A Guide to Creating Evidence-Based Batterer Intervention in California

Prepared by John Hamel, LCSW

Private Practice, San Rafael, CA www.johnhamel.net
Editor-in-Chief, *Partner Abuse* www.springerpub.com/pa

(December 5, 2013)

TABLE OF CONTENTS

A Guide to Creating Evidence-Based Batterer Intervention in California

I. INTRODUCTION

A. Characteristics of Evidence-Based Practice

1. Shlonsky and Gibbs (2004) define *evidence-based practice* as "a systematic *process* that blends current best evidence, client preferences (wherever possible), and clinical expertise, resulting in services that are both individualized and empirically sound" (p. 137). According to the American Psychological Association (2006): "*Evidence-based practice in psychology* (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 273).

2. Levels of evidence have been ranked according to the most reliable to least reliable (e.g., Centre for Evidence-based Medicine, 2001):

- *Level I* evidence derives from meta-analyses and well-designed RAC (random assignment to conditions) studies.
- *Level II* evidence includes and quasi-experimental designs (controlled studies without randomization, using non-equivalent control groups or a pretest-posttest design).
- *Level III* consists of well designed non-experimental studies (i.e., case and correlational studies, also known as *explanatory research*). The vast majority of research on partner violence falls in this category. Unless otherwise indicated, the studies in this review are the level III type.
- *Level IV* data are qualitative and descriptive, based on observations, theory and/or clinical experience (e.g, program descriptions and case studies.
- Reliable evidence in the field of partner violence can also be obtained from Level I-III studies conducted with related populations (e.g., substance abusers, criminals, people with mental health issues).
- Comprehensive literature reviews are superior to individual studies.
- Level IV information is the least reliable and policies and interventions based on this alone cannot be considered evidence-based.

3. Current Partner Violence (PV) policy on batterer intervention is NOT evidence-based

- PV policy and intervention, including state batterer intervention standards, are based on recommendations from battered women's advocates and limited to Level IV information and theory, or based on Level I-III selected data sets (e.g., relying exclusively on crime studies rather than general population studies, cherry-picking from outdated studies) (Corvo et al., 2008, 2009; Hines, in press). While these organizations should be applauded for the work they have done on behalf of victims, they are an unreliable source of data on partner violence.
- Most states emphasize gender role factors and offender use of "power and control" behaviors, and ignore, discourage or outright ban evidence-based approaches such as anger management (Maiuro & Eberle, 2008).
- Although all offenders are referred to as "batterers," mandatory and pro-arrest laws have led to an increase in arrests of lower-level offenders who

do not fit a "batterer" profile; rather, these offenders engage in infrequent, low-level PV that arises mostly in the context of escalated conflict. They are not particularly coercive and are highly remorseful. Even before mandatory arrest laws were fully implemented, a meta-analysis found that these "family only" perpetrators accounted for 50% of all offenders in BIPs (Holtzworth-Munroe & Stewart, 1994).

- Criminal justice studies find that men are arrested and prosecuted relative to women at rates far exceeding known rates of PV in the general population, even when the severity and context of the offense are controlled for (Shernock & Russell, 2012). Victims who call the police have sometimes been mistaken as perpetrators when, for example, police deem the victim to be too "hysterical" (typically a woman.) Still, while California law discourages mutual arrest, the "predominant aggressor" guidelines that are supposed to protect victims from being arrested are poorly written, confusing, and without scientific merit; and the examples and scenarios contained in the Police Officers Standards and Training (POST) manual section on domestic violence define the "predominant aggressor" as male in every case (Hamel, 2011). It cannot be assumed, therefore, that a batterer intervention client (whether male of female) is necessarily the predominant aggressor in the relationship.
- Approximately half of the partners of men arrested for PV in one major American city said they were minimally or only slightly afraid or thought that the partner would be violent in the future (Apsler et al., 2002).
- PV usually desists over time rather than increase in frequency (Morse, 1995; O'Leary et al., 1989).
- A small percentage of offenders account for the large majority of repeat offenses (Maxwell et al., 2001).
- But state laws mandate a "one-size-fits all" treatment for all offenders, regardless of history and risk posed to victims (Maiuro & Eberle, 2008).

B. Overview of the Explanatory Literature (Level III) - Source: the Comprehensive Literature Reviews of the Partner Abuse State of Knowledge Project (www.domesticviolenceresearch.org)

1. Overall, 25.3% of individuals have perpetrated PV in their lifetime (28.3% of women, 19.3% of men) (Desmarais et al, 2012).

2. According to the literature review by Carney & Barner (2012), 40% of women and 32% of men have perpetrated *expressive* abuse (out of anger, in response to provocations), while 41% of women, 43% of men have perpetrated *coercive* abuse (intended to monitor, threaten, control). Men are more likely to physically stalk and to engage in sexual coercion, women are more likely to physically and emotionally abuse. These findings that "power and control" behaviors are not a gendered phenomenon have also been found in the International Dating Violence Survey, conducted at 32 universities worldwide (Straus, 2008). Individuals of either sex engage use power and control behaviors not to maintain "gender privilege" but because they have aggressive personalities and feel a need to dominate others.

3. 57.5% of PV has been found to be bi-directional. 28.3% is female-on-male (FMPV), 13.8% is male-on-female (MFPV) (Langhinrichsen-Rohling et al., 2012a).

4. Men and women initiate PV at approximately equal rates (see: Hamel, 2007, 2009).

5. Men and women are motivated to perpetrate PV for the same reasons - mostly in retribution, because of stress or jealousy, to express anger or other feelings, and to get a partner's attention. Power and control and self-defense are not as frequently endorsed, but somewhat more so by female perpetrators (Langhinrichsen-Rohling et al., 2012b).

6. Male and female perpetrated PV is correlated with the same risk factors (Capaldi et al., 2012):

- Demographic: younger age, stress from low income, unemployment, minority group membership
- Childhood dysfunction: witnessing PV between parents, being directly abused, experiencing general family dysfunction
- Negative peer involvement, conduct disorder in childhood
- Aggressive and antisocial personality traits: impulsive, domineering
- Insecure adult attachment style
- Substance abuse
- Low relationship satisfaction, high relationship conflict

7. While rates of minor injuries are incurred at similar rates across gender, female victims of physical PV incur significantly more serious injuries as well as psychological symptoms (e.g., depression PTSD). Some research suggests that males and females may be equally affected by emotional abuse and control (Lawrence et al., 2012).

8. Exposure to PV is associated with internalizing (e.g., anxiety, depression, poor self-esteem) and externalizing (e.g., aggression, academic failure) symptoms in children, regardless of the parent's gender. Father-perpetrated PV is significantly correlated with both internalizing and externalizing symptoms, while mother-perpetrated PV is significantly correlated primarily with externalizing symptoms (MacDonnel, 2012).

9. Partner-abusive adults, male and female, are just as likely to have witnessed mother-to-father PV as father-to-mother PV in childhood (see Hamel, 2007, 2009, for review).

10. Child abuse and PV are significantly correlated (Sturge-Apple, et al. 2012). Although the most common pattern of family violence involves violence by the parents against each other and the children (Slep & O'Leary, 2005), abuse can take a variety of possible pathways (Appel & Holden, 1998; Davies & Sturge-Apple, 2007). Family violence is often reciprocal (Ullman & Straus, 2003) and sometimes initiated by the children, upon their parents and each other (Caffaro & Con-Caffaro, 1998; Lynch & Cicchetti, 1998; Moretti, Penney, Obsuth, & Odgers, 2007; Straus & Gelles, 1990). The one common element appears to be the role of stress in maintaining the various dysfunctional and abusive interactions (Margolin & Gordis, 2003; Salzinger et al., 2003). PV in families can thus be best understood according to a systemic perspective.

II. BATTERER INTERVENTION RESEARCH FINDINGS

A. Overall Theoretical Orientation

1. Most programs are psychoeducational, based on the Duluth or the Cognitive-Behavioral Therapy (CBT) models, the rest on some type of process/psychotherapeutic approach (Price & Rosenbaum, 2009).

2. Minimal reductions in rates of recidivism are found among Level I outcome studies, but moderate among Level II studies (Murphy & Ting, 2010; Jones & Gondolf, 2002).

3. A rigorous meta-analysis of 11 Level I and II studies recently published by Miller et al. (2013) found CBT, as well as couples therapy, to be superior to Duluth in reducing rates of recidivism

4. The meta-analysis by Sugarman and Frankel (1996) found no correlation between rigid male sex-role ideology and PV.

B. General Program Characteristics

1. Modality
    - One RAC study found offenders in couples treatment less likely to subsequently re-offend compared to offenders in Duluth-type group (Brannen & Rubin, 1996).
    - Both single-couple and multi-couple format resulted in significantly less recidivism compared to no-treatment control groups, with the latter somewhat more effective (Stith et al., 2004).
    - The few remaining studies using RAC or quasi-experimental designs found no significant difference between modalities of group versus couples (see Eckhardt et al., 2012).
    - All couples interventions included only low-moderate male offenders
    - Level I and II experimental studies (Eckhardt et al., 2012) and Level III program reviews (e.g., Geffner et al, 1989; Shupe et al., 1989) find the couples format to be as safe for victims as traditional group programs. The objections to couples treatment are based *exclusively* on qualitative reports an clinical experience (Level IV) and therefore not evidence-based.
    - The explanatory literature finds couple conflict to be a significant risk factor for male and female perpetrated PV (Capaldi et al., 2012).
    - Correlational (Level III) research based on controlled laboratory observations of couples have found PV to be related to escalating couples dynamics (see Hamel, 2014, Dutton, 2006, for reviews and analysis).
    - There is no Level I or II outcome research on family therapy for PV; however, explanatory (Level III) findings suggest that partner violence is best understood as a systemic, family problem; and the meta-analysis by Stanton and Shadish (1997) found family therapy to be the most effective modality of treatment for substance abusers, an "acting out" population

that shares many personality and behavior characteristics with partner-violent individuals (Potter-Efron, 2007).

- Due to serious mental health or personality issues, some offenders are too disruptive in a group setting, and may of necessity be required to finish a program in individual counseling; however, research is inconclusive as to whether individual therapy is superior to group for partner-violent offenders (Murphy & Eckhardt, 2005).

2. Group Length and Size
    - The RAC (Level I) experimental study by Taylor et al. (2001) found less recidivism for men who completed a 26-week group compared to 8-weeks.
    - A quasi-experimental (Level II) multi-site study (Gondolf, 1999) found significantly lower rates of moderate-severe violence recidivism among men who completed a 9-month group compared to 3 months.
    - Group cohesion and a strong client-facilitator alliance, so important for group retention and lower levels of post-treatment violence, may not be possible with larger groups (e.g., more than 10): however, no empirical studies have been conducted on the effects of group size.

3. Mixed gender vs. male or female only groups
    - No Level I or II experimental studies have been conducted on this. Clinical reports (Level IV) indicate benefits for same-gender groups (e.g., men less inhibited about sharing certain topics, such as sex, with other men, identify more with men), as well as benefits of mixed-gender groups (e.g., men and women can learn to view things from another perspective).
    - The case review by Hexam (2010) found mixed-gender groups for batterers to be safe and effective.

4. Gender issues with group standards/guidelines
    - Some observers (e.g., Leisring et al., 2003) recommend that standards for female batterer groups should be different than those for male groups, on the assumption that most women in BIPs are primarily victims; however, recent studies find that they engage in physical and most types of emotional abuse at similar rates (Carney & Barner, 2012), that their abuse is correlated with the same risk factors (Capaldi et al., 2012), and that it is similarly motivated (Langhinrichsen-Rohling et al, 2012b).
    - Large-scale studies of offenders court-mandated to BIPs in California have found comparable motives across gender, including a desire to dominate and control (Elmquist et al., in press) as well as rates of emotional abuse and control (Hamel et al., under review).
    - Results from the PAS risk assessment instrument indicate that men and women in BIPs are equally at risk for perpetrating violence in the future (Carney & Buttell, 2004; Dutton, 2006).
    - BIP studies find female offenders to have more mental health and personality disorders than male offenders (Hamel, 2014).

- In a South Carolina Level II study, female perpetrators (African American as well as Caucasian) who completed a traditional psychoeducational group evidenced significantly lower post-treatment scores on measures of psychological abuse, power and control behaviors and passive-aggressiveness, and lower scores on the PAS (Carney & Buttell, 2006).

5. Homogeneous vs. heterogeneous groups for ethnic minority/LGBTQ offenders
    - Except for African-Americans, the few studies that have been conducted on batterer intervention programs for ethnic minority populations have consisted of Level IV clinical reports.
    - Quasi-experimental study by Gondolf (2007) found no difference in recidivism between African-American offenders who completed a heterogeneous group versus those who completed a culturally-focused homogeneous group (only African-Americans).
    - Another study found Caucasian and African-American male perpetrators to benefit equally from a CBT group, including lower post-treatment scores on the PAS risk assessment (Buttell & Carney, 2006).
    - Coleman (2002, 2007) has reported group work with lesbian offenders and couples work with gay men, but no empirical studies have been conducted on treatment outcomes among LGBTQ offender populations.

6. "One-size-fits all" vs. differential treatment
    - Some RAC and quasi-experimental evidence of superiority of process-type groups for male offenders who exhibit signs of depression and dependent personality traits (Saunders, 1996).
    - Some RAC and quasi-experimental evidence of superiority of psychoeducational groups for generally-violent/antisocial male offenders.
    - In Florida, male offenders were assigned to a low, medium or high risk offender group. Recidivism rates were significantly lower compared to reported rates for BIPs generally (Coulter & VandeWeerd, 2009).

C. <u>Group Facilitation Factors</u>

1. Level I and II RAC and quasi-experimental research finds significantly higher responsibility-taking and reduced rates of recidivism among men who were exposed to some form of Motivational Interviewing (MI), a client-centered, empathetic, non-confrontational means of increasing client motivation and cooperation and strengthening the facilitator client-alliance (Mbilinyi et al, 2011; Musser et al., 2008; Woodin & O'Leary, 2010).

2. One RAC study compared men enrolled in a group based on the Stages of Change model, upon which MI approaches are based, to a standard CBT group. Reports from the victimized partners indicated a significant reduction in recidivism for the former (Alexander et al., 2010).

3. According to the RAC study by Taft et al. (2003), group cohesion predicted less recidivism; and male batterers who were interviewed in depth in two other studies cited

the support they received from their group members as the primary reason for their willingness to take responsibility and cease their abuse (Rosenberg, 2003; Silvergleid and Mandowski, 2006).

4. The Taft et al. (2003) study also found a positive correlation between homework compliance and lowered rates of psychological and physical abuse perpetration.

5. In one quasi-experimental study, the groups in which facilitators reached out to clients (e.g., supportive phone calls after a missed session) had lower dropout rates compared to a no-treatment comparison group (Taft et al., 2001).

6. Along with previous history of violence, comprehensive literature reviews have determined that substance abuse is the primary predictor of violence following BIP participation (Gondolf, 2012; Stewart et al., 2012). One multi-site study (Gondolf, 1999) men who were helped with referrals to mental health and substance abuse counseling and other services engaged in lesser levels of severe violence recidivism; but a follow-up study was inconclusive (Gondolf, 2008).

7. The general psychotherapy and corrections outcome literature has found strong correlations between treatment success and a client-centered approach (characterized by a warm bond between therapist/group facilitator and client, agreement on the goals of treatment and the tasks and strategies required to attain these goals) (Eckhardt et al, 2006; Wampold, 2001).

D. Program Components and Client Treatment Goals

1. Overcome Stress and Manage Emotions

- A major risk factor for PV perpetration is the stress that comes from unemployment or having a low income (Capaldi et al., 2012); national surveys have found a correlation between having witnessed PV as a child and the perpetration of PV and perceived stress in adulthood (Straus et al., 1990).
- The CBT programs that have been found in BIP outcome studies to be effective in reducing recidivism include stress reduction components in their curriculum (Babcock et al., 2004; Eckhardt et al., 2012).
- Numerous studies have determined that men who physically assault their partners report higher levels of anger than nonviolent men (e.g., Boyle & Vivian, 1996; Holtzworth-Munroe & Smutzler, 1996).
- The meta-analysis conducted by Schumacher et al. (2001) found elevated levels of anger and hostility among men with histories of PV perpetration; and the meta-analysis by Norlander and Eckhardt (2005) found levels of anger as well as hostility to be moderately higher in partner-violent men when compared to nonviolent men.
- One BIP outcome study using a pretest-posttest (Level II) design (Hamberger & Hastings, 1988) found that men whose levels of anger were reduced as a result of anger management treatment were likely to engage in lesser levels of abuse at a one-year follow-up; and another pre-post

study of men who completed a 20-week CBT/process group with an anger management component found similar results (Saunders & Hanusa, 1986).

- When presented with anger-provoking scenarios in one study and asked how they should respond, partner-violent men were less able to articulate anger control strategies than nonviolent men (Eckhardt & Kassinove, 1998).
- Jealousy is highly correlated in most societies with anger, aggression and stalking, and is included as a risk factor for femicide in the Danger Assessment (see Stewart, 2013 for a review).

2. Change Pro-Violent and Irrational Beliefs
    - Although the meta-analysis by Sugarman & Frankel (1996) did not find a correlation between male offenders' sexist, traditional sex-role beliefs and PV perpetration, it *did* find attitudes supportive of violence to predict PV; and such attitudes have been linked to PV in the reviews by Capaldi et al. (2012) and the National Family Violence Survey (Chan & Straus, 2008).
    - Identifying, disputing and changing irrational beliefs is a central component of CBT programs found to be effective in reducing recidivism (Babcock et al., 2004; Eckhardt et al., 2012).
    - In one study of abusive men, those who articulated distorted thinking styles and irrational beliefs (e.g., rigid black-and-white thinking, drawing arbitrary inferences) when angry were more likely to perpetrate PV than men who did not articulate these beliefs (Murphy & Eckhardt, 2005).

3. Identify Unhealthy/Abusive Interaction Patterns
    - A number of observational laboratory experiments with abusive men and their partners found that the abuse increased when the couple mutually escalated their conflicts in such patterns as negative reciprocity, demand-withdraw, and attack-defend (Babcock, Waltz, Jacobson, & Gottman, 1993; Burman, John, & Margolin, 1992; Cordova, Jacobson, Gottman, Rushe, & Cox, 1993; Jacobsen et al., 1994; Margolin et al, 1993).
    - A study of partner-violent women found similar patterns of escalating relationship conflict (Ridley & Feldman, 2003).
    - Unilateral PV, including battering, may involve three-phases, as postulated by Lenore Walker, or only one or two (e.g., anti-social offenders may not experience a build-up period and do not feel contrition after the acute battering incident (see Dutton, 2006, for a review).

4. Acquire Communication and Conflict Resolution Skills
    - The comprehensive literature review by Capaldi et al (2012) found high conflict to predict relationship aggression.
    - The Cornelius et al. (2010) study of university students found correlation between poor communication and conflict resolution skills and the use of emotional and physical PV; poor communication and conflict resolution skills more likely when couples discuss high-conflict problems as opposed to low-conflict ones (Ronan et al., 2004).

- Positive communication has been related to lower levels of male perpetrated PV (Follette & Alexander, 1992; Robertson & Murachver, 2007); and improved communication was correlated with less PV among couples in one clinical study (Gordis et al., 2005).
- According to the BIP outcome literature review by Babcock et al. (2004), one of the most successful interventions was reported by Guerney (1977), whose program centered on relationship skills-building.
- CBT programs found to be effective in reducing recidivism focus heavily on teaching communication and conflict resolution skills (Babcock et al., 2004; Eckhardt et al., 2012).

5. Overcome Mental Disorders and Past Trauma
    - Large national surveys have found a correlation between having witnessed PV as a child and the perpetration of PV as well as symptoms of depression in adulthood (Straus et al., 1990).
    - There is a weak correlation between depression and PV overall (Capaldi et al, 2012), but a stronger one for depression and severe PV (Hotzworth-Munroe and Stuart, 1994; Danielson et al., 1998; Pan et al., 1994).
    - The highest levels of rage and abuse among men in a batterer intervention program in Canada were among those who had experienced rejection and shame in their family of origin (Dutton, 1998); among severely abusive perpetrators, shame has been found in several studies to be the foundation for anger (Harper et al., 2005; Retzinger, 1991; Tangney et al., 1996).
    - Insecure attachment has also been associated with PV among individuals, especially *preoccupied attachment* (dependent, fears abandonment); and the pairing of individuals with various attachment styles has been found to increase the likelihood of both unilateral and mutual violence (see Hamel, 2014 for a review).

III. RECOMMENDATIONS

1. Current BIP policy and guidelines, as limited by PC 1203.097 are NOT evidence-based. Until such as time that the laws are changed, program directors are encouraged to incorporate the findings from this review, so that they can become as evidence-based as possible within the law's limitations.

2. Some programs that use a Feminist/Duluth type of model have been found as effective as the primary alternatives (cognitive-behavioral-therapy or psychodynamic/process groups); therefore, these programs cannot be summarily dismissed, and certainly should not be disallowed by state law. However, they have very little support in the explanatory literature (Level III), and there are good reasons to suspect that that they are effective *despite*, and not because of their ideological underpinnings - e.g, because the group facilitator has successfully built a working alliance with his/her clients.

3. All programs should conduct a thorough psychosocial assessment of each client, rather than simply enroll them in a perfunctory intake. This allows the program to:
    - Begin building the facilitator-client relationship.

- Collect important information on a client's history and current circumstances to determine level of motivation, type of abuse dynamics and level of threat, and substance abuse and other personality or mental health issues that may impede treatment. Use standardized questionnaires to determine a client's relationship strengths and weaknesses in order to tailor treatment to client needs. *Examples of empirically-based assessment tools can be found at www.springerpub.com/hamel-ancillary.*
- Use Motivational Interviewing or similar approach, during the assessment and throughout the course of treatment. Avoid an overly confrontative or pedantic, authoritarian approach, and help clients take responsibility by showing concern, respecting their choices, and focusing on their strengths rather than their failures.

4. Given the strict requirements of PC 1203.097 regarding group length and format, it is not possible for BIPs to base treatment fully on client needs and risk assessment; all clients must complete a 52-week program. The law does allow individuals who are too pathological or disruptive for group participation to complete their obligation in individual therapy; however, all others are required to enter into a same-sex, 2-hour group. Still, programs that offer several groups can, and should, make every effort to match the group with a client's particular needs. There is no empirical data on group size, but given the importance of the facilitator-client alliance and group cohesion, smaller groups should be encouraged. Certainly, groups using a primarily process/ psychodynamic approach should be facilitated only by a licensed therapist.

5. There is no Level I or II research on whether groups should include both male and female offenders. The only published program description of a coed perpetrator group (Level IV) indicates that this format can be safe and effective. The research is almost nonexistent; however, given that correlational studies (Level III) find that male and female offenders have much more in common than not, there is little to no evidence to justify policies that disallow same-gender groups. Level III research strongly suggests that female offender groups should not be regulated by different standards then men; and the only outcome study that addresses this issue finds the standard CBT approach effective for women as well as men.

6. The only Level I or II studies on the needs of ethnic minority and LGBT offenders have reported on African-Americans and find no difference in treatment outcomes for homogeneous versus heterogeneous group composition. However, clinical reports (Level IV) strongly suggest that facilitators conducting heterogeneous groups should use culturally-sensitive materials and approaches.

7. Ideally, the modalities of couples and family counseling should be included as part of a batterer intervention program, along with individual and group, and PC 1203.097 ought to be rewritten accordingly. For now, while some Probation departments have interpreted PC 1203.097 as prohibiting all couples or family counseling, the law in fact only prohibits programs from including these modalities *as part of the 52-week requirement*. Given the strong evidence from Level I and II research for the that the effectiveness of couples therapy, there is no reason for Probation to prevent or discourage

couples to seek such counseling on their own, so long as it is in addition to and not a part of the 52-week group program. Probation should of course maintain appropriate guidelines on how referrals should be made, to whom, and under what circumstances. Research suggest that, at a minimum, couples or family therapy should be conducted by a licensed mental health professional who is also a certified BIP, and only take place when the victim approves and when the offender has demonstrated a sufficient ability to control his or her violence.

8. A preponderance of Level III, and some compelling Level I and II research finds that partner-violent individuals benefit from acquiring pro-social interpersonal skills, including anger and stress management and conflict resolution. These should be part a central component of any BIP curriculum. *Examples of client workbook handouts can be found at www.springerpub.com/hamel-ancillary*

9. California PC 1203.097 requires providers to include in their curriculum information on gender roles, even though the empirical literature (Levels I, II and III research) does *not* support feminist-advocate claims that partner violence is primarily a gender issue of men abusing women in order to maintain "gender privilege." That is not to say that some male (and female) offenders in batterer intervention do not harbor rigid gender role beliefs; however, these beliefs are just as likely to be found among non-violent individuals. What distinguishes one from the other is that partner-violent individuals have abusive personalities and have attitudes supportive of violence generally. On the other hand, offenders sometimes cite male (or female) privilege as a pretext for their violence, so these attitudes should be confronted, but as part of an overall CBT approach that addresses distorted thinking and irrational beliefs. It is also the case that men and women differ in how they process emotions and communicate interpersonally. For the majority of offenders, who fit into the less-severe "family-only" type, discussions of gender are more useful when focused on these differences rather than sexism per se.

10. 1203.097 requires that BIPs include material on "the nature of violence," which is typically interpreted as referring to battering behavior, as depicted in the Duluth "Power and Control Wheel" and the three-phase model first proposed by Lenore Walker. However, Lenore Walker's model was based on clinical interviews (Level IV research), has many conceptual flaws, and applies primarily to a subset of offenders - i.e., men and women with characteristics of Borderline Personality Disorder. Program curricula should also include information on the dynamics of anti-social PV. Much more common is "situational violence," in which the violence occurs within the context of an mutually-escalating conflict. Clients should always be held responsible for their actions, but acknowledging that a client may be involved in a bilaterally-abusive relationship is not "colluding"; it is an example of the kind of client-centered approach that the most rigorous experimental evidence finds effective in reducing rates of recidivism. Clearly, programs should discuss all types of abuse types and cycles.

IV. REFERENCES

Books and Literature Reviews/Analyses

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterer's treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*, 1023–1053.

Capaldi, D.M., Knoble, N.B.,Shortt, J.W., & Kim, H.K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231-280.

Carney, M., & Barner, J. (2012. Prevalence of partner abuse: Rates of emotional abuse and control. *Partner Abuse*, 3(3), 286-335.

Corvo, K., Dutton, D., & Chen, W. (2008). Toward evidence based practice with domestic violence perpetrators. *Journal of Aggression, Maltreatment, and Trauma, 16*(2), 111–130.

Corvo, K., Dutton, D., & Chen, W. (2009). Do Duluth model interventions with perpetrators of domestic violence violate mental health professional ethics? *Ethics & Behavior, 19*(4), 323–340.

Desmarais, S.L., Reeves, K.A.,Nicholls, T.L.,Telford, R. & Fiebert, M.S. (2012). Prevalence of physical violence in intimate relationships - Part 2: Rates of male and female perpetration *Partner Abuse*, 3(2), 170-198.

Dutton, D. (1998). *The abusive personality*. New York, NY: Guilford.

Dutton, D. (2006). *Rethinking domestic violence*. Vancouver: UBC Press.

Eckhardt, C., Murphy, C., Black, D., & Suhr, L. (2006; July-August). Intervention programs for perpetrators of intimate partner violence: Conclusions from a clinical research perspective. Public Health Reports, 121, 369-381.

Eckhardt, C., Murphy, C., Whitaker, D., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse*, 4 (2), 196-231.

Gondolf, E. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Lebanon, NH: Northeastern University Press.

Hamel, J. (2007). Toward a gender-inclusive conception of intimate partner violence research and theory: Part I – Traditional perspectives. *International Journal of Men's Health*, 6 (1), 36-53.

Hamel, J. (2009). Toward a Gender-Inclusive Conception of Intimate Partner Violence Research and Theory: Part II – New Directions. *International Journal of Men's Health,* 8 (1), 41-59.

Holtzworth-Munroe, A., & Stuart, G. (1994). Typologies of male batterers. *Psychological Bulletin, 116*(3), 476–497.

Hamel, J. (2010). The treatment of partner violence: Towards evidence-based practice. *The Forensic Therapist*, 9 (1), 9-14.

Hamel, J. (2014). Gender inclusive treatment of intimate partner abuse, 2nd edition: Evidence-based approaches. New York: Springer Publishing.

Langhinrichsen-Rohling, J., & McCullars, A. (2012a). Motivations for men and women's intimate partner violence perpetration: A comprehensive review. *Partner Abuse*, 3(4), 429-468.

Langhinrichsen-Rohling, J., Misra, T.A., Selwyn, C. & Rohling, M.L. (2012b). Rates of bi-directional versus unidirectional intimate partner violence across samples, sexual orientations, and race/ethnicities: A comprehensive review. *Partner Abuse*, 3(2), 199-230

Lawrence, E., Oringo, A., & Brock, R. (2012). The impact of partner abuse on partners. *Partner Abuse*, 3(4), 406-428.

Leisring, P., Dowd, L., & Rosenbaum, A. (2003). Treatment of partner aggressive women. In D. Dutton & D. Sonkin (Eds.), *Intimate violence: Contemporary treatment innovations* (pp. 257–277). New York, NY: Haworth Maltreatment & Trauma Press.

MacDonnel, K. Watson (2012). The combined and independent impact of witnessed interparental violence and child maltreatment. *Partner Abuse*, 3(3), 358-378.

Murphy, C., & Eckhardt, C. (2005). *Treating the abusive partner: An individualized cognitive-behavioral approach*. New York, NY: The Guilford Press.

Murphy, C., & Ting, L. (2010) Interventions for perpetrators of intimate partner violence: A review of efficacy research and recent trends. *Partner Abuse*, 1 (1), 26-44.

Norlander, B., & Eckhardt, C. (2005). Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review. *Clinical Psychology Review, 25*, 119–152.

Potter-Efron, R. (2007). Anger, aggression, domestic violence and substance abuse. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 437–456). New York: Springer Publishing.

Schumacher, J., Feldbau-Kohn, S., Slep, A. & Heyman, R. E. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behavior, 6*(2–3), 281–352.

Shernock, S., & Rusell, B. (2012). Gender and racial/ethnic differences in criminal justice decision making in intimate partner violence cases. *Partner Abuse*, 3(4), 501-530.

Shupe, A., Stacey, W., & Hazlewood, L. (1987). *Violent men, violent couples: The dynamics of domestic violence.*New York, NY: John Wiley & Sons.

Stewart, L., Flight, J., & Slavin-Stewart, C. (2013). Applying effective corrections principles (RNR) to partner abuse interventions. *Partner Abuse*, 4(4), 494-534.

Straus, M., & Gelles, R. (Eds.). (1990). *Physical violence in American families.* New Brunswick, NJ: Transaction.

Sturge-Apple, M.L., Skibo, M.A., & Davies, P.T. (2012). Impact of parental conflict and emotional abuse on children and families. *Partner Abuse*, 3(3), 379-400.

Sugarman, D., & Frankel, S. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence, 11*(1), 13–39.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.

* See all 17 of the literature reviews from the Partner Abuse State of Knowledge Project, AVAILABLE FOR FREE at: www.domesticviolenceresearch.org

Specific Articles

Alexander, P. C., Morris, E., Tracy, A., & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized clinical trial. *Violence and Victims*, 25(5), 571-587.

APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence based practice in psychology. *American Psychologist, 61*(4), 271–285.

Appel, A., & Holden, G. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*(4), 578–599.

Apsler, R., et al. (2002). Fear and expectations: Differences among female victims of domestic violence who come to the attention of the police. *Violence and Victims*, 17 (4), pp. 445-453.

Babcock, J., Waltz, J., Jacobson, N., & Gottman, J. (1993). Power and violence: The relation between communication patterns, power discrepancies, and domestic violence. *Journal of Consulting and ClinicalPsychology, 61*(1), 40–50.

Boyle, D. J., & Vivian, D. (1996). Generalized versus spouse-specific anger/hostility and men's violence against intimates. *Violence and Victims, 11*(4), 293–317.

Brannen, S. J., & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. *Research on Social Work Practice, 6*(4), 405–424.

Burman, B., John, R., & Margolin, G. (1992). Observed patterns of conflict in violent, nonviolent, and nondistressed couples. *Behavioral Assessment, 14*, 15–37.

Buttell, F., & Carney, M. (2006). A large sample evaluation of a court-mandated batterer intervention program: Investigating differential program effect for African American and Caucasian men. *Research on Social Work Practice*, *16*(2), 121–131.

Caffaro, J., & Conn-Caffaro, A. (1998). *Sibling abuse trauma: Assessment and intervention strategies for children, families and adults.* Binghamton, NY: Haworth Maltreatment & Trauma Press.

Carney, M., & Buttell, F. (2004). Psychological and demographic predictors of treatment attrition among women assaulters. *Journal of Offender Rehabilitation*, *38*(4), 7–25.

Carney, M., & Buttell, F. (2006). An evaluation of a court-mandated batterer intervention program: Investigating differential program effect for African American and White women. *Research on Social Work Practice*, *16*(6), 571–581.

Chan, K. L., & Straus, M. A. (2008). Prevalence and correlates of physical assault on dating partners: A comparison between Hong Kong and the US samples. *The Open Social Science Journal*, *1*, 5–14.

Coleman, V. (2002). Treating the lesbian batterer: Theoretical and clinical considerations—A contemporary psychoanalytic perspective. In D. Button & D. Sonkin (Eds.), *Intimate violence: Contemporary treatment innovations* (pp. 159–206). New York, NY: Haworth Maltreatment & Trauma Press.

Coleman, V. (2007). Dangerous dances: Treatment of domestic violence in same-sex couples. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatmen*t (pp. 397–416). New York, NY: Springer.

Cordova, J., Jacobson, N., Gottman, J., Rushe, R., & Cox, G. (1993). Negative reciprocity and communication in couples with a violent husband. *Journal of Abnormal Psychology*, 102(4), 559–564.

Cornelius, T., Shorey, R., & Beebe, S. (2010). Self-reported communication variables and dating violence: Using Gottman's marital communication conceptualization. *Journal of Family Violence, 25*, 439–448.

Coulter, M., & VandeWeerd, C. (2009). Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers intervention program. *Violence and Victims*, 24 (2), 139-152.

Danielson, K. K., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Comorbidity between abuse of an adult and DSM-III-R mental disorders: Evidence from an epidemiological study. *American Journal of Psychiatry*, *155*(1), 131–133.

Davies, P., & Sturge-Apple, M. (2007). The impact of domestic violence on children's development. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 165–190). New York: Springer.

Eckhardt, C. I., & Kassinove, H. (1998). Articulated cognitive distortions and cognitive deficiencies in maritally violent men. *Journal of Cognitive Psychotherapy*, *12*(3), 231–250.

Elmquist, J., Hamel, J., Shorey, R. C., Labrecque, L., Ninnemann, A., & Stuart, G. L. (in press). Motivations for intimate partner violence in men arrested for domestic violence and court referred to batterer intervention programs. *Partner Abuse*.

Follette, V. M., & Alexander, P. C. (1992). Dating violence: Current and historical correlates. *Behavioral Assessment*, *14*(1), 39–52.

Geffner, R., Mantooth, C., Franks, D., & Rao, L. (1989). A psychoeducational, conjoint therapy approach to reducing family violence. In P. Caesar & L. Hamberger (Eds.), *Treating men who batter: Theory, practiceand programs* (pp. 103–133). New York, NY: Springer.

Gondolf, E. W. (1999) A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence*, 14 (1), 41-61.

Gondolf, E. W. (2008). Implementation of case management for batterer intervention program participants. *Violence Against Women*, 14, 208-225.

Gondolf, E. W. (2007). Culturally-focused batterer counseling for African-American men. *Criminology & Public Policy*, *6*(2), 341–366.

Gordis, E. B., Margolin, G., & Vickerman, K. (2005). Communication and frightening behavior among couples with past and recent histories of physical marital aggression. *American Journal of Community Psychology*, *36*(1–2), 177–191.

Guerney, B. (1977). *Relationship enhancement: Skill training programs for therapy, problem and enrichment*. San Francisco, CA: Jossey-Bass.

Hamberger, L. K., & Hastings, J. E. (1988). Skills training for treatment of spouse abusers: An outcome study. *Journal of Family Violence*, *3*(2), 121–130.

Hamel, J. (2011). In dubious battle: The politics of mandatory arrest and dominant aggressor laws. *Partner Abuse*, 2 (2), 224-245.

Hamel, J., Jones, D., Dutton, D., & Graham-Kevan, N. (under review). Controlling and abusive tactics: Preliminary findings of a gender-inclusive questionnaire. *Violence and Victims.*

Harper, F. W. K., Austin, A. G., Cercone, J. J., & Arias, I. (2005). The role of shame, anger, and affect regulation in men's perpetration of psychological abuse in dating relationships. *Journal of Interpersonal Violence*, *20*(12), 1648–1662.

Hexam (2010). Learning in the real world: Coeducational groups in response to intimate partner violence. *Partner Abuse*, 1 (4), 475-484.

Hines, D. (in press). Extent and implications of the presentation of false facts by domestic violence agencies in the United States. *Partner Abuse, 5*(1).Holtzworth-Munroe, A., &

Holtzworth-Munroe, A., & Smutzler, N. (1996). Comparing the emotional reactions and behavioral intentions of violent and non-violent husbands to aggressive, distressed, and other wife behaviors. *Violence and Victims*, *11*(4), 319–339.

Jacobsen, N., Gottman, J., Waltz, J., Rushe, R., Babcock, J., & Holtzworth-Munroe, A. (1994). Affect, verbal content, and psychophysiology in the arguments of couples with a violent husband. *Journal of Consulting and Clinical Psychology, 62*(5), 982–988.

Jones, A. S., & Gondolf, E. W. (2002). Assessing the effect of batterer program completion on reassault: An instrumental variables analysis. *Journal of Quantitative Criminology, 18*(1), 71–98.

Lynch, M., & Ciccheti, D. (1998). An ecological-transactional analysis of children and contexts. *Developmental Psychopathology, 10,* 235–257.

Maiuro, R., & Eberle, J. (2008). State standards for domestic violence perpetrator treatment: Current status, trends, and recommendations. *Violence and Victims*, 23 (2),133-155.

Margolin, G., & Gordis, E. (2003). Co-occurrence between marital aggression and parent's child abuse potential: The impact of cumulative stress. *Violence & Victims, 18,* 243–258.

Margolin, G., John, R., & Gleberman, L. (1993). Affective responses to conflictual discussions in violent and nonviolent couples. *Journal of Consulting and Clinical Psychology, 56*(1), 24–33.

Maxwell, C., Garner, J., & Fagan, J. (2001, July). *The effects of arrest on intimate partner violence: New evidence from the spouse assault replication program*. National Institute of Justice, NCJ 188199.

Mbilinyi, L. F., Neighbors, C., Walker, D. D., Roffman, R. A., Zegree, J., Edleson, J., & O'Rourke, A. (2011). A telephone intervention for substance-using adult male perpetrators of intimate partner violence. *Research on Social Work Practice*, *21*(1), 43–56.

Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by somestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy.

Moretti, M., Penney, S., Obsuth, I., & Odgers, C. (2007). Family lessons in attachment and aggression. In J. Hamel & T. Nicholls (Eds.), *Family approaches to domestic violence: A guide to gender-inclusive research and treatment* (pp. 191–214). New York: Springer Publishing.

Morse, B. (1995). Beyond the conflict tactics scale: Assessing gender differences in partner violence. *Violenceand Victims, 10*(4), 251–269.

Musser, P. H., Semiatin, J. N., Taft, C. T., & Murphy, C. M. (2008). Motivational interviewing as a pregroup intervention for partner-violent men. *Violence and Victims, 23*(5), 539–557.

O'Leary, K., Barling, J., Arias, I., & Rosenbaum, A. (1989). Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology, 57*(2), 263–268.

Oxford Centre for Evidenced-based Medicine. (2001). *Levels of evidence and grades for recommendations.* Oxford, UK: Author. Retrieved September 21, 2004, from http://vv'ViTv.cebm.net/levels of evidence.asp.

Price, B., & Rosenbaum, A. (2009). Batterer intervention programs: A report from the field. *Violence and Victims*, 24 (6), 757-770.

Retzinger, S. M. (1991). Shame, anger, and conflict: Case study of emotional violence. *Journal of Family Violence, 6*(1), 37–59.

Ridley, C. & Feldman, C. (2003). Female domestic violence toward male partners: Exploring conflict responses and outcomes. *Journal of Family Violence*, 18 (3), 157-170.

Robertson, K., & Murachver, T. (2007). It takes two to tangle: Gender symmetry in intimate partner violence. *Basic and Applied Social Psychology, 29*(2), 109–118.

Ronan, G. F., Dreer, L. E., Dollard, K. M., & Ronan, D. W. (2004). Violent couples: Coping and communication skills. *Journal of Family Violence, 19*(2), 131–137.

Rosenberg, M. S. (2003). Voices from the group: Domestic violence offenders' experience of intervention. *Journal of Aggression, Maltreatment & Trauma, 7*(1–2), 305–317.

Salzinger, S., Feldman, R., Ing-mak, D., Mojica, E., Stockhammer, T., & Rosario, M. (2002). Effects of partner violence and physical child abused on child behavior: A study of abused and comparison children. *Journal of Family Violence, 17*(1), 23–52.

Saunders, D. (1996). Feminist-cognitive behavioral and process-psychodynamic treatments for men who batter. *Violence and Victims*, 11 (4),

Saunders, D. G., & Hanusa, D. (1986). Cognitive-behavioral treatment of men who batter: The short-term effects of group therapy. *Journal of Family Violence*, *1*(4), 357–372.

Shlonsky, A., & Gibbs, L. (2004). Will the real evidence-based practice please stand up? Teaching the process of evidence-based practice to the helping professions. *Brief Treatment and Crisis Intervention, 4*(2), 137–153.

Silvergleid, C. S., & Mankowski, E. S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence, 21*(1), 139–159.

Slep, A., & O'Leary, S. G. (2005). Parent and partner violence in families with young children: Rates, patterns, and connections. *Journal of Consulting and Clinical Psychology, 73*(3), 435–444.

Stanton, M., & Shadish, W. (1997). Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin, 122*(2), 170–191.

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy, 30*(3), 305–318.

Straus, M. (2008). Dominance and symmetry in partner violence by male and female university students in 32 nations. *Children and Youth Services Review, 30*(3), 252–275.

Straus, M., & Gelles, R. (1990). *Physical violence in American families.* New Brunswick, NJ: Transaction.

Taft, C., Murphy, C., Elliott, J., & Morrel, T. (2001). Attendance enhancing procedures in group counseling for domestic abusers. *Journal of Counseling Psychology*, 48, 51-60.

Taft, C., Murphy, C., King, D., Musser, P. & DeDeyn, J. (2003). Process and treatment adherence factors in group counseling for domestic abusers. *Journal of Counseling Psychology*, 48, 51-60.

Tangney, J. P., Wagner, P. E., Hill-Barlow, D., Marschall, D. E., & Gramzow, R. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. *Journal of Personality and Social Psychology, 70*(4), 797–809.

Taylor, B. G., Davis, R. C., & Maxwell, C. D. (2001). The effects of a group batterer treatment program: A randomized experiment in Brooklyn. *Justice Quarterly*, *18*(1), 171–201.

Ullman, A., & Straus, M. (2003). Violence by children against mothers in relation to violence between parents and corporal punishment by parents. *Journal of Comparative Family Studies, 34*, 41–60.

Woodin, E. M., & O'Leary, K. D. (2010). A brief motivational intervention for physically aggressive dating couples. *Prevention Science, 11*, 371–383.