Partner Abuse, Volume 4, Number 4, 2013

programs and practice

Applying Effective Corrections Principles (RNR) to Partner Abuse Interventions

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Results of outcome evaluations of the domestic violence (DV) programs are not encouraging. Overall, the most optimistic conclusion is that these programs have only a modest impact on reducing repeat partner violence. Recently, there are calls for DV programs to "grow up," adapt a paradigm shift, shed ideology, and determine how the maximum impact can be realized from work to reduce intimate partner violence (IPV). The following review examines why program results are so unconvincing and proposes a comprehensive framework to advance the field. Specifically, it recommends that applying the risk-need-responsivity (RNR) principles of effective corrections could substantially improve treatment results. Using this framework, the article identifies selected risk assessment tools to screen offenders into appropriate levels of service (the risk principle) and provides an extensive review of the literature on appropriate targets for change (the need principle). Problems with substance use (particularly alcohol abuse), emotion management, self-regulation, and attitudes supportive of partner abuse have substantial empirical support as factors related to IPV. There is weaker but promising support for targeting the impact of association with peers who are supportive of abuse of women, poor communication skills, and motivation to change abusive behavior patterns. Responsivity could be enhanced through incorporation of motivational interviewing techniques, the processes of change identified in the Transtheoretical Model, solution-focused and strength-based approaches, and attention to identity

http://dx.doi.org/10.1891/1946-6560.4.4.494

change and cultural issues. In addition, the review describes strategies to insure ongoing program integrity, a key factor in implementing effective interventions.

KEYWORDS: partner abuse; domestic violence; dynamic risk factors; offender programs; effective corrections; RNR

Research on the effectiveness of intervention programs that address intimate partner violence (IPV) is still in the early stages, with few well-controlled studies completed to date. The more rigorously designed evaluations find weak or no treatment effects, depending on whether the outcome is assessed through official records or victim reports (Carney & Buttell, 2006; Davis & Taylor, 1999; Davis, Taylor, & Maxwell, 1998; Dunford, 2000; Feder & Dugan, 2002; Stover, Meadows, & Kaufman, 2009; Taylor, Davis, & Maxwell, 2001). In a recent update of their research, Maxwell, Davis, and Taylor (2010) found that even the weak effect they identified in their original analysis did not persist beyond the participants' period of court control. In contrast, several quasi-experimental studies comparing dropouts to completers have shown large treatment effects even when differences between completers and dropouts were controlled (Gondolf, 1999; Stewart, Gabora, Kropp, & Lee, 2005). Both designs have been criticized by researchers. Gondolf (2004), for example, has pointed out that there are serious methodological shortcomings in the actual implementation of the randomized clinical trials, whereas using a design that compares completers to dropouts biases the results toward finding a treatment effect because the highest risk, least motivated participants are those most likely to drop out (Jewell & Wormith, 2010; Olver, Stockdale, & Wormith, 2011). A meta-analysis of controlled batterer intervention programs (BIP) studies found that the overall effect size of BIPs is small but significant (Babcock, Green, & Robie, 2004) and a review by the Centers for Disease Control and Prevention concluded that the intervention was effective (Morrison & Nesius, 2003), whereas a meta-analysis of court mandated programs (Feder & Wilson, 2005) and two systematic reviews (Eckhardt et al., 2013; Feder, Wilson, & Austin, 2008) concluded that IPV programs show equivocal results regarding their ability to lower the risk of future violence. Overall, the most optimistic conclusion is that these programs have only a modest impact on reducing repeat IPV. Without doubt, we should be determining what can be done to identify practices that produce stronger treatment effects.

Why are results so unconvincing and what, if anything, can be done about it? One reason proposed by advocates of differentiated treatment protocols is that studies aggregate data across all participants in a treatment condition. Consequently, one explanation of the findings of null or small effects may be attributable to the fact that perpetrators of IPV are not a homogeneous group (Holtzworth-Munroe & Stuart, 1994) and that perpetrators with varying profiles may respond differently to the standardized intervention model being evaluated (Buttell & Pike, 2003; Cavanaugh & Gelles, 2005; R. B. Stuart, 2005).

Other suggested reasons for the modest treatment effects for domestic violence (DV) programs are the following: failure to account for untreated substance abuse and mental disorders; the variable impact of poverty and stake in conformity; failure to sanction noncompliance; and inclusion of generally violent men in programs not designed to address general antisocial behavior (Bennett, Stoops, Call, & Flett, 2007). Problems with inconsistent program implementation, including variable attention to the training and monitoring of program delivery staff, lack of integrity of program materials, and very high dropout rates have also been noted (e.g., Day, Chung, O'Leary, & Carson, 2009). One recent analysis of dropouts in correctional programs determined that an average of 37.8% of initial participants never complete DV programs (Olver et al., 2011), and for many programs these rates are much higher. Recidivism rates for men who drop out are greater than for those who complete DV programs. (Cadsky, Hanson, Crawford, & Lalonde, 1996; Gordon & Moriarty, 2003; Jewell & Wormith, 2010; Olver et al., 2011). These are precisely the men we need to retain in treatment. In general, design and implementation of programs to address IPV are not as rigorously implemented as general offending behavior programs and could incorporate the principles and approaches of the effective corrections literature as one way to improve on their results (Day et al., 2009).

The inconclusive effectiveness research is an invitation for those in the area of program development and policy development to revisit the existing treatment paradigm for DV offenders. Few studies examine components within programs that may contribute to successful outcomes (Fagan, 1989). We know that some programs appear to contribute to a reduction in violence among most participants. We need to know more about what aspects of these programs drive reductions in future violence. There is a need to maximize treatment effects for violent perpetrators because, although there is encouraging evidence that the rate of IPV, both lethal and nonlethal, in the United States and Canada is decreasing (Catalano, 2006; Johnson, 2006), IPV and DV in general continue to be a blight on our families and communities and represent a substantial burden of disease and significant cost to society (Gold et al., 2011; Holt, Buckley, & Whalen, 2008: World Health Organization [WHO], 2005).

The women's movement has successfully advocated for greater workplace and legal equality for women; its efforts have improved society's awareness of DV and its impact and promoted a coordinated community response to family violence, including arrest and sentencing policies and the provision of services for abused women and their children. These developments may have contributed to the overall decline in rates of IPV and death. In North America, multiple factors appear to be converging to reduce rates of DV. In the larger picture of a coordinated societal response, well-designed and implemented programs for perpetrators should be one piece of the answer to the problem.

Recently, there are calls for DV programs to "grow up," adapt a paradigm shift, shed ideology, and determine how the maximum impact can be realized from the work we do to reduce DV (e.g., Babcock, Canady, Graham, & Schart, 2007; Dutton & Corvo, 2006; R. B. Stuart, 2005). Over the years, the science of intimate partner assessment

has improved as has the science of evidence-based practice in psychological and correctional interventions. Advances in establishing the evidence base for what can reduce partner abuse, however, has been compromised by dogma and research weak methodologies (Bowen, 2011; Langhinrichsen-Rohling & Capaldi, 2012). The field of partner abuse interventions should draw from various domains that provide insight on what needs to be done to further reduce violence within families and relationships.

This article borrows elements from the literature on IPV prevention and effective corrections to develop a set of principles for effective IPV programming for male perpetrators. Some of the principles are based on a convincing body of literature supporting their application; other recommendations are more accurately considered emerging directions because they are based on a relatively small body of research. Together, they serve to provide an evidence-based framework for agencies seeking to implement effective IPV programs.

A note on vocabulary is warranted. This article uses the terms batterer intervention program (BIP), intimate partner violence (IPV), partner abuse, domestic violence (DV), and family violence prevention programs interchangeably when referring to programs or interventions that address male-on-female violence in intimate relationships. We recognize the limitations of a concentration on this population and acknowledge the need for continued work on recommendations for best practice in the area of female-to-male violence (see Hamel, 2005) and same-sex violence and the larger area of violence against all family members.

APPLICATION OF EFFECTIVE CORRECTIONAL TREATMENT PRINCIPLES: RISK-NEED-RESPONSIVITY

Effective correctional programming adheres to the "what works" literature on interventions for offender populations. Under the influence of research on evidence-based practice in the effective corrections literature, many correctional programs have been developed based on the principles of risk-need-responsivity (RNR) proposed by Andrews and his colleagues (Andrews & Bonta, 2010; Gendreau, 1996; Latessa, 2004). It is fair to say that in Canada, the United Kingdom, Australia, and New Zealand, the dominant approach to offender rehabilitation is the RNR model (Ward & Brown, 2004). Some constituencies in the United States have also been influenced by the RNR principles, notably Colorado has recently implemented DV intervention standards that are guided by this model (Gover, 2011). Recent reviews have reaffirmed that application of the principles results in more effective treatment as measured by significantly reduced recidivism rates (Andrews, Bonta, & Wormith, 2006). Lowenkamp and Latessa (2002) have demonstrated that agency-level variation in adherence with these principles is associated with the success rates of correctional programs. Elsewhere (Stewart & Gabora, 2003), it has been argued that these principles provide the broad framework for the development and implementation of any DV intervention strategy because, in incarcerated correctional settings in particular, most DV perpetrators have criminal histories in other areas as well.

Community samples of DV perpetrators, however, may be more likely to fit the profile of the family-only typology described by Holtzworth-Munroe and Stuart (1994). Nevertheless, we propose that the RNR framework does not need to be limited to effective correctional practice; rather, it can apply to all human service provision, whether the services are provided in correctional, clinical, or educational settings, to men or to women.

Applying the Risk Principle to Domestic Violence Interventions

The effective corrections literature has noted that correctional programs are more likely to be successful and more cost-effective if there is a match between the level of risk and the amount and intensity of service received by the offender. Low-risk offenders should receive little or no intervention, whereas more intensive treatment should be reserved for the higher risk offenders. As much as this principle makes intuitive sense, the principle is not a basis for general practice. Clinicians are more likely to accept case loads of educated, verbal, and motivated patients. It is not uncommon to hear clinical advice that treatment should not be attempted with higher risk antisocial clients. Holtzworth-Munroe and Meehan (2004) advise that the lower risk family-only typology perpetrators are more likely to benefit from treatment simply because they had fewer problems and were more motivated.

The risk principle applies to what clients should be treated and the importance of program dosage and intensity. To respect the risk principle, program developers need to know the level of risk posed by the perpetrators and the appropriate dosage required to address their risk. Assessment tools must be selected to reliably and validly determine the extent of the risk and interventions designed to sufficiently address the risk level. Although many of the risk factors associated with IPV are similar to those associated with general criminal behavior (Hanson & Wallace-Capretta, 2004; Hart, Kropp, Roesch, Ogloff, & Whittemore, 1994), the debate about the selection of appropriate tools to assess risk for partner violence has not yet led to a consensus on which tools are most helpful to frontline staff who are responsible for monitoring risk (Nicholls, Pritchard, Reeves, & Hilterman, 2013; Hanson, Helmus, & Bourgon, 2007; Northcott, 2012).

Actuarial measures that are psychometrically validated have been shown to be more accurate than relying on clinical judgement alone (Hilton & Harris, 2005; Quinsey, Harris, Rice, & Cormier, 1998). Bonta (1996) describes three generations of risk assessment: unstructured clinical judgement that has now been superseded by more recent methods, actuarial tools that are established based on an atheoretical empirical relationship of static risk items to the target outcome behavior, and third-generation tools that include both static risk factors and dynamic risk items or criminogenic needs. The fourth-generation tools, defined more recently by Andrews et al. (2006), incorporate static and dynamic risk assessment that provides a guide to service and supervision strategies. The applicability of fourth generation risk assessment tools to IPV assessment is not yet established.

Studies on the risk factors associated with IPV point to the kind of information required when assessing risk for future partner violence. Factors such as young age, low socioeconomic status, a history of relationship conflict and abuse, and antisocial orientation including substance abuse, are factors consistently shown to be related to DV. It is not clear whether factors that predict partner reassault are similar to those that predict lethal assault, although it is likely that there is a considerable overlap. Recent studies suggest that items such as morbid jealousy (Campbell, Webster, & Glass, 2009; Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007) and depression of the perpetrator (Office of the Chief Coroner, 2010) may be more important as factors implicated in lethal or near lethal assault than in general intimate partner assault (Hilton & Harris, 2005). Several studies indicate that tools assessing risk for general criminal recidivism are useful predictors of violent recidivism by wife assaulters (Hanson & Wallace-Capretta, 2004), whereas others argue that the well-established measures of risk for general dangerousness do not work as well as more specific tools for assessing risk for spousal assault (Dutton & Kropp, 2000).

In the IPV field, checklists developed to aid judgement are widely used by law enforcement and practitioners. The psychometric properties of several of these instruments have been recently researched, but few measures have been widely validated in independent studies conducted by researchers other than the instrument developers. The lack of validated instruments and the question of the relative value of clinical versus actuarial methods are two issues associated with the current debate on risk assessment in IPV cases. A third is the frequent lack of clarity regarding the type of prediction required for the situation. Some of the instruments/threat assessment methods were created to predict lethal or near lethal assault in DV situations such as the Danger Assessment (DA; Campbell et al., 2009). Others, such as the Spousal Abuse Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1999), were designed to guide supervision strategies and assist in monitoring risk for domestic reassault, and still others such as the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2004) and the Domestic Violence Risk Appraisal Guide (DVRAG; Hilton, Harris, Rice, Houghton, & Eke, 2008), were designed to predict partner reassault of any kind.

Although additional research is required to confirm the efficiency of these measures in predicting risk of future partner assault, any of these cited measures provides a guide for case management by drawing attention to relevant risk factors to consider. The extent and severity of previous intimate partner assaults alone should permit the identification of those offenders at higher risk, which is a critical first step in risk management, followed by referral to appropriately intensive service and ongoing monitoring.

Assuming the level of risk has been assessed, the next empirical question should be how much and what kind of service does the perpetrator need? Contrary to earlier tenents that "one hit leads to another" and that violence invariably escalates, there is now adequate research to confirm that some perpetrators are low risk and unlikely to reassault no matter what the intervention is. A Statistics Canada (2006) report found

that in a 10-year follow-up of a subset of linked police reports from 1995 to 2004, 81% of perpetrators were reported to police a single time within 10 years repeat spousal abusers who were reported 2–4 times accounted for 18% of the group and the so-called chronic group accounted for only 1% of the reports. Two-thirds (64%) of spousal incidents reported to police show no escalation in the severity of the violence, another 21% show a de-escalation; only 15% of subsequent incidents escalated in severity. An extensive National Institute of Justice (NIJ) study that supplemented police reports with victim interviews (Maxwell, Garner, & Fagan, 2001) found that more than half of the men arrested for spousal assault committed no further assaults on the same victim during their period of follow-up that extended for 3 years. They did find that a minority continued to commit assaults despite being arrested, receiving counseling, or being separated from their partners. It is probable that early reports of perpetrators' inevitable escalation in the severity and reoccurrence of DV reflect the experience of a select sample from which the reports were obtained, namely retrospective reports from women in shelters who were victims of persistently violent men (Walker, 2009). Clearly, perpetrators who continue to repeatedly reassault after arrest comprise a group that requires intensive service. There is some indication that interventions for low-risk offenders are not only ineffective, given their low base rate for reoffending, but that inclusion of low-risk offenders in programs with higher risk offenders can be harmful (Bonta, 1996). It is unclear in these studies if the iatrogenic effects of program involvement for low-risk offenders are caused by the association with antisocial peers; if so, it may be that grouping low-risk offenders with others with similarly low-risk profiles would address this concern. Nevertheless, there is still the issue of cost-effectiveness of interventions that allocate resources to men unlikely to reoffend. If policy dictates a mandatory intervention for low-risk perpetrators, it is recommended that the intervention be less intense, shorter, and, if both partners are willing, include an option for couples' counseling. There is evidence that quite brief interventions for some populations can have a positive impact whether the intervention is with the women victims (e.g., McFarlane, Soeken, & Wiist, 2000) or with potential perpetrators (e.g., Pacifici, Stoolmiller, & Nelson, 2001; Whitaker et al., 2006).

For higher risk offenders, the question is how much intervention is adequate to expect meaningful change? To date, most of those who have commented on the dosage question in DV treatment have stated that intensity is not related to better outcomes. Gondolf (2004) did concede that there were slightly better outcomes for high-risk offenders who were in a more intensive program, but the effect was not strong enough to permit him to recommend that higher intensity programs would be cost-effective. In the effective corrections literature, however, one meta-analysis showed that 300 hr are needed to result in a reduction of recidivism from 59% to 38% for high-risk offenders with multiple needs and 200 hr of service for moderate risk with moderate needs was sufficient to reduce recidivism from 28% to 12%. For high- and moderate-risk offenders with a moderate number of criminogenic needs, 200 hr of treatment was sufficient to reduce recidivism from 44% to 30% (Bourgon & Armstrong, 2005). Lipsey's (1995) earlier meta-analysis suggested 100 hr were needed for high-risk offenders,

but these studies were largely derived from juvenile samples. The average intensity level for DV programs in the literature is around 20 sessions (approximately 40 hr), far short of what is suggested as necessary for high-risk offenders. In addition to direct program service, the highest risk offenders require a coordinated case management strategy that monitors the safety of potential victims by active contact and assistance and by proactive arrest policies where there is evidence of escalation in dynamic risk. Specialist high-risk offender management teams in some police forces in the United States and Canada are excellent models of this strategy.

Applying the Need Principle to Domestic Violence Programs

The need principle states that correctional interventions should target criminogenic needs (i.e., dynamic risk factors associated with criminal behavior that, if changed, should result in reductions in reoffending). It follows from this principle that treatment programs for perpetrators of IPV should address factors empirically related to partner violence and abuse. In applying the need principle, it is important to note the heterogeneity that exists with respect to offenders' education, cognitive style, social status, personal and criminal histories, and attitudes that could affect the relevance of some of these needs for certain subsamples, and could contribute to differential outcomes for treatment programs. To identify the criminogenic needs of participants, a profile of the specific treatment population should be conducted prior to determining details of program content.

Although there are both static and dynamic risk factors associated with antisocial behavior and both are important to consider for purposes of case planning and risk assessment, it has been persuasively argued by Andrews and Bonta (2010) that treatment is more effective if the focus is on the management and reduction of relevant dynamic factors because these are amenable to change. The strongest evidence for the appropriateness of a DV treatment target are results indicating that reduction in need level reduces abusive behavior. Programs can, however, assist participants to cope with the personal impact of some historic, static factors in the course of an intervention, as is the case for men who have been subjected to childhood trauma or have been witnesses to domestic abuse (Corvo, 2006).

What then are the appropriate program elements for an effective DV prevention program? We begin with the dynamic factors that are most consistently linked to spousal assault and then look at other factors that also have empirical support. It should be noted that it is not always clear whether the association of these factors is with the onset of IPV or with reassault, or both; but, in either case, we believe that each of these factors described next would be a worthwhile target for intervention for most intimate partner perpetrator populations.

Substance Abuse. Substance use, especially alcohol use, has been consistently associated with IPV in North America (Hines & Straus, 2007; Jaffe et al., 2009; Moore, Elkins, McNulty, Kivisto, & Handsel, 2011; Thompson & Kingree, 2006) as

well as international samples worldwide (Esquivel-Santoveña, Lambert, & Hamel, 2013). The nature of this relationship has been debated, and some propose that the relationship is spurious, co-occurring with other markers of antisocial orientation. For example, although Hines and Straus (2007) found a relationship between binge drinking and relationship violence, this relationship was fully mediated by antisocial traits and behaviors. A second theory explains the relationship as a result of marital dissatisfaction because of substance abuse; but the strongest support is for the proximal explanation which attributes IPV to the acute psychopharmacological and disinhibiting effects of alcohol and its disruption of the higher order cognitive functions associated with self-control (Giancola, 2004; Klostermann & Fals-Stewart, 2006).

Statistics Canada's national survey of violence against women found that people whose partners were heavy drinkers (five or more drinks a day) were 6 times more likely to experience spousal violence than those whose partners never drank heavily (Aucoin, 2005). Fals-Stewart (2003) noted that men entering either a DV treatment program or an alcoholism treatment program were 8–19 times more likely to have perpetrated violence on a day they were drinking than on a nondrinking day. The more habitual the drinking, the greater the likelihood of violence in relationships. In one treatment sample, assaulters who drank almost daily were 16 times more likely to reassault their partners than nondrinkers or seldom drinkers (Gondolf, 2002). An innovative field study of dating college students found that, based on daily electronic diary reports, the odds of perpetrating psychological and physical aggression were 2.19 and 3.64 times greater, respectively, on drinking days relative to nondrinking days. The effect was especially strong for men, who were more than 7 times as likely to engage in psychological aggression on drinking days, whereas women were 1.6 times more likely to engage in psychological aggression on drinking relative to nondrinking days (Moore et al., 2011). All of the cognitive and personality risk factors evaluated in a study by Field, Caetano, and Nelson (2004) were associated with perpetrators of IPV, but expectations of aggressive behavior following alcohol consumption was the most influential predictor of IPV in couples. A national study of 48 American states applying path analysis of three factors related to DV confirmed that drinking problems, impulsivity, and a history of childhood physical abuse were all related to both male-to-female and female-to-male IPV; however, there were differential influences based on ethnicity (Schafer, Caetano, & Cunradi, 2004). Men with serious levels of alcohol abuse are likely to have multiple problems. Among men attending a treatment group, hazardous drinkers scored higher on measures of general violence, depressive symptomatology, and drug problems than those who were described as nonhazardous drinkers (Stuart, Moore, Kahler, & Ramsey, 2003). Relevant to consideration for program developers is evidence that successfully treating alcohol abuse can reduce DV (O'Farrell, Van Hutton, & Murphy, 1999; G. L. Stuart et al., 2003).

These results point to the need for an assessment of substance abuse as a routine part of a comprehensive IPV intervention. Treatment of substance abuse should be provided as an adjunct treatment prior to, or concurrent with, the specific spousal violence intervention. Program content should assist participants to understand the

role of substance abuse in their offense pattern, and strategies to cope with substance abuse should be part of their relapse prevention planning.

Emotion Mismanagement: Anger. Advocates have critiqued the emphasis on anger management in the treatment of partner violence perpetrators, going so far in many states in the United States to prohibit the use of anger management in their treatment guidelines (quoted in Dutton & Corco, 2006). The connection between anger and problems with anger control and relationship violence, however, is well established. In research on marital violence, violent husbands were more likely than nonviolent husbands to report anger in response to their wife's behaviors (Holtzworth-Munroe & Smutzler, 1996), and severely violent men reported higher levels of spouse-specific anger than nonviolent men (Boyle & Vivian, 1996). In their longitudinal study, Moffitt, Krueger, Caspi, and Fagan (2000) demonstrated the key role that negative emotionality, both of the perpetrator and the victim, plays in partner assault. Norlander and Eckhardt (2005) conducted a meta-analysis on 28 studies that related anger and hostility in samples of men with histories of IPV and nonviolent controls. They made a distinction between hostility, which they defined as a construct involving the dislike and negative evaluation of others, and anger, which they defined in terms of physiological arousal, inflammatory cognitions, and the subjective labelling of the emotion as anger. They found a moderate effect size for anger and for hostility. Levels of both anger and hostility were higher for the violent than the nonviolent group and, among the IPV group, the extent of anger and hostility was higher among the more violent men. A meta-analysis of factors related to IPV also concluded that there was strong evidence for elevations in anger and hostility among men with histories of IPV (Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001).

Not all individuals prone to anger engage in abusive behavior. Individual differences in the ability to regulate emotions may explain why some men's behavior leads to abuse. In addition, men with high anger levels may use psychological abuse with a partner when they are angry regardless of how well they are able to modulate their anger in response to anger-provoking situations (Harper, Austin, Cercone, & Arias, 2005). There is evidence that several factors mediate anger's relationship to aggression. For example, trait anger was more likely to be related to aggression among men who were intoxicated and reported problems with anger control (Parrott & Giancola, 2004). Contextual factors such as the presence of antisocial peers and perceived provocation have been shown to facilitate the link between anger and aggression (Bettencourt, Talley, Benjamin, & Valentine, 2006). The key variable in these studies appears to be the aggressors' failure of anger control. Further strong evidence of the role of anger in IPV comes from a study by Hamberger and Hastings (1988) that showed that men whose levels of anger and dysphoria were reduced with treatment had a corresponding reduction in abuse at posttreatment and at 1 year follow-up. Saunders and Hanusa (1986) found similar results with reductions in men's self-reported anger being directly related to women's report of reduced victimization. Another study demonstrated that men who had histories of partner assault had fewer

anger control strategies in response to anger-arousing scenarios than did nonviolent men (Eckhardt & Kassinove, 1998). Clearly, these perpetrators could benefit from skills training. Unfortunately, men in treatment groups who score high on anger may be more likely to drop out of treatment than men without this problem (Eckhardt, Samper, & Murphy, 2008). These studies point to the relevance of targeting emotion management skills training in DV treatment.

Jealousy. Jealousy is linked to angry and aggressive outbursts, stalking, and threatening behaviors and is therefore an appropriate target for treatment. Studies cross-culturally have consistently found jealousy and anxiety about abandonment to be risk factors associated with relationship violence (Dobash & Dobash, 1984; Holtzworth-Munroe, Stuart, & Hutchinson, 1997; Parish, Wang, Laumann, Pan, & Luo, 2004), and reviews of risk factors associated with DV have generally confirmed jealousy as a contributor (e.g., Schumacher et al., 2001; Stith, Smith, Penn, Ward, & Tritt, 2004). Jealousy, or in particular what Daly and Wilson (1993) refer to as "sexual proprietariness" (i.e., a desire for exclusive control of the female partner, but also a feeling of entitlement to that control), and "morbid jealousy," a rare psychiatric disorder characterized by obsessive and delusionary beliefs about the partner's infidelity (Rosenbaum, 1990), may be associated with the most violent attacks and with lethality, especially in situations of pending or actual relationship breakup.

A review of files of multiple and single DV murders in Florida found that jealousy or obsessiveness with the victim was one of the three top antecedents to intimate femicide after previous history of DV and recent estrangement (Websdale, 2000). Likewise, reviews of DV deaths in Ontario, Canada have consistently implicated obsessiveness with the victim as one of the most frequent risk factors in these homicides (Office of the Chief Coroner, 2010). Dawson's (2005) research on the files of more than 700 intimate partner homicides found jealousy to be a factor in 45% of cases.

Jealousy has been included as an item in DV risk assessment tools. Campbell et al.'s (2009) measure of dangerousness is the most widely recommended tool for the assessment of serious assault and lethality. Over the different revisions of the measure, she has retained the item on extreme jealousy as a valid predictor (Campbell et al., 2009). It is interesting to note, however, that the ODARA, an empirically derived instrument measuring domestic reassault, not lethality, has not included jealousy as a risk item (Hilton et al., 2004).

For jealous or proprietary men, separation or threats of separation can pose a very dangerous risk to their partners (Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007; Office of the Chief Coroner, 2010).

Depression. There is more limited, but consistent, evidence that depression is a factor linked to partner abuse and, in particular, to lethal assault. A 4-year synthesis of cases of DV homicides in Ontario reviewed by a coroner's committee found that in 68% of the 47 cases reviewed, the perpetrators were described as actively depressed by family or friends and 45% had threatened suicide at some point prior to the

murders (Office of the Chief Coroner, 2010). Depression in these cases is often associated with suicide or attempted suicide after the homicides. Among intimate femicide cases in Florida, morbid jealousy was often accompanied by suicidal ideations, plans or attempts, and depression and sleep disturbance (Websdale, 2000). A summary of risk factors cites several studies showing a link between a diagnosis of depression or an elevated level of depressive symptomatology among abusive men and a stronger link for more serious assault (Schumacher et al., 2001). Depression may be more strongly related to the most serious forms of assault and less so, or not at all, to less serious assault (Danielson, Moffitt, Caspi, & Silva, 1998; Pan, Neidig, & O'Leary, 1994). The authors of the ODARA, who have identified factors related to partner reassault, have not included depression as a key risk factor (Hilton et al., 2004). It may be that depression as a risk factor is more frequently found among men who do not have a pattern of previous assault or an established antisocial orientation. We were unable to identify any studies that showed that reduction in depression resulted in remission of partner assault, however, on balance monitoring for signs of depression and suicide ideation and a component in interventions to address depression as well as other problematic emotions is recommended.

Shame. Shame is a painful emotion believed to result from a heightened awareness, be it real or imagined, of negative evaluation from others. The role of shame has received relatively little attention in the interpersonal violence literature. Perceived shaming may result in individuals becoming hostile, especially toward the source of the threat in an attempt to regain feelings of self-worth and control. It may be a predictor of abuse in relationships primarily because of its established relationship with anger (Dutton, van Ginkel, & Starzomski, 1995; Harper et al., 2005; Retzinger, 1991; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). Anger seems to serve as a pathway through which shame is expressed as intimate partner abuse. Addressing shame and its relation to anger should be included as an element of family violence interventions. There may be important cultural differences in the role that shame plays in women abuse that needs to be considered in program development and delivery (Fessler, 2004).

The previously cited research supports the recommendation that IPV programs should include a focus on teaching men skills for appropriate affect regulation. In addition, intervention efforts should also focus on decreasing overall levels of anger. Although appropriate affect regulation may benefit men with high levels of trait anger, the disposition to experience anger itself might also be a critical target for change. A general cognitive behavioral approach to affect regulation can apply across targeted emotions. Techniques like those developed by Beck (1975) assist participants to self-monitor for signs of high emotional arousal, to identify the harmful self-talk associated with emotion mismanagement, and apply restructuring techniques to modify the thinking pattern and behavioral techniques (such as relaxation, calming self-talk, time-outs, and other distraction techniques) to calm down. We recommend that emotion management be integrated into a comprehensive approach to interventions that include examination of the impact that attitudes toward women and

violence plays in triggering negative emotion and abuse (Tutty, Bidgood, Rothery, & Bidgood, 2001). Which emotions should be a focus for each participant would depend on an analysis of the participant's individual pattern of abuse.

Attachment Problems. Related to problems with emotional self-management is the emerging area of attachment theory. The link between DV and attachment was established based on the result of direct clinical observations that many batterers were overly dependent on their intimate partners but incapable of initiating and maintaining an emotionally supportive relationship. Closeness is desired, but perpetrators engage in violent and controlling behaviors to ensure physical closeness (Dutton, 1999). Studies using various measures of attachment arrive at the same pattern of results supporting an association between insecure attachment and intimate violence. More specifically, anxiety over abandonment has been associated with violence more than avoidance of intimacy. Lafontaine and Lussier (2005) speculate that the experience and expression of anger may be related to male and female anxiety over abandonment and avoidance of intimacy. In their study, the use of intimate violence by men was directly related to their tendency to reject attempts by their partner to get close to them, whereas the use of violence by women principally represented a dysfunctional attempt to keep the partner close. They found that the avoidance of intimacy by men led to a dysfunctional experience of anger in the couple, which in turn resulted in the use of intimate psychological violence. Moreover, anxiety over abandonment in women influenced dysfunctional experience and expression of anger in their couple and resulted in the use of psychological and physical violence. There was also a moderator effect of anger; men who measured low on anxiety over abandonment and high in trait anger had the highest likelihood of intimate physical violence toward their partner. This finding explains why some men with low anxiety over abandonment respond violently whereas others do not.

Carney and Buttell (2006) examined interpersonal dependence as a treatment issue in an IPV intervention. The sample of violent men in the study reported a level of interpersonal dependency higher than the nonviolent comparison group. Although dependency issues are not characteristic of all men who perpetuate IPV, within the limits of a structured group intervention, it is important to assist those participants who do to manage the strong emotion and potential aggression associated with these needs.

This research suggests that inducing changes to avoidant men's view of the self and others (reducing fear of intimacy, worries about being abandoned, and frustrations when the partner is not available) may be important in reducing the likelihood of dysfunctional anger and violence in the relationship. IPV interventions then should provide some focus on restructuring dysfunctional attachment patterns and an examination of how perpetrators' anger in their relationships may be related to past or present frustrated attachment needs.

Attitudes Supportive of the Abuse of Women. The evidence for the cornerstone of the feminist explanation for DV, that patriarchal beliefs are linked to violence against women, is mixed. The theory explains that the structure of patriarchal societies

encourages the adoption of men's sense of entitlement to exert power and control over their families. This sense of entitlement justifies their use of several tactics such as the use of economic control, use of or threat of physical or sexual violence, and psychological tactics to maintain the power imbalance in their favor.

Some cross-cultural research supports this theory. Internationally, in societies where the position of women is subservient and where there is support for the systemic oppression of women, the rates of abuse against women are higher.[1] In countries torn by conflict, rates of violence against women are often elevated. However, within societies where the position of women has become more egalitarian, the evidence for the role of patriarchy in partner abuse is less clear. Several studies, including large scale international studies, have found rates of violence in relationships to be equally high for men and women (Moffitt, Caspi, Rutter, & Silva, 2001; Straus, 2004). Ylio and Straus's (1984) classic study found a curvilinear relationship between rates of wife assault in the United States and the states' rated level of gender equality. States where women had a lower status had higher rates of wife assault than those that were more egalitarian, but states where women had higher economic and educational status also showed higher levels of violence against women. They concluded that the highest rate of violence occurs when normative support for husband dominance is high, even though the structural status of women is also relatively high. This situation may be similar to many cultures in transition from traditional roles.

Two meta-analyses indicate weak support for the role of men's attitudes toward women in IPV. A meta-analytic review of 29 studies of DV concluded that there was "limited support for the ideological component of the patriarchal theory of wife assault" (Sugarman & Frankel, 1996). The authors found that, contrary to feminist theory, violent husbands were more likely to have an "undifferentiated" general schema; that is, they did not necessarily adhere to rigid sex role stereotypes and their attitudes toward women did not differ from nonviolent husbands. Another meta-analytic review of traditional sex role ideology on partner violence, however, concluded that it was a risk factor (Stith et al., 2004). The authors required four independent studies to show an effect before they considered a factor as a risk factor for IPV. However, two of the four studies they cited for attitudinal acceptance had dubious measures of attitude (one took women's reports of their husbands' attitudes), the other simply asked abusive and nonabusive men to estimate the likelihood of their being violent in the future and took elevated estimates of future violent men as measures of "acceptance." Another criticism of the feminist explanation of IPV is that it cannot account for the high rates of violence among same-sex relationships and evidence of female-on-male violence. In short, the evidence for an association between attitudes in support of patriarchy and IPV is meager, and even when demonstrated, the causal direction cannot be ascertained by cross-sectional studies.

Although attitudes that endorse a patriarchal societal structure alone may not put women at heightened risk for violence by male partners, these attitudes, coupled with perpetrators' justifying and endorsing violence against women to enforce men's dominant roles, does (Fincham, Cui, Braithwaite, & Pasely, 2010). Key attitudes and

beliefs that must be addressed in IPV treatment then are those supporting the abuse of women for any reason. The same meta-analysis that found only four studies supporting the link between IPV and attitudes in support of traditional sex roles, found a large effect size for attitudes condoning violence against women (Stith et al., 2004). In their sample of 997 abusive men, Hanson, Cadsky, Harris, and Lalonde (1997) found that severely abusive men score higher on measures of attitudes tolerant of spouse assault than nonabusive men, and the most severely abusive men had higher scores than the less abusive men. A cross-cultural study found that both men and women in the United States were more than 3 times more likely to perpetuate relationship violence if they have an attitude of violence approval (Chan & Straus, 2008). A large scale study of 13,837 couples from six African countries found that measures of attitudes in support of spousal violence were significantly associated with violence in all but one African nation in the analysis (Alio et al., 2011).

The evidence is inconclusive on the role that minimization, denial, and blame play in IPV and the impact of targeting these attitudes in programs. Intuitively, one links failure to take responsibility for abuse and violence with higher risk to reassault, but the research in this area is not strong and needs further examination. Scott and Straus (2005), for example, found minimization, and particularly partner blaming, to be associated with partner assault even when socially desirable responding and relationship satisfaction were controlled. However, rigorously targeting minimization and blame in treatment can compromise the therapeutic relationship and result in poorer treatment gains. As a general rule, it is more consistent with therapeutic alliance if responsibility for the violence and abuse of victims is realized through general discussion of the impact of abuse on victims and family and through the supportive mutual challenging of group members instead of as a result of confrontation by program facilitators. The effective corrections literature endorses cognitive behavioral methods as the most effective in addressing antisocial behavior. A cornerstone technique of any cognitive behavioral intervention is the method for addressing attitude change through cognitive restructuring techniques.

Problems in Self-Control. Low self-control is a key explanatory concept in criminology and a large scale study has found support for Gottfredson and Hirschi's (1990) General Theory of Crime cross-culturally (Rebellon, Straus, & Medeiros, 2008). There is also evidence that poor self-control is a factor in IPV. Self-regulation problems such as impulsivity and poor anger control are associated with both alcohol use and violence (Hamberger & Hastings, 1991). Offenders with histories of spousal assault, like offenders in general, commonly demonstrate a constellation of behaviors linked to impulsivity (Caetano, Vaeth, & Ramisetty-Mikler, 2008; Hanson et al., 1997). Impulsivity may be a risk factor for IPV particularly when mediated by substance abuse and marital dissatisfaction (G. L. Stuart & Holtzworth-Munroe, 2005).

Self-regulation problems are characteristic of individuals with serious antisocial orientation. Recently, researchers have linked enduring antisocial orientation and the extent of DV as measured by police records over time (Harris, Hilton, & Rice, 2011).

They concluded that variables associated with IPV such as jealousy, substance abuse, attitudes, anger, and hostility characterize an antisocial orientation and advise that the best contribution to criminal justice goals in Western societies is to find ways to reduce the impact of psychopathy.

That partners sometimes experience violent impulses toward one another without these impulses resulting in violent behaviors is important to appreciate as part of program planning (Finkel, DeWall, Oaten, Slotter, & Foshee, 2007). Both men and women experience violent impulses toward their partner on occasion, but most are usually able to manage such impulses without aggression. Mutual conflict characterizes many abusive relationships (Capaldi, Kim, & Shortt, 2007; Straus, 2004). Male perpetrators with self-control problems involved in relationships with assaultive women may find it particularly challenging to refrain from perpetrating IPV when violent impulses arise.

Although there is good evidence in support of self-control as a factor in IPV, the larger question is whether poor self-control is changeable. Piquero, Jennings, and Farrington (2009), in their meta-analysis on the effectiveness of programs to address self-control problems among children, concluded that the self-control in children was malleable and that program participation improved self-control and reduced delinquency. Although there is less evidence in adult populations, we nevertheless recommend that helping individuals refrain from violent behaviors when they experience violent impulses by training them in self-control techniques should be an important focus of DV interventions. Interventions should emphasize skills like consequential thinking, pause and delay responses to high-risk situations, and rehearsal of prosocial responses to anticipated high-risk situations through relapse prevention or self-management planning.

Relapse prevention techniques have been incorporated into correctional programs addressing substance abuse and sex offending since the mid-1980s. A meta-analysis of programs that incorporated relapse prevention in their content found that these programs produced significant reductions in criminal recidivism, particularly if these programs integrated the RNR principles (Dowden, Antonowicz, & Andrews, 2003). Although there is not yet a body of outcome studies empirically supporting the use of relapse prevention in the treatment of IPV, it is entirely consistent with a systematic approach to risk management, particularly as a means of structuring case supervision and the community follow-up for higher risk perpetrators (Parks, Marlatt, Young, & Johnson, 2004). This model helps the perpetrator identify and anticipate those factors that have contributed to his abusive behavior pattern and points him to his internal resources (the appraisal component he has modified and coping skills he has learned) and external resources (network of support) that he can rely on when confronted with risky situations. Follow-up in the community applying this framework is particularly important when offenders have direct access to potential victims.

Communication and Social Problem-Solving Skills and Mutual Conflict. It is now well-established that women's violence toward male partners and bidirectional violence between couples are important dimensions in understanding the dynamics

of IPV (e.g., Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012). This may be particularly true among male and female offender populations with their characteristic antisocial histories and problems with substance abuse (Capaldi et al., 2007; Langhinrichsen-Rohling, 2010). An increasing body of research has focused on the role of dyadic interactions, specifically, social skill deficits, in understanding aggressive couples (Holtzworth-Munroe, 1992; Holtzworth-Munroe & Anglin, 1991; Ronan, Dreer, Dollard, & Ronan, 2004). These studies attribute IPV to deficits in social skills such as communication, negotiation, and problem solving. One proposed model suggests that deficits in these skills can result in the use of violence to resolve high-conflict marital interactions (Babcock, Waltz, Jacobson, & Gottman, 1993). Aggressive dating relationships have been found to have more negative communication behaviors, such as blaming, threatening, name-calling, and criticizing (Feldman & Ridley, 2000). Conversely, positive communication in men, such as politeness, laughter, and encouragement is related to lower levels of physical aggression (Follette & Alexander, 1992; Robertson & Murachver, 2007). Cornelius, Shorey, and Beebe (2010) conducted a study of communication patterns of dating couples, testing Gottman's marital communication conceptualization. They confirmed not only that negative, harsh communication patterns were associated with aggression in relationships, but, importantly, positive communication was negatively associated with aggression. These positive techniques include a tendency to minimize negative statements, use humor, take breaks during conflict episodes, and accept a level of influence of the partner (i.e., acknowledging when the partner says something with which the other agrees).

It may be that some perpetrators have adequate communication skills until such time as they are involved in conflict situations. A study investigating changes in the communication skills used by violent couples found that when couples discussed low conflict situations, use of effective communication skills exceeded use of ineffective skills, but when they discussed high-conflict problems, their use of ineffective skills exceeded their use of effective skills (Ronan et al., 2004). Notably, a small study of nine formerly abusive men whose partners had confirmed that there had been no abuse for at least 6 months indicated that one of the factors that had been important in stopping abuse was improvements in communication skills, particularly negotiation and conflict resolution skills (Scott & Wolfe, 2000). A similar study found that couples who reduced or ceased their violence exhibited better communication skills than those who persisted (Gordis, Margolin, & Vickerman, 2005).

On balance, the research points to the likelihood that many perpetrators of IPV can benefit from learning skills that are specifically designed for managing high-conflict situations such as communication skills and techniques like responding to criticism and negotiation. In addition, the finding that victims demonstrate deficits in these skills as well suggests that, where viable, partners could also benefit from skills training.

Antisocial Associates: A Promising Target for Change. Andrews and Bonta (2010) cite antisocial attitudes and beliefs, antisocial personality, and antisocial peers and associates as the "big three" targets for programs to reduce criminal reoffending.

Although the importance of antisocial associates is established in the literature on general offending, there is only beginning to be a body of research that investigates the role of associates in risk for relationship violence. Social learning theory would predict that the acceptance of abuse increases when men watch other men denigrate or abuse women without intervening themselves or without seeing others intervene. Facilitators can attest to the impact on group process if there is peer support for abuse in the course of program delivery. Among Canadian university students, DeKeseredy and Kelly (1995) found an association, albeit weak, between information support from abusive peers that provided guidance and advice that influenced men to sexually, physically, and psychologically assault their dating partners and self-reported sexual abuse of dating partners. The authors also found a significant relationship between abuse of dating partners and degree of attachment to male peers. Kerry (2000) showed that exclusive leisure activities with men differentiated spousal murderers from other offenders and nonoffenders. Several studies have associated sexual abuse of women and perpetrators' membership in fraternities and athletic teams (e.g., Humphrey & Kahn, 2000), although this relationship may be mediated by degree of alcohol abuse. Using data from the Canadian National Survey, researchers found that men who drink two or more times a week and have male peers who support emotional and physical abuse are nearly 10 times as likely to admit to being sexual aggressors against partners as men who have none of these factors (Schwartz, DeKeseredy, Tait, & Alvi, 2001).

Higher levels of sexual and physical abuse of women are found in male dominated environments, especially those in which there is a culture of hypermasculinity, where leadership does not provide the guardianship required to arrest assaultive behavior, and where peer bonding is structured around risk taking, attitudes that condone sexual abuse of women and substance use. One study, examining the combined impact of individual-level and group-level variables on self-reported IPV among married male U.S. Army soldiers, found that perpetration of minor IPV was associated with more group cohesion (i.e., peer support, associations, friendships), but this was not true for more severe abusers (Rosen, Kaminski, Moore-Parmley, Knudson, & Fancher, 2003). The authors speculated that the less violent perpetrators may have been influenced by a perception that they were conforming to peer group standards, whereas perpetration of moderate to severe IPV appeared to be associated with feeling detached from the peer group. These loners may be men with more serious mental health issues. Group disrespect (i.e., climate characterized by rude, aggressive behavior, conversation that degrades women, consumption of pornography, sexualized discussions, and the encouragement of group-drinking behavior) was found to contribute to both minor and more severe IPV.

Alternatively, positive male role models can provide active support for those who do not abuse and become an excellent learning tool, especially for young men. The White Ribbon campaign, started in 1991, is now adopted worldwide as men take a stand against violence against women (http://www.whiteribbon.ca). It provides a wealth of educational materials and promotional tools for men to demonstrate their

position against violence against women. Wearing a white ribbon signals a personal pledge never to commit, condone, or remain silent about violence against women.

In a recent discussion paper, Hart (2009) called for DV program developers to consider antisocial peer influence as an important treatment target. Methods for addressing the impact of abusive peers or peers who support the abuse of women are similar to methods used in targeting antisocial associates in general correctional programs. Participants evaluate the people in their lives whose contact puts them more at risk to be abusive and those attitudes and behaviors are positive toward women and children. Strategies are developed to avoid or mitigate the influence of antisocial peers and skills and strategies practiced to ensure closer and more frequent association with prosocial peers. The role of peers should figure in the strategies identified in the relapse prevention plan of a DV program.

Motivation as a Program Target. An effective program to address IPV needs to build in techniques that increase participants' motivation to change. A consistent finding in the literature is the association of low motivation (measured as stage of change measures, or facilitators' ratings of attitude toward correctional treatment) with higher attrition and poorer outcomes. Unclear is whether motivation should be targeted as a need in itself or if it forms one of the key concepts under the responsivity principle. If the latter, then those offenders whose motivation improves with program participation should demonstrate better outcomes than those whose motivation did not improve with participation. Either as a criminogenic need or as a responsivity factor, the evidence indicates that using methods to increase participants' motivation to adopt healthier relationship strategies and to drop abusive ones is a critical component of any program. In the following section, we will discuss these methods that have been shown to enhance motivation.

In summary, there is strong evidence for including the following components in the design of programs to address partner abuse: substance abuse treatment, training on skills to improve self-control and emotion management, and training on skills to change attitudes in support of the abuse of women. There is less robust but suggestive research supporting reducing the influence of antisocial peers, encouraging prosocial identity change and motivation for healthy relationships, and improving communication skills. A recent comprehensive review of risk factors made similar observations related to addressing dynamic risk factors (Capaldi, Knoble, Shortt, & Kim, 2012). The authors recommended IPV programs address deviant peer association, conduct problems, and substance use and include problem-solving and interaction skills to reduce and prevent partner abuse.

Applying the Responsivity Principle to Domestic Violence Programs

In addition to the risk and need principles, successful correctional interventions should ensure programs contain content and use methods that maximize a positive response from participants. The responsivity principle stresses the importance

of features of curriculum design and program delivery that promote understanding and relevancy for participants for whom it was designed. The aim is to ensure that offenders are able to absorb the content of the program and subsequently change their behavior by the successful matching of treatment strategies to their learning styles, motivation level, and cultural context.

Adhering to responsivity requires matching of service with offenders' personality, motivation, and ability and with demographical characteristics such as age, gender, and ethnicity. Andrews and Bonta (2010), recently, also acknowledge the importance of designing programs that build on the participants' strengths, without neglecting the emphasis on risk and need principles.

Respecting the responsivity principle should also be reflected in strategies to reduce program attrition. Some have estimated that up to 50% of participants who start an IPV program never complete it (Bennett et al., 2007). Recidivism rates for men who drop out of programs are greater than for men who complete them (Cadsky et al., 1996). Typically, those who complete a program are those who are more motivated and amenable to change and have a greater stake in remaining offense free (Jewell & Wormith, 2010). The number of sessions attended is an important predictor of likelihood of rearrest (Bennett et al., 2007; Gondolf, 2002; Gordon & Moriarty, 2003).

Variables associated with treatment dropout are similar to those related to violent recidivism (Olver et al., 2011; Quinsey et al., 1998). Offenders who drop out are characterized by impulsivity, hostile attitudes toward authority, extensive criminal histories, and substance misuse (Waltz, Babcock, Jacobson, & Gottman, 2000). In a study of 284 men mandated to IPV treatment in which 63% dropped out, 3 times more dropouts than completers were officially recorded as having committed a new domestic violent offense within 2 years (Babcock & Steiner, 1999). A similarly poor result for dropouts was found in a larger study of nearly 800 wife assaulters followed for 18 months (Shepard, Falk, & Elliott, 2002). The most parsimonious interpretation of the evidence is that noncompletion of IPV treatment is related to recidivism because recidivists are more likely to refuse or quit treatment.

Treatment retention could be improved by ensuring that the responsivity principle of effective corrections is met. Treatment tailored to the unique needs of offenders, targeting different typologies and motivation levels, may ensure better retention rates. In addition, the incorporation of participants' specific goals into treatment may also increase motivation and retention (Lee, Uken, & Sebold, 2007). Case supervision can be important in ensuring treatment compliance. Although mandated clients may not often be initially as receptive to treatment as voluntary clients, treatment completion is enhanced by having attendance monitored by a probation/parole officer who applies sanctions for noncompliance (Wierzbicki & Petarik, 1993). Evidence from the substance abuse field suggests that mandated clients do as well in programs as voluntary clients if they complete the program (Marlowe, 2000).

Longer programs increase the likelihood for dropout. Programs that retain the recommended dosage, but in more condensed format, can reduce dropout. In incarcerated settings, programs can be delivered 4–5 times a week for 2–3 hr a session. In the

community, however, it is often more difficult to deliver sessions more than 2–3 times a week. In both cases, prolonged booster sessions help to maintain motivation and commitment to healthy relationships. For mandated clients in the community, provision of bus tokens to offset transportation costs can improve attendance.

In the following section, we highlight various responsivity strategies that are associated with positive outcomes, either in the correctional literature, in IPV interventions, or in general clinical practice.

Adhering to Methods Appropriate to Adult Learning Styles. The literature on adult learning recommends that adults respond better when interventions employ active and participatory approaches that tap their own life experience, use collaborative authentic problem-solving activities, and anticipate problems applying new knowledge and skills to their situations and therefore make provisions to provide advice and recommendations for adaptation, provide choice in learning that is relevant, and match the degree of choice and language to the level of development and understanding of the learners. In IPV programs, adhering to adult learning strategies means emphasizing skills training using role-plays and applied practice and limiting passive didactic instruction. Case studies should be relevant to participants' experience, and skills training should help participants identify the contexts in which the skills can be applied. Program materials should be written at a level consistent with the literacy level of participants and be free of jargon. A key to adult learning is respect and collaboration between instructors and learners. This is easily the most important principle in the effective delivering of any intervention and is equally important in the design and implementation of correctional and IPV programs.

The Importance of Therapeutic Alliance. Training facilitators to deliver these programs should be founded on the central importance of the formation of the collaborative, supportive relationship between facilitator and participant. Working with angry and hostile men who are often mandated to treatment does not always make this an easy undertaking; nevertheless, it must be done or the likelihood of treatment gain, no matter how well-designed the curriculum or how well-implemented the program is, is compromised (Taft, Murphy, Musser, & Remington, 2004). Many facilitators of IPV programs have been trained to "confront" and cautioned not to "collude" with participants, advice that too easily deteriorates into an adversarial and antitherapeutic program experience. The clinical literature as well as the correctional and IPV program literature provides guidance on features of facilitators and interventions that are successful in assisting clients to make desired changes.

Wampold (2001) completed a seminal study on the basis of positive psychotherapeutic outcomes. He determined that the type of treatment or mode of treatment was not as critical as therapist effects, in his words, "the essence of therapy is embodied in the therapist" (p. 202). Characteristics of interventions associated with positive therapeutic outcomes are clarity of goals, facilitators being skilled communicators, the intervention activating cognitive and behavioral processes in the client, the actions

of the therapist forming a bond, therapists showing positive regard for the client, and engagement of the therapist instead of detachment (Orlinsky, Grawe, & Parks, 1994).

Dowden and Andrews (2004) have emphasized therapist characteristics as one of the key components of effective core correctional practice. They specify that interventions are more likely to produce reductions in criminal behavior if the program staff possess the following relationship characteristics: warmth, genuineness, humor, enthusiasm, self-confidence, empathy, respect, flexibility, commitment to helping the client, engaging, maturity, and intelligence. In addition, successful staff have specific skills that include directive, solution-focused, structured, nonblaming, or contingency-based forms of communication with offenders.

Sonkin and Dutton (2003) stress the importance of the therapeutic relationship in their application of attachment theory to interventions with partner violent men. They described a positive therapeutic relationship as a requirement for exploring prior unresolved trauma and abuse perpetrated by childhood attachment figures. The impact of working alliance was assessed for a sample of men court mandated to a 16-session cognitive behavioral treatment program for partner violence (Taft, Murphy, King, Musser, & DeDeyn, 2003). Significant correlations were found between both early and late therapist working alliance ratings and measures of victim (partner) reported physical and psychological abuse during the 6 months after scheduled completion of treatment. In all analyses, therapist ratings of the alliance were the strongest predictors of outcome and late alliance ratings provided somewhat greater predictive power than early alliance ratings.

Rosenberg (2003) provides further support for the importance of the working alliance in partner violence interventions. He conducted in-depth interviews with perpetrators of partner violence and their victims at the completion of 52-week intervention program. When participants were asked about the program elements they found to be most helpful in addressing their violence, the most frequent responses involved the provision of support from the other group members and group therapists. In addition, a study by Silvergleid and Mankowski (2006) examined key change processes by conducting in-depth interviews with successful BIP completers and 10 intervention group facilitators. All accounts emphasized the importance of the group level processes and balancing support and confrontation from facilitators and group members. A research review highlighted the importance of the working alliance (therapist and client agreement on the goals and the therapeutic bond) with respect to treatment compliance and outcome in IPV interventions (Taft & Murphy, 2007).

Staff selection processes that require qualities of program staff that promote therapeutic alliance should be part of program implementation. In addition, staff require ongoing training opportunities that promote the development of expertise in collaborative techniques such as motivational interviewing. Many of the principles of effective intervention are embodied in motivational interviewing (Miller & Rollnick, 1991). It is a nonconfrontational approach that attempts to increase clients' awareness of the potential problems caused, consequences experienced, and risks faced as a result of the targeted behavior. Therapists help clients envision a better future and become motivated to achieve it through behavior change.

The tide has at last turned toward consideration of working alliance is a significant factor related to effective treatment of abusers. Shaming participants or addressing resistance in a confrontational style are counterproductive to the goal of establishing healthy relationships and to the principle of respect for persons.

The Role of Treatment Readiness. The principles of the Transtheoretical Model (TTM) are consistent with the goals of motivational interviewing. To improve participant retention and treatment effectiveness, researchers have suggested that it may be fruitful to borrow concepts and techniques from the addictions and public health literatures that have used the TTM to understand how individuals change problematic behavior (Levesque, Gelles, & Velicer, 2000). The TTM (Prochaska, DiClemente, & Norcross, 1992) is a model of intentional behavior change that integrates key constructs from other theories. The TTM describes how people modify problem behavior or acquire positive behavior. The central organizing construct of the model is the stages of change. The model also includes a series of independent variables, the processes of change and their attendant strategies, and a series of outcome measures, including the decisional balance tool for assessing the pros and cons of changing a behavior. Moving assaultive men forward by even one stage of change has been shown to improve program completion and outcomes (Bennett et al., 2007).

Most men who commence treatment minimize or deny the extent of abuse and its consequences, engage in justifications and excuses for their behavior, and present with high levels of anger and minimization. As such, most men mandated for treatment for partner violence may be in the precontemplation stage (Daniels & Murphy, 1997). To examine the relationship between readiness to change and partner violence, Levesque and colleagues (2000) administered the University of Rhode Island Change Assessment-Domestic Violence Scale (URICA-DV) and found that approximately 24% of the men involved in group counselling for IPV fell into the precontemplation stage and 63% fell into the contemplation stage. Very few, therefore, are ready immediately to launch into the action stage in which they are expected to learn and adopt new skills and attitudes. We have found that a simple 5-point Likert rating by facilitators that describes the motivation of the participant to change abusive behavior was as useful because more time-consuming measures in identifying men likely to drop out or make substantial gains in treatment (Stewart et al., 2005). A similar assessment process was used by Scott (2004) who assessed the contribution of the men's stage of change to the prediction of attrition among men attending an IPV program. Those in the precontemplation stage were 2.3 times as likely as those in the contemplation stage and 8.8 times as likely as those in the action stage to drop out.

Individuals in more advanced stages of change report using more behavior change processes (Eckhardt, Babcock, & Homack, 2004). This is important in informing curriculum design. Levesque et al. (2000) noted that in their review of a sample of five of the most commonly used IPV curricula, most concentrated on only a couple of the 12 processes of change, pay little attention to readiness to change, and underuse

more behaviorally oriented strategies that are important in relapse prevention. Failure to apply the various processes of change in program development overlooks opportunities to improve the match of programs to the needs and profile of the participants. Partner assaultive men are less likely to drop out of treatment if they perceive a match between self-identified problems and the content of the program (Brown, O'Leary, & Feldblau, 1997; Cadsky et al., 1996). In short, men in treatment for IPV are not uniform in their readiness to change their abusive behavior. Interventions that include exercises that target men in different stages and shape the processes of change may improve the retention of program participants and, in turn, program efficacy.

Promising Directions: Incorporation of Strength-Based Elements

Ward and Brown (2004) argue that despite the strength of the RNR perspective, the management of risk is not the sole condition for the rehabilitation of offenders. They propose that the best way to lower offending recidivism rates is to equip individuals with the tools to live more fulfilling lives. Their Good Lives Model (GLM) states that rehabilitation should have the twin focus of providing the offender with the essential ingredients for a good life and reducing/avoiding risk. Focusing continuously on targeting problems and deficits can become a negative and demoralizing treatment experience for participants and facilitators. Recent publications have provided guidance on what a GLM and strength-based approach to DV intervention would look like (Langlands, Ward, & Gilchrist, 2009; Simmons & Lehmann, 2009).

Goal agreement between facilitator and participant and an emphasis on goal definition are keystones of the solution-focused approach and are characteristics of interventions with better outcomes. A study examining the role of self-determined goals in predicting recidivism in perpetrators found that goal specificity and goal agreement positively predicted confidence to work on goals, which negatively predicted recidivism (Lee, Uken, & Sebold, 2007). In other words, the more specific the participants' self-determined goals and the greater agreement between program participants and facilitators about the usefulness of the goals, the greater the confidence participants had in their continued work on their goals that in turn decreased the likelihood of recidivism.

We suggest incorporating developing of short- and long-term goals into IPV interventions. Focusing on achieving goals is a key component of self-regulation and provides a motivation for offenders to complete the program and remain violence free. IPV programs benefit from incorporating strength-based approaches that stress the value of positive relationships, a "good" that is fundamental. The process of change should be framed in a positive way, the goal being the establishment and maintenance of healthy relationships. A combination of a strength-based approach and a cognitive-behavioral approach that assists actively in helping clients set prosocial goals and problem-solving solutions to challenges and behaviors incongruent with healthy relationships is recommended.

Promising Directions: Exploring Personal Identity. Maruna's (2001) work has recently captured the attention of individuals working on the development and implementation of correctional programs. His research, presented in his book, Making Good: How Ex-Convicts Reform and Build Their Lives, examines the personal narratives of chronic offenders who had stopped offending and compared them to those who continued to offend. He found that a characteristic of the narrative of desisters was the theme of identity change, or more properly, identity recovery—offenders stopped offending because they found offending inconsistent with their view of who they really were. Encouraging offenders to envisage an identity around a vision of a man they respect may add emotional power to program curricula based on a cognitive-behavioral approach. Referring to the man they respect repeatedly during the program helps participants remain focused on their personal goals for relationship change.

Importance of Attention to Diversity and Culturally Competent Practice. Another element of responsivity is the development of program content sensitive to issues of diversity. Culture and its impact in establishing the gender roles of women and men and proscribing appropriate intimate behavior is perhaps more critical in interventions related to IPV than in any other area of correctional intervention; yet in the early days of inquiry into DV, culture was not acknowledged in scholarly investigation. Providers and researchers promoted more culturally neutral as opposed to culturally competent service delivery. Growing scholarship has acknowledged the significant role of race, culture, and ethnicity in assessing, understanding, and intervening in IPV cases (Bent-Goodley, 2005).

A national study reviewing DV programs in the United States found that most fail to address the realities or concerns of men of color (O. J. Williams & Becker, 1994). Comparing men who completed treatment in either racially mixed or African American groups, Williams (1995) found race to be a significant influence on trust, comfort, willingness to discuss critical subjects, and overall participation in the group. Gondolf and Williams (2001) reported that only 52% of the African American men in the batterer program completed the program, compared to 82% of the White men, and they were twice as likely as White men to be rearrested (13% vs. 5%). Other studies that have differentiated program outcomes for men from various ethnic groups, however, have not found they have poorer outcomes in correctional programs than men from the dominant culture (Buttell & Carney, 2006; Usher & Stewart, 2012). An outcome evaluation of family violence programs in Canada found that Aboriginal and non-Aboriginal participants had similar rates of dropout and reoffending (Stewart et al., 2005).

Although culture-specific programming may not always be required or practical, there is enough research to support the recommendation for culturally focused counselling. This could include raising culture-specific topics and training counsellors who would be ready to respond appropriately to emerging cultural issues. A counselling approach that points to ways to "infuse" culture into interventions with all participants should be considered (Arthur & Collins, 2005).

Facilitators' understanding of how culture can affect individual treatment response is critical when delivering the program to groups of individuals from diverse ethnic

backgrounds as is the extent to which the program content and targets are applicable to people of different backgrounds. For example, for some, racism and immigration pose additional stressors in their family life. The vignettes, videos, and case studies in the program curricula should represent the diversity of program participants. It is useful to invite input into the development of program material from experts from diverse ethnic groups and program facilitators should reflect the backgrounds of program participants. Other ways in which cultural content could be incorporated into interventions is to encourage participants to identify aspects of their cultures that may have contributed to their abusiveness and identify practices within their culture that teach men to respect women, nurture children, and value nonviolence.

Considering Typologies. Another issue to be considered is whether different programs work for some types of abusers. Saunders (2001) recommends that the intervention should be matched to the type of offender. A review of the abuser typology research reveals that three different subtypes have been routinely identified based on the varying degrees of severity and generality of the violence (toward partners and others) and personality disorder. In terms of risk, these three groups could be identified as low, moderate, or high, although various researchers have tagged these with other labels (Cavanaugh & Gelles, 2005). Hamberger, Lohr, Bonge, and Tolin (1996), for example, termed their three clusters as passive aggressive-dependent, antisocial, and nonpathological. Holtzworth-Munroe and Stuart (1994) initially described the three subtypes as generally violent, borderline dysphoric, and family only then later differentiated a fourth group, which they described as low-level antisocial. The generally violent offenders represent approximately 25% of community samples and are violent within and outside their intimate relationships (however, these may well be most offenders in prison who have histories of DV). The borderline dysphoric group represent another 25% of the community sample. They are emotionally volatile and have a history of unstable relationships, impulsivity, and fear of abandonment characteristic of borderline personality. The family-only offenders are the final 50% of community samples. They experience discomfort dealing with intimacy but restrict their violence to their partners, and their violence is less severe; they have fewer drug and alcohol problems, nonsubstantial criminal histories, a greater stake in conformity, and are less likely to have experienced violence in their family of origins.

Incarcerated offender populations may be more homogeneous than community samples. Wexler (2000), for example, reviewed the files of all Aboriginal and non-Aboriginal federal Canadian offenders with histories of spousal violence and found that only 13.5% of the non-Aboriginal men were classified as family-only and virtually none (2.0%) of the Aboriginal spousal abusers were in the family-only group. Dutton and Kerry (1999) suggests that there may also be two broad typologies of Canadian federal offenders who have committed intimate femicide—those who are generally violent and assaultive and those who have histories specific to problematic relationships marked by anxiety, jealousy, and dependency, the latter are more likely to comprise offenders who suicide or attempt suicide following the murder of

their victim. More complicated typology models propose offender profiles that are a continuum. Capaldi and Kim (2007) suggest an approach that defines assaultive relationships along the dimensions of the nature and chronicity or the abuse and the level of individual pathology of the perpetrator and the spouse. This conceptualization is unique in that it includes consideration of the context for the abuse and the personality of both spouses. Such formulations allow for a more individualized treatment plan. For example, in relationships where the perpetrators are socially skilled, motivated to change, where the abuse was situational, and the spouse is also socially skilled and motivated, the risk is low and interventions, if necessary at all, could involve couples counselling. At the other extreme, couples in which there are predatory perpetrators who have high levels of pathology and partners who also have high levels of pathology have the highest likelihood of reoccurring violence and the lowest probability of treatment success. In these cases, the best correctional response would incorporate monitoring and supervision by case managers or specialized police services.

Research in support of the stability of typologies and the value of matching treatment to typology is not well-established. When researchers initially formulated these typologies, they maintained that there are particular characteristics specific to each typology that are distinct and thus it was unlikely that an abuser would move from one type to another. A validation study of the typologies by Holtzworth-Munroe and Meehan (2004), however, could not confirm that the placement of men within some typologies was stable over time (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). Their longitudinal study found that most of the men on reclassification at two time points more than 3 years later became lower risk. This observation adds additional evidence refuting claims that battering escalates in frequency and intensity over time. Holtzworth-Munroe and Meehan caution that it is premature to endorse the use of cutoff scores to allocate men to typologies to predict outcome, or to recommend specific interventions. Instead, they recommend an examination of more immediate variables in which offenders' stable personality characteristics are expressed in response to specific situations.

Few studies have examined interactions between typologies and treatment. Saunders' (1996) study showing that men with dependent personalities were more likely to benefit from process-oriented psychodynamic treatment, whereas men with elevations in antisocial personality made more change if they were enrolled in a cognitive-behavioral treatment, is frequently cited but we are not aware of other studies that have provided empirical evidence in support of this recommendation. Two other studies examined the interaction of personality types with treatment modality and showed no interactions between treatment type and reassault rates (Gondolf & White, 2001; White & Gondolf, 2000).

Addressing the issue of partner assault through the prism of typologies has significant implications for research and practice. Specific subtypes of perpetrators may have different motivations for their violence, different co-occurring psychological or mental health concerns, and different levels of dangerousness at points in their relationships (Holtzworth-Munroe & Stuart, 1994). It is, however, unclear at this time exactly how the research on typologies should be translated into policy. Given the unproven stability

of the types and the lack of clear empirical direction on the responsivity of the proposed types to specific treatment modalities, a more practical approach to treatment matching may be necessary. Most constituencies will not have the resources or the referral population to maintain a range of different treatment programs for various types of perpetrators. We therefore endorse the provision of two distinct programs formulated to address the treatment needs and intensity requirements of lower risk (not low risk) and higher risk offenders. Within the programs, we recommend that the design address multiple targets related to IPV so that a menu of skills and intervention strategies is more likely to maximize the needs of the range of types of intimate partner perpetrators. An individual initial case formulation that will isolate the risk factors related to each offender's offending pattern should be developed at the onset of treatment. In addition, the provision of individual sessions as an adjunct to the group sessions will permit more exclusive work on targets that may not be broadly present among all group members.

Importance of Monitoring Program Implementation

The effective corrections literature provides evidence-based direction on implementing interventions and tools for assessing compliance (Gendreau, 1996; Lowenkamp & Latessa, 2002). Many of the themes included in these measures have previously been discussed in this article, for example, the importance of the preservice assessment of risk and need; the importance that programs target criminogenic need and are of sufficient intensity; the key role of engaging staff who are change agents; and employing components of programs that emphasize skill building and cognitive processes. Several additional elements related to program integrity are captured in these instruments and should be incorporated into IPV program standards.

Although program integrity is recognized as central to program success, it has remained a "forgotten variable" in intervention planning (Gendreau, Goggin, & Smith, 1999). Gendreau (1996) and others have pointed out that successful programs ensure that treatment integrity is monitored to avoid program drift, service providers are adequately trained in the techniques of program delivery and receive professional supervision, graduates from the program are provided with adequate maintenance or follow-up, and the effectiveness of the program is continuously monitored through evaluation and research.

In addition, programs require scripted manuals reflecting the need for standardization to evaluate what aspects of a program drive efficacy. Delivery of scripted programs can be at odds with the requirement to address the individual learning styles and needs of program participants. Facilitators should therefore be trained on ways to make reasonable adaptations to meet the objectives of the program and still individualize program delivery for those who have literacy, mental health problems, or learning deficits.

Curricula should be delivered by trained facilitators whose adherence to the manual, the goals of the sessions and the principles of effective program delivery, is monitored. Ideally, detailed feedback of facilitators' delivery should be conducted by trained supervisors who oversee the professional development and well-being of program

delivery staff. Noncompliance should be addressed with a plan for remediation. Group format is usually the most cost-effective mode of program delivery, but special needs populations or isolated communities can adapt curricula for individual or small group delivery. We have no empirical evidence for the limits to group size, but feedback from facilitators indicate that 8 participants is ideal, although groups of up to 12 are possible with cofacilitation. Cofacilitation by a team of male and female facilitators provides opportunities to model gender role equality and cooperation.

Every program should incorporate an evaluation framework in its design. The program should be subject to an ongoing review of content and the process of delivery and, periodically, an evaluation of its impact on recidivism. Feedback on what is working and what is not contributes to continuous improvement of the intervention. Incorporation of preassessment and postassessment batteries into program design is also important for this reason. These batteries should be limited to only the most relevant measures of change on the targets of treatment. For example, a program to address IPV would set as its ultimate goal the elimination of physical, sexual, emotional, and financial abuse of intimate partners. Intermediate goals would target deficits and teach skills to reduce this outcome. Examples of relevant targets already discussed are decreases in the following: problem thinking related to abuse, emotional mismanagement (jealousy, anger, and dependency); other problems in self-regulation related to impulsivity; deficits in social and communication skills; and antisocial peer associations that endorse the abuse of women. The test battery should use both self-report measures and facilitator ratings to examine change in the program goals.

More rigorous experimental and quasi-experimental evaluations are required to assess the impact of family violence programs. These evaluations should not only examine effectiveness in terms of recidivistic outcome but also attempt to identify what specific elements in the programs drive success. The evaluations need not be conducted by the agencies sponsoring the intervention; indeed, it may be regarded as self-serving if they did, but service providers should develop datasets that include preprogram and postprogram assessment results and participant background/demographic information that can permit researchers to examine if and how a program works. We recommend against the adoption of copywritten material unless there is an agreement that allows for reasonable adaptation in response to evaluation and feedback from facilitators and participants. There is no one research design for this area that has met with universal approval, even the "gold standard," random assignment experimental studies have been criticized as both impractical and often indifferently or inconsistently implemented. Gondolf (2004) provides a very thoughtful summary of evaluation approaches and statistical techniques that can help disentangle the factors that contribute to IPV in addition to (one hopes) the salutatory effect of program intervention.

Importance of Incorporating Community Response

Shepard (2005) examined progress over the past 20 years in addressing DV, and although no one single intervention stood out as being the most effective, she noted that

institutional reforms that have included community responses have been shown to have a positive impact. Coordinated community responses that include a host of agencies acting together to protect victims and hold offenders accountable can reduce violence (Gondolf, 1999; Shepard et al., 2002; Tolman & Weisz, 1995). The outcome of DV programs could be enhanced by having services widely available to victims and by courts and policing that provide effective arrest policies and supervision orders. Minimally, all programs offering service to male perpetrators should make contact with partners and provide them with information on the program, the limits of the impact of the program for their future safety, and information on safety planning and community resources, if requested.

For higher need perpetrators, DV programs should be one of several interventions for managing their risk. Intensive case management, for example, may also be needed (Bennett et al., 2007). Unemployment or underemployment is a demographic factor associated with perpetration of relationship violence. A thorough correctional plan should link perpetrators with histories of unemployment to educational upgrading and employment opportunities. In addition, it is recommended that well-designed relapse prevention plans be incorporated into any DV program so that supervising parole or probation officers can review offenders' relapse prevention plan with them. This plan would contain identification of the factors related to the offenders' offending pattern and the implementation of a strategy of self-management as well as the identification of a realistic support network. Referral to additional services such as parenting programs or substance abuse programs, if warranted, could be important components of the postprogram discharge plans. Finally, we recommend the implementation of maintenance sessions to promote retention of program gains. Combined with informed supervision, there is evidence that this approach contributes to low recidivism rates for some populations (Wilson, Stewart, Stirpe, Barrett, & Cripps, 2000).

CONCLUSION

Although the knowledge base still needs to be refined, it should be recognized that the area of intervening to reduce partner assault has already taken important strides forward. The principles discussed in this article provide evidence-based direction for the design and implementation of effective interventions. Over the next several years, as more research is conducted and more lessons learned, these principles may need to be updated to ensure that treatment and intervention in the field continually evolves and positive outcomes maximized.

NOTE

1. In large scale surveys, women who reported the greatest risk of violence were from rural areas in Bangladesh, Ethiopia, Peru, and Tanzania. See Summary Report: *WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, Initial Results on Prevalence, Health Outcomes and Women's Responses* (World Health Organization, 2005, pp. 5–7).

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Acknowledgments. This article is an update of a white paper presented at the American Association of Criminal Justice Professionals (AACJP) Conference, Miami, Florida in June 2007. The authors would like to thank Christopher Innes of the National Institute of Corrections and Peter Kinziger of the AACJP for their support in the development of the initial white paper and Brian Grant of the Correctional Service of Canada for his support for the development of a related report completed for the Correctional Service of Canada.

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