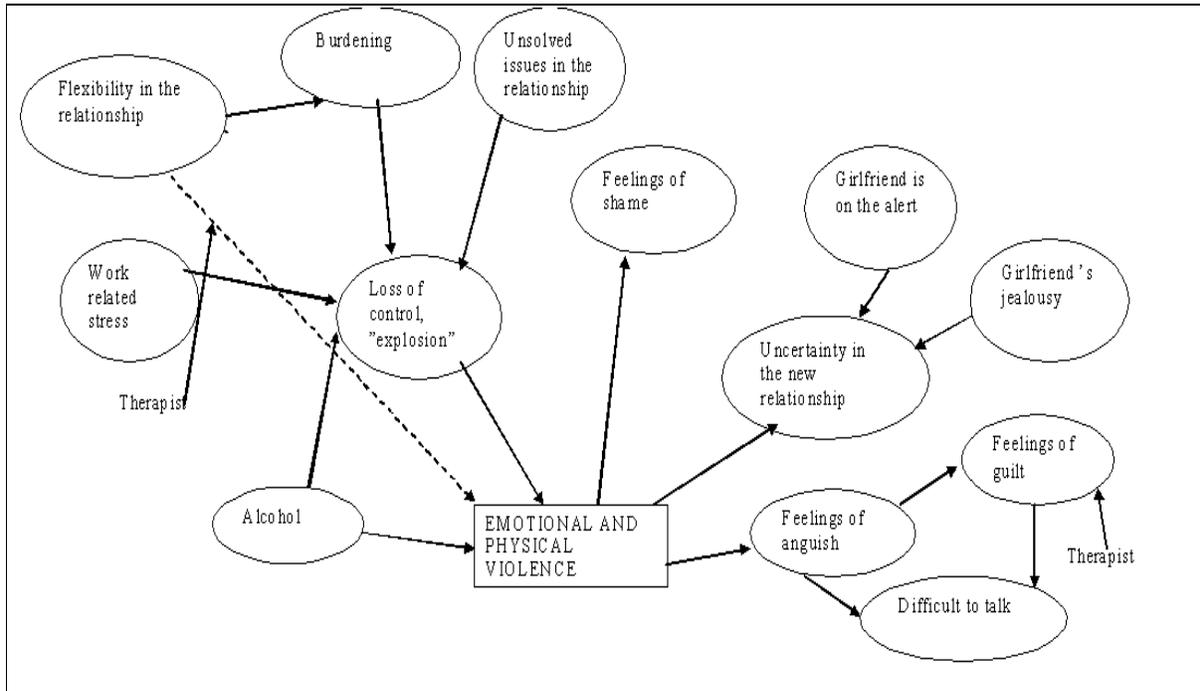
5.2 Completed FACC- Models

Depending on the main issue in the therapy session, men reported different problems and different aspects of the problematic situation were emphasized. In the course of the therapy, Functional Analytic Clinical Case Models got completed and the men did not mention any new problems. This happened approximately during the therapy sessions 15-18. The most reported and highlighted problems were selected for the complete FACC-Model. It can be seen from the models that men experienced their life situation as complex, where many problematic issues had affected each other.

The FACC-Model of man A shows that during the therapy, he had understood that not only the physical violence but also the emotional violence was a part of his problem behavior. He stated that he could not control himself and his emotional reactions which had made him act violently. Pressure at work, relationship problems together with the excessive alcohol consumption were seen as the causes for the violent behavior and could lead to a situation where

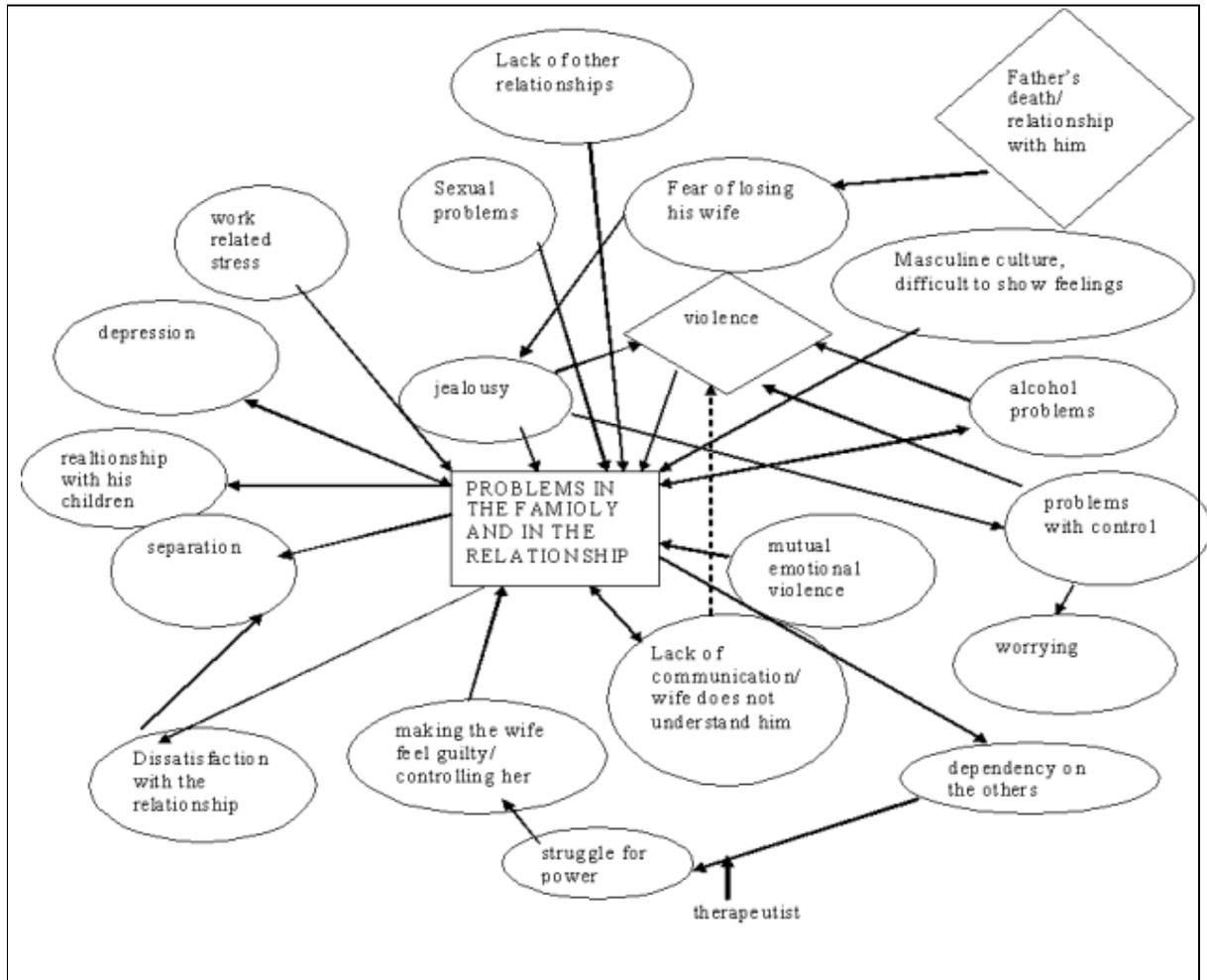
he feels he cannot control himself. He also reported feelings of guilt and shame as a result of his previous violent behavior.

Figure 5.2.1 Man A's final FACC- Model



The FACC-Model of man B is more complex. He brought forward that the main problem in his life was in his relationship with his wife. This was affected by personal reasons such as work related stress and depression and also interpersonal factors, for example lack of communication with his spouse. Other causes for the relationship problems cited by the man were the masculine culture and difficulties in expressing emotions. During the therapy he reported that struggle for power and emotional violence were problematic issues that also had an effect on the relationship. He stated that emotional violence was mutual and that also his spouse tried to control him. Physical violence was stated as a problem that had happened in the past. Violence was seen as a consequence as well as a cause for more important problems in his present life. Many relations of his problems and their causes were reciprocal and strengthened each other, making them operate like chain reactions.

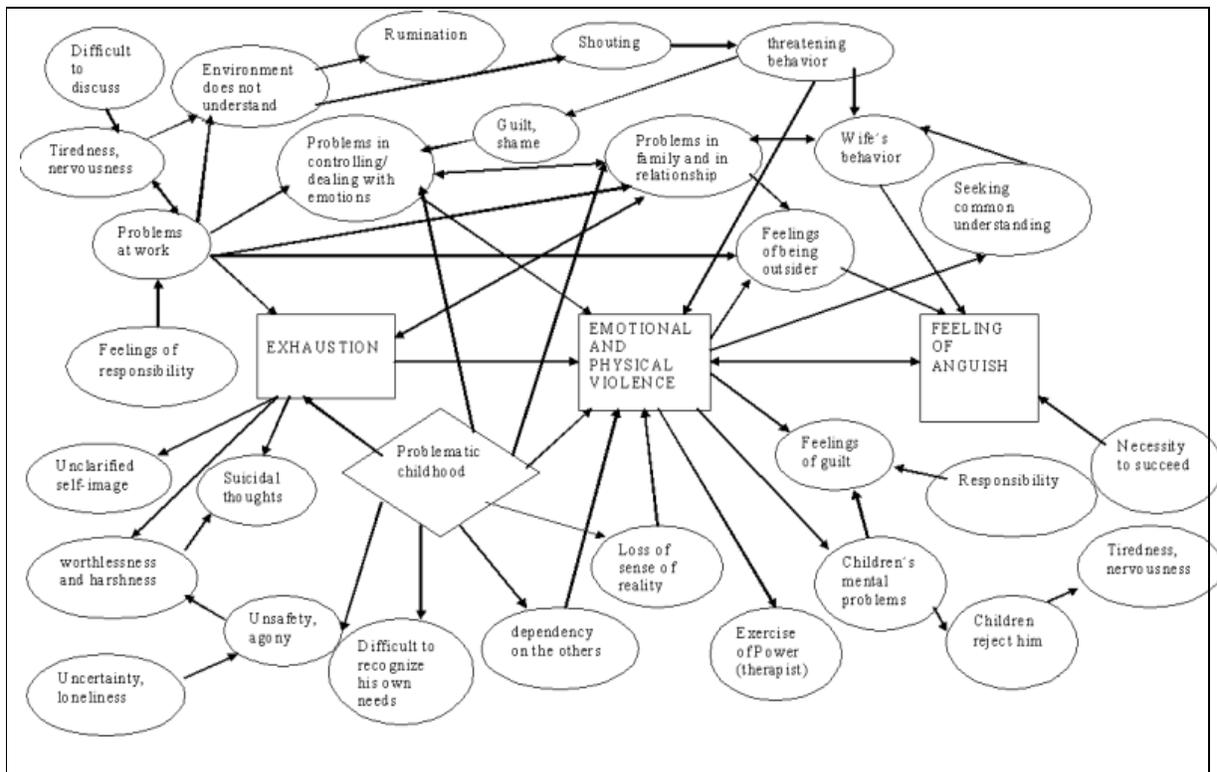
Figure 5.2.2 Man B's final FACC-Model



In the course of therapy, man C reported a great amount of different problems. From these, three main problems were selected for the final FACC-Model, since they were mentioned in most of the sessions. The main problems of man C were domestic violence including both emotional and physical aspects, his experience on his burnout and a feeling of anguish. Each of the main problems influenced on each other. In addition, man C mentioned many other causes as an explanation for these problems. Violent behaviour was attributed to for instance problematic childhood, problems in dealing with emotions and problems at work. Violence made him feel like an outsider and aroused feelings of guilt. The second main problem, burnout, was also influenced by several factors, such as family- and relationship issues, problematic childhood and problems at work. Burnout caused especially suicidal thoughts. Third main problem, a feeling of anguish, was caused by several different interpersonal problems such as his wife's behavior.

According to the FACC-Model of man C, his situation can be seen as complex, including several causal and consequential relations that were seen reciprocal. He seemed to experience every aspect of his life problematic and tinged with negative emotional reactions. Most of the problems seemed to have at least some influence on each other and thus were maintained and reinforced constantly.

Figure 5.2.3 Man C's final FACC-Model



5.3 Common factors in the FACC-Models related to intimate partner violence

Men reported several problems that had complex causal relations. Many of these relations mentioned were seen as reciprocal by the men. Though the three men were very different from each other, their final FACC-Models had some features in common, such as problems with dealing with emotional reactions, poor communication with their spouse and work related stress. The violent acts were often preceded by loss of temper and loss of control, the men reported they could not control their actions. In addition to physical violence, men started to report emotional violence in their relationship which was in some cases mutual according to them. The men also

viewed violence as just one of the several problems in their life. Many aspects of their life were experienced as troubled and agonizing.

According to the men, physical and emotional violence was influenced by many other problems in their life situation. They articulated that their relationship with their wife and external factors were at least partly provocative causes for their violent behavior. For example, dissatisfaction with their relationship or the wife's behavior caused feelings of anguish or "explosion" which made them act violently. Other reasons referred to, were situational such as external stress, "loss of control" and excessive alcohol consumption. Men experienced their life situation as stressful and under the pressure they could not control their emotional reactions. Stress factors mentioned were work related stress and lack of social support. Also two of the men attributed childhood trauma factors to the current situation and their violent behavior. For instance, men B articulated that his traumatic relationship with his father had made him feel insecure about his spouse, which in turn had made him feel and act jealously and had caused violence and problems in their relationship.

Several emotional reactions were included whether as a reason or a cause for the men's problems. For instance, feelings of guilt, shame, worthlessness and fear were mentioned. Two of the men (A + C) reported feelings of shame and guilt because of their situation and the violence.

5.4 Last therapy sessions

In the course of the therapy, men began to talk more about the changes in their behavior than their problems. The problems did not suddenly vanish from their life but the men started to adopt a different approach to their situation. Relations between the causes and problems got declined in the men's speech. They began to report understanding of their situation and processed the relations of different problems.

All the men reported improvement in self-control concerning arguments and violent behavior. They also felt that the group had increased their communication skills and confidence to express their feelings. They stated that they are now more able to recognize difficult situations which might lead to argument or violent act. The therapy group had increased their introspection and understanding of themselves. In addition to these, e.g. improved ability to talk about violence, improved control of drinking, increased safety in the relationship and recognition of emotional violence were mentioned.

5.5 Woman partners' interviews

When comparing the spouses' reports with the men's reports of the changes and their present situation, both similarities and differences were discerned. According to the ACB-inventory of man A's spouse, there was no physical violence in their relationship and all the violence that had occurred, took place in the previous relationships of the man. Only very moderate emotional violence was reported. The spouse of man A reported at the end of the treatment that the group's influence was good.

Man B's spouse reported slightly increased emotional violence in the end of the treatment when compared with the beginning of the treatment. She said that she experienced emotional violence several times a month, which had caused her anxiety. She reported that man B knew now what emotional violence is and that the man blamed her for using it if she did not agree with the man about everything. The violence had changed and according to the wife, was now smarter and disguised in humour. Also sexual violence was reported and in some situations it had increased during the year. Nevertheless, according to the wife, physical violence was not a problem anymore and there was also some improvement in her husband's behavior.

Man C's spouse reported that emotional violence had diminished considerably during the year, but not totally vanished from their life. According to the wife, the group has had an effect on man C's manners. Wife reported that sexual violence existed before but had ended completely. Also there was no physical violence anymore. Wife reported that their relationship is more equal than before.

6 DISCUSSION

The aim of the study was to explore if functional analysis and especially Functional Analytic Clinical Case Models (FACCM) can be used as a model to describe functional relationships associated with violent acts as expressed by the violent men. We were also interested in how the FACC-Models change in the course of the therapy and how these models can be applied to research of violence. In addition, we went through the spouse's reports about the situation and violence in their family. Next we will discuss the most relevant results of our study and then reflect our research and the method we have used. Finally, we will make a brief conclusion of our study.

6.1 Discussion of results

In this study we used functional analysis as a model to describe functional relationships associated with violent acts by studying the conversations in the therapy sessions of three men who attended the Jyväskylä batterer treatment group. To our knowledge, this is the first time functional analysis has been applied as a qualitative research method in such way. As it can be seen, functional analysis and Functional Analytic Clinical Case Model (FACCM) are able to address and describe the men's problematic situation as a whole as the men explain it. Functional analysis can be used as a method for conceptualization especially in the complex cases. As it was assumed, the FACC- mModel is able to capture some of the men's explanations for their violent behavior and its causes. Some development in the FACC-Models made of the men can also be found, as development is found when using models in other treatments respectively. In the beginning of the treatment, violence was articulated mainly as a consequence of other difficult factors in the men's life and none of the three men mentioned emotional violence as a problematic issue. From the completed models it can be seen that the men reported several problems that had complex causal, reciprocal relations.

The results of this study indicate that the men viewed violence as just one of the several problems in their life. The FACC-Models made in the course of the analysis address that the men saw different aspects of their life as stressful and problematic. They pictured themselves as the victims of their life situation where the external stress factors built up tension in them. At some

point “loss of control” of their emotions had made them act violently. This has been noticed to be the excuse of violence in many studies (e.g Dobash & Dobash, 1998; Umerson, Anderson, Williams & Meichu, 2003; Partanen, et al. 2006). Umerson et al. suggests that masculine identity might involve repression of emotion in response to stress and daily relationship dynamics. They state that violence is more likely among men who experience disconnection between their personal circumstances and their emotions. Violent men are likely to minimize their emotional reactions to stress and to relationships but are likely to view acts of violence as expressions of extreme and cumulative emotional upset. Violence is something that happens when the men lose control of their emotions.

It has been noted that violent men construct an identity of “victim” especially in the beginning of the treatment (Partanen & Wahlström, 2003). This can be noticed also in our study, where the men constructed their victimhood by appealing to different kinds of external circumstances, such as work related stress, mental health problems, relationship problems, their partners behavior and childhood traumafactors. Partanen and Wahlström state that constructing oneself as a victim is an efficient way of avoidance of responsibility. When picturing himself as a victim of many external problems, the man is also trying to raise feelings of sympathy in the listeners. Nevertheless, it must be recognized that FACC-Models also emphasize this kind of view of the abusers. Functional analysis takes into consideration only the problems mentioned by the men and it can also involve rather irrelevant issues. Constructing the situation of the violent men through the problems that have occurred makes the man seem like a victim of external circumstances which might diminish the sense of agency. Partanen and Wahlström emphasize that victim positioning of the batterer and the accounts of self-control have arisen to be a few of the challenging features of group treatment. The treatment must find a balance between traditional therapeutical aspects and specialized violence work. It must not invalidate the men’s experiences and at the same time the treatment must confront the the men’s violence and enhance their responsibility. According to Adams (1988), the therapists moral duty is to identify the use of violence as a primary treatment target and not as a symptom of something else (Partanen & Wahlström, 2003).

Thus, the models developed through the analysis indicated that men did not entirely accept responsibility for their own violence, which is consistent with many other studies done and confirms that men do not acknowledge how the violent acts are caused by them alone. Men blamed several external or situational factors for their violent behavior and they did not recognize their own acts of violence to be the main problem. It has been noted that men attending the batterer treatment programs often state that violence is not their problem (Raakil, 2002). The

statement is a paradox when the man is attending the group designed to violent men and the man has admitted that he has used violence at least in the past. According to Raakil, this is possible through different cognitive strategies such as minimization, denial and externalization. Holma, et al. (2006) state that violent men might give up their responsibility with the help of external explanations due to intolerability of guilt of being violent. This is seen evident especially in the beginning of the treatment and it has been noticed that the way men talk about their violent acts, change during the treatment. The guilt becomes more tolerable and visible, which can be seen in our study as well. In the course of the treatment, men began to report feelings of guilt and shame, which were associated with their violence (man A and C) and feelings of responsibility (man C). On the other hand, man C also reported feelings of guilt and shame being one of the causes affecting his violent behavior. What was interesting, man B did not report these feelings yet according to his wife's interview, violence was constantly present in their relationship.

It has been noted that men can try to avoid responsibility with the help of contemporary scientific explanations of violence (Ajo & Grönroos, 2005; Hautamäki, 1997). In addition, when the man constructs himself as a victim of circumstances in his life, it can be seen as an active use of the theories of modern psychology (Partanen & Wahlström, 2003). On the other hand, it must be kept in mind that in many studies it has been indicated that many circumstances do work as risk factors for intimate partner violence (see review of husband violence in Holtzworth-Munroe, Bates, Smutzler and Sandin, 1997). Holtzworth-Munroe et al. found that men, who are violent towards their woman partner, evidence e.g. more psychological distress, more alcohol problems and fewer social skills than nonviolent men. In addition, batterers may experience more individual stressors than other men. Violent men are also more likely to have experienced violence in their family of origin than are nonviolent men. In particular, multivariate studies demonstrate that various risk factors (e.g., hostility, alcohol use, marital satisfaction) interact in complex ways to predict aggression.

Therefore, it seems important to work on all the aspects of life in the treatment of abusers. According to Hearn (1998), it can be misleading to treat violence as a separate problem, because different life events and factors can have an effect on violent behavior. Focusing only on the problem of violence as a separate phenomenon is very likely to be self-defeating. Raakil (2002) suggests that it is seen as therapeutic development when the batterer understands that for example his childhood experience has an effect on his current behavior and the way he is in relation with others. The advantages of the FACC-Models are that it illustrates and describes the men's complex situations clearly. The enrichment of the FACC-Models can also be a result of men's

increased insight to their complex and problematic life situation. The complexity of the models can also address positive changes in the men's understanding of their life situations.

When comparing the men's and the women's reports on effects of the treatment group, men attributed the therapy group to have had a positive effect on their self-control, communication skills and expressing of their feelings. Men also reported that the group had increased their introspection and understanding of themselves and others. Altogether, in the end of the treatment, men reported more about changes in their behavior and their conversations were not so problem-centered. Despite this, no men reported directly that violence was completely absent. Also, as for example men B's wife reported, violence continued to be present in their relationship. According to his completed FACC- Model, he did not necessarily recognize or admit the violence to be an essential problem in his life but emphasized relationship issues as his main concern. In a previous study, Keltanen and Räsänen (2007) found that it is difficult for some men to differentiate their violent behavior from other problems in the relationship. This was seen as one of the most essential factors affecting the outcome of the treatment and it hinders responsibility of the violence thus the reformation and continuous process of the problem.

6.2 Reflections on the research process and methods

The aim of the qualitative research is to understand and represent the experiences and actions of people as they encounter, engage, and live through situations (Elliot, Fischer & Rennie, 1999). We have aspired to follow all aspects of good research practice and guidelines especially pertinent to qualitative research addressed by Elliot et al. To validate our analysis we have checked the credibility of the analysis and models by watching few tapes of the therapy sessions several times and comparing our analyses with each other. There is apparent coherence in our interpretations and agreement among the conclusions drawn from the data. Furthermore we have reported on the procedures of gathering data and our methods of analysis in detail. The accomplished models are presented and examples about our analysis have been provided. As it is noted by Elliot et al, in qualitative analysis it is impossible to set aside one's own perspective totally. Thus we have tried to recognize our own values and assumptions and the role these play in understanding the batterers reports of violence in intimate relationships.

As noted previously in this paper, according to prior studies (e.g. Haynes & O'Brien, 2000) there are certain limitations that affect functional analysis as a clinical application. These

limitations also apply to functional analysis' reliability as a research method. It should be taken into consideration that hypotheses made in the FACC- Models about the connections between the problems and the causes of the problems were subjectively derived thus reflecting on our interpretation of the men's situation. The hypotheses and assumptions were made on the grounds of the men's spoken descriptions, which are given in a certain situation and are influenced by other group members's speeches, therapists and discussed themes. Our hypotheses and conclusions could not be ensured or authenticated from the men and it must be kept in mind that the treatment was not conducted consistent with the functional analytic - methods.

6.3 Conclusion and Future Prospects

We did not have explicit methodological guidelines when using the functional analysis as a method for studying the conversations of intimately violent men. However, our research indicated that functional analysis is an eligible research method and appropriate for the intended purposes of the study. It can be used as a research tool though it has some limitations. FACC- Models are able to address and describe men's problems, thoughts and emotions and conceptualize their complex situation as a whole. Nevertheless, as a method, functional analysis produces rather naïve view of intimate partner violence by ignoring many essential aspects of the men's accounts. Applying functional analysis as a clinical tool to the treatment of batterers as it has been used in other problem behavior treatments, should be treated with caution. Due to the special nature of intimate partner violence, there is a certain risk when trying to solve the problem of violence by influencing primarily other problems mentioned by the batterer, such as the provocative behavior of a spouse. This can alienate the man from taking responsibility for his own violence. Functional Analytic Clinical Case Models represent a more traditional psychological method for studying intimate partner violence when diminishing the attention away from the violence itself. It has been stated, that in an appropriate treatment for abusers, the violence should be seen as the main problem, not a symptom of something else.

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