Gender-Inclusive Treatment of Intimate Partner Abuse
Praise for

Gender-Inclusive Treatment of Intimate Partner Abuse, Second Edition

“In this second edition, John Hamel provides practitioners, researchers, and policy makers with a much updated account of current research and best practice in this domain. This cutting-edge book provides a ‘one stop shop’ to the treatment of intimate partner abuse, which is importantly informed by the evidence base. Comprehensive in scope, well written, and accessible, this book is set to become an essential guide for students and professionals in multiple disciplines who wish to further their understanding and practice with individuals experiencing abuse in intimate relationships.”

—Louise Dixon, PhD
School of Psychology, University of Birmingham

“This invaluable resource addresses the issue of intimate partner abuse with neutral assumptions about the roles of the players, which allows for a very helpful analysis and discussion of the purpose that violence is serving in the family context. The entire text is well researched and clearly presented, which makes it useful to audiences from diverse backgrounds. I imagine that its fair treatment of the issue will make it required reading for professionals looking to work with families experiencing intimate partner abuse. I look forward to using the revised second edition in my domestic violence course.”

—Fred Buttell, PhD
Professor of Social Work, Tulane University

“For a number of years I have used the first edition of John Hamel’s book in the Domestic Violence courses I have taught at the University of San Francisco. Overall, this textbook has met with high praise . . . The second edition of this much-needed book is a worthy addition to the literature in the field.”

—Tanda Ainsworth, MFT
Private Practice, Sacramento, CA
Adjunct Professor, University of San Francisco

Praise for the First Edition

“A comprehensive assessment and treatment handbook that addresses the complexities of violence by men and women in intimate relationships. The appendix includes many excellent assessment forms and patient exercises professionals can utilize to augment their treatment approach.”

—Daniel J. Sonkin, PhD
Author of Learning to Live Without Violence: A Handbook for Men
“Finally, a comprehensive domestic violence manual that departs from the traditional patriarchal paradigm, offering instead a gender-inclusive, systems approach to domestic violence. John Hamel’s book views intimate partner abuse as more than a problem of individual psychopathology, but also as a relationship problem, and he shows that treatment is limited when we fail to treat the entire family . . . Students have praised the book for its numerous assessment tools and . . . client manual.”

—Laura Petracek, PhD, LCSW
Adjunct Professor, Dominican University, San Rafael, California
Psychologist; Certified Batterer Treatment Provider
Author of *The Anger Workbook for Women*

“This ground-breaking new book is a must-read for every practitioner, researcher, and student interested in partner abuse. The book presents a completely new approach to domestic violence: the gender-inclusive approach. Sound research has documented that both sexes play important roles in the causes and treatment of partner abuse, and this exciting book shows how. This book leads the way to making domestic-violence reduction a realistic goal, at last! This is the best book I have read on the topic of domestic violence treatment: combines a sound evidence base with creative clinical practice.”

—Terrie Moffitt, PhD
Professor of Psychology, University of Wisconsin
and at the Institute of Psychiatry, London, UK

“. . . a welcome and important contribution to the family violence and social work professional literature . . . Hamel’s work is well-written, comprehensive, very practical, and easily surpasses the current books on the subject . . . This book will be useful and essential reading for all social workers, psychologists, family therapists, and victimologists interested in domestic violence.”

—Albert R. Roberts, PhD
Professor of Social Work and Criminal Justice
Director of Faculty and Curriculum Development
Faculty of Arts and Sciences
Rutgers, The State University of New Jersey

“This book is a significant scholarly and practical contribution to the field of family violence. It is particularly relevant in its acknowledgment that men (as well as women) are frequent and serious victims of partner abuse.”

—Martin Fiebert, PhD
Professor of Psychology
California State University, Long Beach

“John Hamel takes the discussion of family violence ‘up a notch’ by going beyond yet another convincing argument for the bilateralism of partner abuse. Indeed, *Gender-Inclusive Treatment of Intimate Partner Abuse* provides well-thought-out and concrete treatment options that consider the reality of men and women who experience violence in their intimate relationships. Clearly, this book is evidence that society is finally ready to move forward in seeking more inclusive remedies to a very serious social problem.”

—Reena Sommer, PhD
Divorce Consultant
Winnipeg, MB, Canada
Gender-Inclusive Treatment of Intimate Partner Abuse
John Hamel, LCSW, acquired both his bachelor’s in psychology (1986) and master’s in social welfare (1988) from the University of California at Los Angeles, and was licensed as an LCSW (LCS 15194) in November, 1989. Since 1991, he has been director of John Hamel and Associates, with offices in several San Francisco Bay Area counties. Mr. Hamel and his associates provide a wide range of clinical, consultation, and training services. His areas of expertise are in the assessment and treatment of anger management and family violence, as well as substance abuse and co-dependency. Specialized clinical services include a substance abuse relapse prevention group, family violence assessments (including assessments in disputed-child custody cases), victim services and advocacy, and treatment programs for angry and violent men, women, couples, parents, and teens. Although many of his clients are voluntary participants, many are referred from Family Court or Child Protective Services, or mandated by the courts to participate in either a batterer treatment program, or a parenting program.

Mr. Hamel has provided consultation and training for mental health professionals, batterer intervention providers, shelter workers and victim advocates, court mediators and evaluators, teachers, attorneys and law enforcement; and speaks regularly at domestic violence conferences around the country. His training has been praised both for its innovative look at theory and policy, as well as its abundance of practical, hands-on intervention tools. Mr. Hamel has also served as an expert court witness on the subject of family violence, and has testified before the California Legislature on domestic violence public policy.

Mr. Hamel is currently editor-in-chief of the peer-reviewed journal, Partner Abuse, published quarterly by Springer Publishing Company. He is co-editor with Tonia Nicholls, PhD, of Family Interventions in Domestic Violence: A Handbook of Gender-Inclusive Theory and Treatment (2007); and he edited Intimate Partner and Family Abuse: A Casebook of Gender-Inclusive Therapy (2008), which includes chapters by clinicians from the United States and several other countries and is the first domestic violence casebook to include extensive case studies of both male and female perpetrators and victims.

Mr. Hamel is married and lives with his wife, Judi, and their twins, Jacob and Aviva, in San Rafael, California.
To Judi, Jacob, and Aviva
Love and Peace, Always
# Contents

Foreword  Donald Dutton, PhD xi
Acknowledgments xiii
Introduction to the First Edition xv
Introduction to the Second Edition: Toward Evidence-Based Practice xxiii

## Part I: Research

**Chapter 1** Partner Abuse Today  1
- Prevalence of Partner Abuse 1
- Context 3
- Impact on Partners and Families 6
- Partner Abuse in Other Populations 8
- Summary of Research: Prevalence, Context, Risk Factors, and Impact on Victims and Families 10
- The Role of Law Enforcement and the Criminal Justice System 11
- Assessment and Treatment 14

## Part II: Assessment

**Chapter 2** Diagnostic Issues 19
- Categorizing Partner Abuse 19
- *DSM-5* Partner Abuse–Related Diagnoses 26
- Dominant Aggressor Assessment 31
- Anger and Coercion: Taking Responsibility 35
- Assessing Victims 38
- Why Partner Abuse is Under-Detected by Therapists 42

**Chapter 3** Conducting Partner Abuse Assessments 45
- General Guidelines for Mental Health Professionals 45
- Suggested Assessment Protocol 46
- Client Session #1 47
- Client Session #2 50
- Client Session #3 52
- Assessment Considerations for LGBT and Ethnic Minority Clients 57
- Substance Abuse and Partner Abuse 63
### Part III: Treatment

<table>
<thead>
<tr>
<th>Chapter 4</th>
<th>Treatment Basics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td>69</td>
</tr>
<tr>
<td>Treatment Goals</td>
<td>72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5</th>
<th>Working With Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Components of Intervention</td>
<td>87</td>
</tr>
<tr>
<td>Working With Underserved Populations</td>
<td>97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 6</th>
<th>The Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Responsive Approach</td>
<td>103</td>
</tr>
<tr>
<td>The Three Phases of Treatment</td>
<td>104</td>
</tr>
<tr>
<td>Treatment Coordination and Case Management</td>
<td>114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 7</th>
<th>Group Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Hamel and Associates Batterer Intervention Program</td>
<td>119</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>128</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 8</th>
<th>Family Systems and Couples Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research on Family Violence</td>
<td>141</td>
</tr>
<tr>
<td>Couples Counseling: Phases I and II</td>
<td>147</td>
</tr>
<tr>
<td>Couples Counseling: Phase III</td>
<td>153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 9</th>
<th>Working With Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>167</td>
</tr>
<tr>
<td>Treatment</td>
<td>171</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 10</th>
<th>Partner Abuse in Disputed Child Custody Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of the Problem</td>
<td>185</td>
</tr>
<tr>
<td>Parental Alienation</td>
<td>188</td>
</tr>
<tr>
<td>Assessment</td>
<td>189</td>
</tr>
<tr>
<td>Treatment</td>
<td>193</td>
</tr>
</tbody>
</table>

### Part IV: Appendices

<table>
<thead>
<tr>
<th>Appendix A</th>
<th>Assessment Forms</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appendix B</th>
<th>Victim Safety Plan and Resources</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appendix C</th>
<th>Handouts and Exercises for Batterer Intervention Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appendix D</th>
<th>Client Handouts and Exercises for High Conflict Family Violence Parent Group</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appendix E</th>
<th>10-Week Partner Violence Couples Group</th>
</tr>
</thead>
</table>

References 341
Index 361
Intimate violence is a problem whose seriousness has finally been recognized after years of denial and neglect. Social policy, including police service and court-mandated treatment, has been radically altered in the past 20 years to acknowledge and attempt to curb repeat intimate violence. Many positive advances have been made. Unfortunately, not all policy has been successful. Arrest does not have a long-term effect on suppressing recidivist violence unless supported by effective treatment. Effective treatment, in turn, has not always been available, in part because rather superficial “psychoeducational models” have been mandated in many states. These models have failed to establish necessary therapeutic bonds between therapist and client and have blocked access of therapists to clients’ partners. Alternative treatment forms have been ruled out by law when the law called for an “intervention” that has not shown any appreciable results in numerous outcome studies.

Since the early work of Daniel Sonkin, a variety of alternative treatments have been available, and the current volume by John Hamel extends the choice for alternative therapies. Hamel rightfully eschews the overblown and undersupported gender paradigm for conceptualizing intimate violence and puts the emphasis where it belongs—on intimacy. This focus enables us to treat same and opposite sex intimate relationships the same and to see that violent women need therapeutic help as do violent men. In this sense, Hamel’s book represents a breakthrough, and the time is right for new approaches. Here is a new approach that deserves recognition.

Donald Dutton, PhD
Professor of Psychology
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Acknowledgments

By the fall of 2001, having worked for nearly a decade in the field of family violence, I had become increasingly frustrated with the dearth of information on gender-inclusive approaches to treatment. The literature was, and continues to be, almost completely silent on this matter. At the many domestic violence trainings and community roundtables I had been attending, there was no mention of mutual abuse or male victims, and very little about the complexities of violent relationships and the different types of abuse or family systems. Particularly disturbing was the almost conspiratorial disregard for alternative points of view, a disregard which I now know to be based in fear, and which has, unfortunately, limited our common efforts to reduce domestic violence in our communities.

Unexpectedly, I was invited by two judges in Contra Costa County, California—Commissioner Josana Berkow of the Family Court, and Judge Judith Craddick of the Misdemeanor Domestic Violence Court—to present some research I had done with divorced couples referred to my counseling program. This book has its genesis in that research. I wish to thank these two individuals for their courage in arranging for me to speak at that February, 2002 forum.

I want to thank my colleagues in the Family Violence Treatment and Education Association (FAVTEA)—Michael Carolla, Tom Chapman, Darlene Pratt, and Laura Petracek—for their continued support and encouragement. My long-standing business colleague, Don Mathews, who initially trained me in conducting batterer intervention programs, has also been a source of wisdom and strength. I continue to admire his professionalism and inquisitive spirit, and appreciate his disarming humor. David Fontes has been a wonderful mentor. I want to thank him for his pioneering research, for pointing out the important distinction between the terms “gender-inclusive” and “gender-neutral,” for his gentle manner and, most of all, for inspiring me to persist in my research endeavors despite the resistance I have experienced in some quarters. “If you present them with the facts,” he assured me, “you’ll be surprised how they come around.” How right he was.

Thank you, Judi, for your love and support, and for bearing with me the past 3 years as I spent countless nights in our home office, affixed to the computer screen. Phil Cook of SAFE has always been there to listen on the many occasions I have telephoned him, seeking help on some matter or other, or just wanting to kvetch. It was Phil who suggested that I turn my research into the book it is today. I also want to give my sincerest, most effusive thanks to Sheila Smith, also of SAFE, who diligently toiled on the first two drafts of the manuscript, helping me prepare it for publication submission.
Sheila insisted on clarity over vagueness, simplicity over redundancy, and directness over hesitation and qualification. I admire her candor, and her independence of thought. Thanks to the women who have attended my seminars and stayed to talk afterward, for reminding me that feminism has always been about openness and inclusion, and for their unflinching embrace of truth over political correctness. Many thanks to the staff at Springer Publishing Company, for the faith they have shown in this book, and their incomparable editorial advice and guidance. And, finally, thanks to the clients I have worked with over the past 15 years. Time and time again, they have shown me that we learn from both our successes and our failures, and that progress comes when we have the courage to overcome our fears.
THE CURRENT PARADIGM

Domestic violence, also known as intimate partner abuse, is generally understood as severe physical and emotional abuse perpetrated by a male against his female partner. For years, interventions in domestic violence have been based on this assumption. Consequently, the vast majority of individuals referred to anger management and batterer intervention programs have been men. Clinicians in the private and public mental health field, county agencies, and child protective services typically regard violence by women as rare, inconsequential, symptomatic of underlying emotional issues, or a reaction to violence perpetrated by males. A corollary assumption is that men are motivated by a need to dominate their women, and that the ultimate cause of partner abuse stems from a patriarchal structure that systematically oppresses women. Neither female-initiated aggression nor mutually perpetrated aggression is a consideration within this theoretical construct. Asking a female victim to participate in counseling with her abuser would be regarded as dangerous and unjust, the moral equivalent of further victimization (Bograd, 1984). In many states, including California, individuals involved in court-mandated cases have been prohibited from participating in couples or family therapy, regardless of the couple’s history or the possible value of these interventions. Most often, perpetrator and victim have been required to utilize treatment models based on sociopolitical theories of patriarchy.

But such models have not demonstrated higher rates of successful outcomes than those based on alternative theories (National Research Council/Institute of Medicine, 1998; Saunders & Hamill, 2003). Furthermore, the most reliable and empirically sound research indicates that although women sustain twice the number of injuries, men and women physically and emotionally abuse each other at equal rates, and that domestic violence is not a unitary phenomenon, but a complex one, involving multiple motives, various degrees of severity, and, as often as not, mutual in nature. In fact, severe, unilateral violence by men represents less than 5% of spousal assaults (Straus & Gelles, 1990). In previous years, individuals who entered the criminal justice system were likely to comprise the 5%, and more likely to fit a severe battering profile. However, with the advent of zero tolerance policies, law enforcement agencies and mental health professionals are encountering a much more diverse population of offender, including men with less severe abuse histories, a greater proportion of women, and gay and lesbian perpetrators. Most current treatment models have failed to tailor programs with these variables in mind.

This manual seeks to correct these shortcomings. It departs from the patriarchal paradigm, and offers a gender-inclusive systems approach to domestic violence.
BATTERING AND DOMESTIC VIOLENCE: STRUGGLING FOR DEFINITIONS

Current misconceptions about domestic violence exist largely because the shelter movement is often at the forefront of disseminating information and influencing public policy on domestic violence. An assumption of these service providers is that if serious consideration were given to other forms of violence, or to male victims, funding for battered women services would decrease.

Much of the confusion also concerns how domestic violence and battering are defined. Murray Straus and his colleagues, who conducted the National Family Violence Surveys, originally defined battering as the use of serious violence, that is, punching, kicking, or slapping, and very serious violence, such as beatings or weapon use. Indeed, men perpetrate the majority of the latter. The assaults by many of these men, labeled “cobras” and “pit bulls” by well-known researchers Neil Jacobson and John Gottman, or “intimate terrorists” by sociologist Michael Johnson, are particularly vicious and sometimes deadly. Naturally, serious assaults receive the most attention. Not surprisingly, they have come to represent all violent males. Furthermore, research indicates that some men, once they establish dominance with physical aggression, are able to intimidate their partners into submission with merely the threat of violence. But intimidation, as represented in the now-famous “Power and Control Wheel” (Pence & Paymar, 1993), is regarded as one tactic among the several power and control tactics these men employ, and the definition of “control” has been expanded beyond that of physical intimidation to include such tactics as isolation, emotional abuse, and using children (e.g., tell children negative things about partner, join children against partner, threaten to take children away).

This broader definition, together with a focus on more sensational cases of battering and the assumption that men enjoy greater control because of their dominant position of power in the household, has resulted in a highly distorted perception of domestic violence. That is to say, the vast majority of men whose use of power and control tactics are nonexistent or minimal, but who have perpetrated very minor violence (grabbing or pushing), tend to be characterized as batterers due to their presumed position of power in the household; whereas violent women are rarely categorized as batterers because they have erroneously been viewed as engaging in lesser levels of emotional abuse and controlling behaviors, and are considered to wield less power overall. But research indicates that women, although generally less able to intimidate their partners physically, are every bit as capable of exercising control through emotional intimidation, and through economic, legal, and other forms of manipulation. In essence, methods of defining a batterer and the creation of intervention policies have been based on a limited subgroup of the most extreme types.

Defined solely on frequency of assaults, battering is perpetrated at equal rates by men and women (Archer, 2000; Straus & Gelles, 1990). But should all assaults, regardless of consequences, be lumped together as “battering”? Approximately 70% of domestic violence involves pushing, grabbing, and slapping, and does not lead to physical injury. Of those assaults that do, the greater proportion are perpetrated by men, because of their superior strength. From statistics provided by the National Violence Against Women Survey (Tjaden & Thoennes, 1998), Archer’s meta-analysis of the literature (Archer, 2000), and the Department of Justice (2002), it can be roughly estimated that men cause approximately two-thirds of overall domestic violence injuries and three fourths of very serious injuries, including those resulting in death. From these data, two conclusions can be drawn: (1) Women are physically impacted by partner violence to a much greater extent than men, and (2) men suffer a substantial minority of injuries, in numbers too great to ignore.
High-Conflict to Battering

Below is a more sensible scheme for defining intimate partner violence. *High-conflict* involves verbal and symbolic aggression (e.g., breaking things). *High-conflict violence* includes assaults leading to negligible or no injury. This represents the majority of violence, and is perpetrated primarily by women. Individuals in high-conflict violent relationships use various “dirty fighting” tactics, such as mind-reading or cross-complaining, which reflect poor communication skills and a desire to win arguments; but typically engage in lesser levels of isolation, diminishment of the other’s self-esteem, and other abusive/controlling tactics. *Common battering* involves the perpetration of more serious assaults (e.g., punching or biting) leading to visible injury, and is usually accompanied by moderate levels of emotional abuse and control tactics. The *severe battering* category is composed of men and women who engage in very serious violence including beating, use of weapons, and high levels of emotional abuse and control. Men account for approximately two thirds of the first battering type, and a somewhat higher proportion of the latter. However, although the two typically coexist (Johnson, 2000; Swann & Snow, 2002), the extent of physical abuse and emotional abuse and control do not correlate perfectly. Some domestic violence, therefore, may be considered battering regardless of bodily injury when the nonphysical abuse has reached extreme levels. This type of abuse, perpetrated at approximately equal rates by men and women, can also be characterized as *emotional battering*.

Family Violence

Domestic violence cannot be understood or treated outside the context of family. Children reared in volatile environments learn that violence is an acceptable way to resolve problems and that love and abuse go hand in hand. As adults, these children are more likely than those from nonviolent homes to become abusive, thus perpetuating the cycle from one generation to the next. Children who witness marital violence are more likely than children from nonviolent homes to exhibit depression, low self-esteem, and oppositional behavior. Although symptoms manifest differently depending on the type of violence, gender of the parent, and developmental level of the child, children are affected whether the violence is perpetrated by the father upon the mother or the other way around. Furthermore, research indicates that children who witness their parents emotionally abuse one another may develop levels of pathology comparable to those of children who see their parents physically fight (e.g., Fantuzzo et al., 1999; Grych & Fincham, 1990; Hershorn & Rosenbaum, 1985). In this respect, the distinctions between high conflict and battering types of spousal abuse are less crucial. But witnessing parental violence is only one problem. Research indicates a reciprocal relationship between marital abuse and child abuse. Parents who are physically aggressive with their children are prone to engage in marital violence, and parents who physically assault one another are more than twice as likely as nonviolent couples to assault their children.

The most problematic violence varies from family to family. In some, it is spousal abuse by the father, whereas in other families, the mother’s violence against the children is more often the case. Although the consequences of direct physical or verbal abuse upon children may be greater than the consequences of having witnessed spousal violence, the behavior of each family member affects the whole unit. For this reason, whether the target of intervention is the marital dyad or the entire family, treatment must incorporate a systems perspective.
CULTURAL CONTEXT

The paradigms for understanding, assessing, and treating intimate partner violence as presented in this manual will, for some, seem counter to what is commonly known about the plight of women throughout history. How does one reconcile these paradigms with the bleak lot of females in many parts of the world today, where women are prohibited from showing their faces in public, and girls are genitally mutilated or murdered in ritual killings for being raped and dishonoring the family? Consider the following, from John Archer (2000) of the University of Central Lancashire, England:

One may ask whether it is possible to explain the considerable number of women using physical aggression toward their partners from the background of coercive male power, which is crucial to both feminist and evolutionary explanations. It is certainly a finding that is predicted by neither approach and at first sight is more consistent with gender-free explanations emphasizing individual differences and relationship problems. . . . However . . . women's aggression can be explained in terms of two sets of beliefs about how men should treat their wives or partners. In western nations, there will be a greater impact of the norm of disapproval of men's physical aggression toward women and a lesser impact of patriarchal values. The pattern of physical aggression observed will be more influenced by individual and relationship variables and less by patriarchal power.

This perspective would predict greater male than female physical aggression whenever there is the unhindered influence of patriarchal values. Ultimately, this is a consequence of the reproductive conflict of interests between the sexes, and it represents a form of default value that should be expected whenever men are able to control the reproductive interests of women. There will be a number of circumstances in which this pattern is overridden, with the result that female aggression increases. One is where there are modern secular liberal values together with economic and familial emancipation of women: Most of the studies finding frequent female aggression were located in such conditions. These values will have greatest impact in a relationship that can be ended by the woman at little cost and where the rate of male aggression is low. These may represent specific instances of a more general set of circumstances entailing a relative change in the balance of power between men and women. (p. 668)

Undoubtedly, in modern Western nations women have made unparalleled economic, social, and legal achievements, and yet men continue to exhibit considerably higher levels of physical aggression overall. One need only glance through the morning paper, or tune in to the first few minutes of a television news broadcast to learn of another school shooting, rape, or other violent crime that has been committed—usually by a male. However, although this is certainly the case outside the home, it is not the case within the home or within the context of intimate partner relationships. In a seminal paper, Murray Straus (1999) offers several reasons for the alarming rate of female-perpetrated assaults in the domicile:

- **Cultural norms:** Although it is considered “unfeminine” for females to hit others outside the home, assaults against intimate partners are widely accepted (e.g., slapping one’s spouse for ogling another female).
- **Lesser size and strength:** Women give themselves permission to physically strike out because they consider their assaults to be inconsequential and because they are less fearful of retaliation by family members, who are committed to them.
- **Source of identity:** Due to prevailing cultural norms, women’s identities are more strongly based on family than men’s. Women thus have a corresponding need to defend their interests and reputation, with aggression if necessary.
Violence level of setting: Women are less likely than men to work in highly aggressive occupations (e.g., law enforcement, construction); but spend more time at home, where they may acquire many years of practice hitting their children as a morally correct, socially sanctioned practice.

Criminal justice system involvement: In intimate partner relationships, abused men are highly reluctant to call the police. Violent women therefore have less reason to stop their assaults.

Speaking at the 1995 Women’s Freedom Network Conference, Reena Sommer made the following observations:

Twenty-five years ago, the problem of wife abuse went virtually unnoticed by the legal, medical, social and research communities. Up till that point, women caught in abusive relationships were left to suffer in silence with nowhere to turn to for help or understanding. Little support was provided by their own families because of strong adherence to the notion of “to death do you part.” Much of the credit for the increased public knowledge about wife assaults is attributed to the women’s movement which, through its tireless efforts, has brought the issue of wife battering to the forefront. Today, wife abuse has been identified as the single most important dimension of family violence . . . However, the lobby for the protection of women has been at the expense of protecting other family members also at risk for abuse. In some quarters of both popular and media culture, as well as the legislative culture, violence against women by men has literally squeezed out recognition of other forms of family violence, including the violence perpetrated by women against other women (siblings, daughters, mothers, and lesbian partners), against children, and indeed against male partners and elderly fathers . . .

At the center of the debate on family violence is the argument of who is more often the victim. Feminists assert that women are unquestionably the greater victims and men are the greater perpetrators—even at the cost of invented figures, illogical arguments and suppressed empirical data which dispel this position. It has been suggested that feminists fear that what is perceived as the more serious problem of wife abuse will be impeded by drawing attention to other forms of domestic violence . . . that by sharing the victim spotlight with men, funds will be diverted from women’s shelters and advocacy and toward the needs of men and others suffering abuse. Is it too naive of me to suggest that by viewing family violence—and specifically spouse abuse—as a much larger problem than it has been until now, more funds could be directed to domestic abuse programs which recognize the role of both partners?

These funds could then be used to bring about long term solutions by working with couples and their families instead of the current band aid strategies that shelters offer to women alone.

I cannot help being frustrated by attempts to resolve the abuse of women by turning a blind eye to those women who inflict serious physical and emotional abuse on their loved ones. By denying this fact, we do little to help women cope with life’s stressors, to assist them in building more satisfactory intimate relationships and we fail to protect their victims . . . Even more damaging to the image of women is the label of victim. In doing so, we deny ourselves the empowerment that we have long strived for. As long as women subscribe to the notion of universal victimization, they will never experience the freedom that goes along with having control over their lives. (Sommer, p. 3) ¹

A NEW LOOK AT ASSESSMENT AND TREATMENT

Aside from problems involving public misconceptions about assault rates and confusion over terminology, interventions in domestic violence have also been stymied by poor assessment methods. On the one hand, women advocates and DV specialists have had good reason to be skeptical of traditional counseling interventions in domestic violence. Studies have shown that many licensed psychotherapists routinely fail to identify, or tend to minimize, the significance of violence in their clients’ relationships. Because therapists often lack an understanding of domestic violence dynamics, they cannot formulate an appropriate risk assessment. Without proper assessment, both the safety of victims and the viability of treatment are compromised. On the other hand, many batterer intervention specialists don’t have clinical backgrounds. Lacking the knowledge of individual psychodynamics, developmental psychology, and family systems theory, clinicians cannot utilize a broad-based approach for the majority of high-conflict domestic violence cases. For treatment to be effective, it must draw both from the expertise of DV specialists and psychotherapy.

Treatment strategies ought to be empirically based and derived from the full range of research data. Specific treatment features ought to be based on a thorough assessment and the facts of each particular case, rather than on myth, tradition, or political agenda (see Table I.1). It is hoped that you find this manual a helpful tool in our common effort to reduce domestic violence in our communities.

### TABLE I. 1 Two Approaches to Domestic Violence Treatment

<table>
<thead>
<tr>
<th>Traditional Approach</th>
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</tr>
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<tbody>
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<td><strong>Priority:</strong> Protect women and children from men’s violence, and hold men accountable for their actions</td>
<td><strong>Priority:</strong> Protect all victims of family violence and hold all perpetrators accountable</td>
</tr>
<tr>
<td><strong>Focus:</strong> Male-perpetrated partner violence</td>
<td><strong>Focus:</strong> Family violence</td>
</tr>
<tr>
<td>Based on:</td>
<td>Based on:</td>
</tr>
<tr>
<td>Feminist sociological theory</td>
<td>Family systems, conflict, and social learning theories, and research on human aggression</td>
</tr>
<tr>
<td>Crime studies</td>
<td>National surveys and meta-analytical reviews</td>
</tr>
<tr>
<td>Clinical data from battered women shelters and men’s domestic violence programs</td>
<td>Clinical data from a wide range of sources</td>
</tr>
<tr>
<td><strong>Current Policy and Treatment Consequences:</strong> Funding for women victims, but not for men</td>
<td><strong>Alternative Policy and Treatment Consequences:</strong> Funding priority would be for victims of the most serious violence, regardless of gender</td>
</tr>
<tr>
<td>Public information/outreach directed toward women victims</td>
<td>Public information/outreach would be directed toward all victims, including efforts to help men overcome stigma associated with reporting</td>
</tr>
<tr>
<td>Mandatory, “zero tolerance” arrests Arrest policies, based on men’s greater physical strength and discouragement of mutual arrest, ignore problem of mutual abuse and violence by women</td>
<td>women’s violence Possibility of diversion, such as “ticket system” requiring further assessment</td>
</tr>
<tr>
<td>State law mandates “one size fits all” group treatment, and prohibits individual therapy, or couples or family counseling Heterocentric bias discounts realities of gay and lesbian violence</td>
<td>Gender-neutral arrest policies would be based on history of violence, including mutual abuse</td>
</tr>
<tr>
<td>Reality of gay/lesbian violence would be recognized</td>
<td>State law would allow interventions based on assessment and the needs of each particular family, with victim safety a primary concern</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Gender-Inclusive Approach</th>
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</thead>
<tbody>
<tr>
<td><strong>Impact on Families:</strong>&lt;br&gt;Lower level perpetrators, usually men, forced to take responsibility for their behavior before it becomes more serious. However, only designated “perpetrator” is mandated to treatment; others, whether victims or co-perpetrators, must voluntarily seek treatment.</td>
<td><strong>Impact on Families:</strong>&lt;br&gt;Lower level perpetrators of both sexes would be forced to take responsibility for their behavior before it becomes more serious. Mandated treatment for both parties, unless contraindicated for safety reasons, would dramatically increase effectiveness of interventions.</td>
</tr>
<tr>
<td>Financial and legal costs Untreated spouse free to abuse partner and/or children, and is likely to carry dysfunction into the next relationship, further victimizing the children.</td>
<td>Children would be less likely to be victimized in current family, or in the next family unit following a divorce.</td>
</tr>
</tbody>
</table>
Introduction to the Second Edition: Toward Evidence-Based Practice

The first edition of this book called for a radical new approach to the treatment of domestic violence, also known as intimate partner violence (PV) or intimate partner abuse (PA). Departing from traditional approaches based on gender-feminist sociopolitical theories, it framed abuse between married, cohabitating, and dating partners as a human problem and challenged the prevailing dogma that defines victims as female and perpetrators as male. The book also challenged the default reliance on one-size-fits-all treatment programs and offered alternative interventions based in empirical research.

Eight years have passed since the first edition was published, and notable changes have occurred in the way that PA is defined, researched, and addressed. Perhaps the most significant change has been a steadily developing consensus among some segments of the domestic violence community of a need for more evidence-based policies and interventions. Actual progress, however, has been made mostly within the research community, and among some adventurous clinicians, with very little change in terms of policy objectives or the way interventions are typically delivered. In a recent article, the author posed the question: “Do we want to be politically correct, or do we want to reduce domestic violence in our communities?” (Hamel, 2010a). Sadly, in far too many quarters, politics continues to trump a commitment to effective treatment policies.

BUSINESS AS USUAL

The domestic violence gender paradigm persists first and foremost in the way partner abuse continues to be broadly misunderstood and ill-defined. Richard Gelles (2007), whose pioneering research helped provide support for the battered women’s movement, has identified several popular but false beliefs (“factoids”) about domestic violence. Many of these were found by Denise Hines, a domestic violence scholar and professor at Clark University (Hines, 2014), in her search of 338 National Coalition Against Domestic Violence websites, its state coalitions, and related organizations. Nearly 35% of the websites feature “fact sheets” claiming that according to the FBI, a woman is beaten every (fill in the blank) seconds in the United States. Typically, the claim is every 15 seconds, which comes from research conducted by Gelles himself, and it refers to the number of times that a woman suffers any type of physical abuse, including minor incidents of pushing, and so on. The claim also does not acknowledge that every 15 seconds a man is similarly victimized.
Fact sheets on more than a quarter of the websites (26.0%) state that domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the United States—greater than car accidents, muggings, and rapes combined—when in reality it lags well behind accidental falls, motor vehicle accidents, other accidents, and even overexertion and strenuous movements (Centers for Disease Control and Prevention, 2001). Almost as many websites (21.3%) claim that 95% of victims of domestic violence are women who were abused by their male partners. However, as found initially in national surveys conducted by Murray Straus, Richard Gelles and others in the 1970s, and confirmed most recently by a sweeping review of the literature (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a), men are as likely to be victimized as women.

Hines’s findings are particularly disturbing because the websites she investigated are not those of fringe interest groups, but regarded as official sources of information, with grave implications for domestic violence policy and intervention. We may begin with the Violence Against Women Act (VAWA). In both of its reauthorizations, VAWA, first enacted in 1994, has steadily expanded funding for victims of domestic violence, to include older adults, the disabled, and teens. The most recent version, reauthorized in 2013, includes language that would help protect abused immigrant women, enhance laws protecting Native American women on reservations, and bar shelters from turning away gay, lesbian, and transgendered victims. It also reiterates the principle of nondiscrimination inserted in a previous reauthorization, making it possible, at least in theory, for male victims to also have access to services:

(13) CIVIL RIGHTS—(A) NONDISCRIMINATION.—No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under the Violence Against Women Act of 1994 (title IV of 6 Public Law 103–322; 108 Stat. 1902), the Violence Against Women Act of 2000 (division B of Public Law 106–386; 114 Stat. 1491), the Violence Against Women and Department of Justice Reauthorization Act of 2005 (title IX of 11 Public Law 109–162; 119 Stat. 3080), the Violence Against Women Reauthorization Act of 2013, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women. (Government Printing Office, 2013, pp. 17–18)

Notwithstanding this language, VAWA remains the Violence Against Women Act, and there are few signs that male victims are being helped with VAWA dollars to any significant degree. As reported in a revealing study by Douglas and Hines (2011), many of the 302 male victims who contacted a domestic abuse helpline had previously sought help from a domestic violence agency (e.g., shelters), and half of them reported that their needs were not taken seriously. Three quarters of the men said that the agency contacted provided services only to women, and nearly two thirds were treated as the abuser rather than the victim in their relationship. This should not be surprising, given the disproportionately higher number of men who are arrested and prosecuted compared to women and the tendency of courts to favor female plaintiffs in restraining order cases, even when the circumstances around the offense (e.g., level of injury) are the same (Russell, 2012; Shernock & Russell, 2012). Nor should it be surprising that when presented with hypothetical scenarios depicting partner violence, police officers tend to find the men more hostile than the women (Finn & Bettis, 2006) and more responsible (Cormier & Woodworth, 2008), even though the scenarios involve identical behaviors.
After the enactment by most states of pro-arrest and mandatory arrest laws led to an increased number of female perpetrators, legislatures in many of these states, at the behest of women’s advocacy organizations, subsequently passed dominant aggressor laws. Ostensibly they were intended to keep victimized women from being falsely arrested, but as actually implemented ensure that men will continue to be arrested in disproportionate numbers (Hamel, 2011; Hamel & Russell, 2013). When such policies are called into question, as they have been in this author’s county of residence (Klein, 2010, June; Marin County Civil Grand Jury, 2010), established interests, especially enforcement and battered women’s advocacy groups, are quick to obstruct and obfuscate.

Sadly, evidence of the domestic violence gender paradigm can be found within the American Bar Association (ABA), an organization which should be expected to vigorously defend the rights of all defendants and be free of political influence. For example, in an online article on partner abuse in family court cases, the ABA addresses what they believe to be certain “myths” about domestic violence (e.g., abusive fathers don’t get custody of their children; domestic violence has nothing to do with child abuse) by invoking phony straw man arguments and relying on outdated, biased, and transparently selective research to correct these supposed myths and prove that only fathers can be abusive (Dutton, Corvo, & Hamel, 2009).

The Gender Paradigm Among Treatment Providers

Partner abuse is treated in a variety of settings, but individuals who have been identified as perpetrators by the criminal justice system are typically mandated to batterer intervention programs, also known as BIPs. According to Maiuro and Eberle (2008), 45 states have established legal standards to regulate BIPs. The standards in at least one state, Oregon, apply strictly to male offenders, its stated purpose “to help ensure the safety of women” (Oregon State Archives, 2013, p. 1). Almost all of the state standards (95%) define domestic violence as strictly an abusive form of power and control. Patriarchy is viewed by most states as the primary risk factor, and treatments based on psychodynamic theory, impulse control disorders, family systems, or mental health models are prohibited. More than two thirds (68%) forbid participants in BIPs from seeking couples or family counseling throughout most or all of their mandatory intervention period. Again, an example is Oregon (Oregon State Archives, 2013), where BIP group facilitators are disallowed from “offering, supporting, recommending or using couples, marriage or family counseling or mediation as appropriate interventions for battering” (p. 8), or suggesting that battering is caused by “poor impulse control, anger, past experience, unconscious motivations, substance use or abuse, low self-esteem, or mental health problems of either participant or victim” (p. 8). Amazingly, only three states incorporate in their standards provisions for differential treatment based on client history and/or needs, a practice that some observers believe is a clear violation of professional mental health ethics (Corvo, Dutton, & Chen, 2009). Less than one in six states require BIP group facilitators to hold a professional mental health license. A bachelor’s degree is required in 40% of the states, but 33% require no specific educational training.

Adherence to these standards varies, but, as the national survey by Price and Rosenbaum (2009) indicates, the state-imposed limitations are reflected in the way programs typically operate. A one-size-fits all treatment approach is used by 90% of the surveyed programs, and more than half (53%) adhere to the flawed Duluth type “re-education” model. In addition, 82% of BIP clients across the United States are treated in the modality of group, 96% of them mandating a same-gender format despite the lack of any supporting empirical evidence for this requirement. Only 31% of programs follow the ethical guidelines of mental health associations (e.g., NASW, APA).
One might presume that mental health professionals who work with voluntary populations of partner abuse victims and offenders would do so without the any of the political considerations just described. Mental health professionals are now required in many states (e.g., California) to get special training in partner abuse theory, assessment, and treatment, but no studies have yet been conducted on the content of these trainings. Data are scant on the extent to which individual therapists base treatment decisions in partner abuse cases strictly on sound assessment procedures. On the one hand, this author had a very positive response when he sent out a call for papers in 2007 to mental health professionals across the country, many of them marriage and family therapists, for a casebook titled *Intimate Partner and Family Abuse: A Casebook of Gender-Inclusive Therapy* (Hamel, 2008b). On the other hand, there is evidence that many clinicians remain misinformed about partner abuse.

Particularly troubling were results of a random survey of 449 practicing psychologists culled from the membership rosters of the American Psychological Association (Follingstad, DeHart, & Green, 2004). Presented with the same hypothetical examples of physical and psychological abuse by wives and by husbands, the psychologists rated even acts of emotional abuse as more severe when perpetrated by the husbands. Hamel, Desmarais, Nicholls, Malley-Morrison, and Aaronson (2009) administered a 10-item quiz on basic domestic violence facts to 401 victim advocates and mental health professionals who work in some capacity in the field of family violence, as well as university students enrolled in introductory undergraduate psychology classes. The average number of correct answers across all groups was less than 3, and remarkably the professionals did not score significantly better than the students.

An article on Domestic Violence Awareness month available in an online newsletter from the American Psychological Association (2012) focuses almost exclusively on women as victims (e.g., “one in five female high school students reports being physically and/or sexually abused by a dating partner” [p. 1]). On its online information pages, the National Association of Social Workers (2013b) warns that domestic violence has “devastating consequences for women, children and families” (p. 1), neglecting to mention that men incur a third to a half of domestic violence-related injuries; and incorrectly defines all domestic violence as “a pattern of multiple tactics and repeated events,” when in fact the description refers to the more narrow phenomenon of battering (National Association of Social Workers, 2013a, p. 1). The online fact sheet from the American Association of Marriage and Family Therapists (AAMFT, 2013) acknowledges that some relationships are characterized by high anger and mutual conflict, but wrongly presumes that men are necessarily the perpetrators in more abusive relationships where one party seeks to dominate the other.

For many years, the preponderance of books and peer-reviewed research literature on partner abuse reported almost exclusively on male perpetrators and/or female victims. Much of this oversight can be attributed to a wariness of exploring topics deemed to be too “controversial” (e.g., couples or family counseling), but there is also evidence of research being actively suppressed and funding denied on ideological grounds, while some scholars selectively cite research and deliberately ignore or conceal evidence, at times drawing conclusions in direct contradiction to the data presented (Straus, 2010). Certainly, feminist views have evolved in recent years. For example, some scholars now acknowledge that not every aggressive act perpetrated by intimate partners upon one another constitutes battering (e.g., Johnson, 2008) and that batterers are often female (Stark, 2007). And yet, these researchers continue to frame partner violence as a gendered problem (Dekeseredy, 2011), and grossly minimize women’s aggression. Other motives besides control are presumed to drive women’s violence, such as self-defense (Dragiewicz, 2008; Gondolf, 2012), or to express anger in the context of an escalated conflict (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008).
While it is not unusual for a woman to use violence in her intimate relationship it is exceptional for her to achieve the kind of dominance over her male partner that characterizes battering. Social conditions, which do not condone women’s use of violence, patterns of socialization, and the typical physical disparities between the male and female of the species, make the woman “batterer” an anomaly (Pence & Dasgupta, 2006, pp. 6–7).

### The Gender Paradigm in Society

Erroneous information and attitudes about partner abuse permeate society as a whole, as indicated by public surveys and the print media. For example, Sorenson and Taylor (2005) presented to a random sample of 3,769 adults in Southern California a series of hypothetical scenarios involving physical and psychological intimate partner abuse, but experimentally manipulated certain characteristics such as gender of perpetrator and of victim. Across vignettes, otherwise identical acts of aggression were viewed significantly less harshly when the perpetrator was female. Whereas female-perpetrated abuse was likely to be viewed in the context of the situation, male-perpetrated abuse was deemed more volitional, and more likely to be regarded as needing a law enforcement response. In a review of 173 articles on partner abuse appearing in print media between 2006 and 2010 in the United States, Canada, the United Kingdom, Ireland, New Zealand, and Uganda, 86.7% of the stories involved male perpetrators, and female perpetrators were 92% less likely to be depicted as the responsible party in comparison to male perpetrators (Sellers, Desmarais, & Tirotti, in press).

To suggest that beliefs about domestic violence within policy circles and the criminal justice system—and indeed among treatment providers—mirror beliefs in society at large is to state the obvious. False beliefs are commonplace. Fully 41% of American adults think that dinosaurs at one time co-existed with humans (Science Daily, 2009). Many people are under the impression that autistic people are savants, like the character in the movie Rain Man, or that pedophiles are primarily homosexuals, whereas they are just as likely to be straight in proportion to their share of the population (Jenny, Roesler, & Poyer, 1994). Among undergraduate college students, 77% believe that schizophrenia is the same as having multiple personalities, and 66% think that expressing pent-up anger actually reduces its intensity (Lilienfeld, 2012). Clearly, there is no shortage of ignorance in the general population. The average person can be forgiven for their misconceptions, but the average person should of course not be treating a psychiatric patient or someone with a pervasive developmental disorder—or for that matter, someone with anger issues.

### New Research Directions

The question is: Can anything be done to dispel erroneous beliefs about partner abuse? Almost certainly, it will be up to the research and treatment communities to lead the way. Fortunately, a number of researchers have become openly critical of feminist scholarship and what the gender paradigm suggests as appropriate kinds of interventions. In his thoughtful article, “Treatment for partner abuse: Time for a paradigm shift,” Stuart (2005) identifies several incorrect assumptions about partner abuse that have compromised intervention efforts, which he proceeds to correct. These are the assumption that all partner abuse is battering; that all abusers are male; that patriarchal attitudes by themselves explain partner abuse; that arrest is necessarily a deterrent; that standardized group treatment is universally relevant and that
conjoint intervention should always be postponed, if not outright forbidden. As one scholar correctly observed, this is simply *pseudoscience* (Dutton, 2010), no less than Creationism or Scientology.

Similar assumptions are also prevalent in the United Kingdom, as reflected in position statements of Respect, the National Association for Domestic Violence Perpetrator Programmes and Associated Support Services in the United Kingdom, akin to National Council Against Domestic Violence in the United States. The British researchers Louise Dixon, John Archer, and Nikola Graham-Kevan (2012) write:

Respect’s position is that if a man uses aggression towards his female partner, the causes—and hence the treatments—are known. This is an example of topography; knowing who sometimes hits does not tell us why they chose to hit them. There is recognition in the psychological literature that in order to understand a form of behavior, it is necessary to understand the function it serves for the individual (e.g., Ireland, 2008). For example, a man who is very controlling and aggressive may be using such behavior to manage his fear of abandonment, to resolve conflict, to manage difficult emotions, or to bully a partner into acceding to his wishes. Without a functional assessment of the behavior, it is not possible to know why he behaves in this way, and hence impossible to effectively intervene. . . . The same behavior (e.g., IPV) will have different determinants in different individuals, and often within the same individual on different occasions (McMurran & Hodge). Like other forms of complex human behavior, IPV is aetiologically heterogeneous. In order to assess potential criminogenic needs, it is necessary to explore a wide range of potential risk factors found in both the IPV and non-IPV aggression literature. These are likely to include impulsivity, poor emotional regulation, hostile attributional bias, beliefs about aggression, conflict resolution skills, interpersonal skills, and coping styles. (p. 208)

Gender-based feminist models ignore or dismiss alternative explanations that are far more grounded in the empirical social science literature, including those that consider the role of the intergenerational transmission of violence, personality, neurological functioning, trauma and attachment disorders, relationship dynamics, and alcohol and drug abuse (Corvo, Dutton, & Chen, 2008). Theories built around these factors provide a fuller, more nuanced understanding of domestic violence phenomena, such as why abusive men seek to control their partners, or why a central task of batterer intervention programs ought to be to help clients manage their anger (something that is viewed derisively by gender feminists as unproductive and bordering on collusion because it presumably provides batterers with an excuse for their behavior). Clinicians whose treatment approaches are informed by trauma and attachment theory would know better than to harshly confront resistant and hostile clients. Having an understanding of the role of shame-based coping mechanisms and how vulnerable and powerless these clients feel around their partners, they would not deny the client’s reality but instead seek to establish a respectful therapeutic relationship (Dutton & Corvo, 2006). As we will see in an upcoming section of this book, interventions that incorporate such client-centered approaches (e.g., Motivational Interviewing) have been shown to lower the number of group drop-outs and reduce subsequent recidivistic violence.

Ironically, practices based on Duluth and other gender feminist models can be unresponsive and sometimes contradictory to the needs of women as well as men. According to Buttell and Starr (2013):

If the outcome of feminism is the abolishment of stratification and discrimination, it would seem decidedly *anti-feminist* to deny women an inclination toward the traditionally male-coded realm of aggression based purely upon their gender categorization. Under the gender paradigm, women who fail to conform to victim-status are barred from the resources and tools to help them learn how to understand, control and
negotiate their aggression. Similarly, relegating men to the austere confines of violent aggressor denies male IPV victims cultural and legal visibility and legitimacy, generating a unique gender-based system of stratification and discrimination. (p. 121)

While the evolution of self-styled feminist scholarship has been uneven, mainstream researchers have been publishing an increasing number of studies on bidirectional abuse, male victims and female perpetrators, as well as nontraditional intervention practices such as Motivational Interviewing, couples counseling, and therapies based on alternatives to social learning theories of power and control. Articles on these and other previously taboo subjects have been appearing at a higher frequency in mainstream peer-reviewed journals such as Violence and Victims, Journal of Interpersonal Violence, and Journal of Family Violence, and presented at major conferences such as the annual San Diego event sponsored by the International Conference on Violence and Trauma (IVAT) and the International Family Violence and Child Victimization Research Conference, held biannually in Portsmouth, New Hampshire. Major conferences have also been held with an explicitly gender-inclusive theme, bringing together some of the world’s leading scholars (Young, 2009). Furthermore, for the past 4 years, this author has had the privilege of acting in the capacity of Editor-in-Chief of the scholarly journal, Partner Abuse, published quarterly by Springer Publishing. This journal:

is devoted exclusively to scholarly work related to abuse between partners, but takes a broad inclusive approach to that form of interpersonal aggression, welcoming articles on topics such as mutual abuse, working with female perpetrators, services for male victims, partner abuse in ethnic minority populations and in GLBT relationships, systemic and restorative justice approaches, strengths-based interventions, prevention programs, and laws and policies related to partner abuse . . . The journal is also inclusive in its goal of transmitting not only rigorous, objective research and critical review papers on partner abuse, but also more theoretical and reflective analyses of controversial issues related to this subject, including its predictors, outcomes, management, and treatment. Finally, Partner Abuse seeks to advance clinical practice by showcasing promising intervention programs and relevant case studies for advocates and practitioners working with victims, perpetrators, and their families. In summary, the purpose of this new journal is to advance knowledge, practice, and policies specifically related to partner abuse through a commitment to scientific research and evidence-based solutions. (Malley-Morrison, Hamel, & Langhinrichsen-Rohling, 2010, p. 3)

Until the first edition of this book, books on partner abuse favored a gendered understanding of partner abuse. However, as with the scholarly peer-reviewed literature, there have been clear signs of progress as evidenced by some key publications since 2005. In 2013, the second edition of the most comprehensive and authoritative general textbook on family violence was released, Family Violence in the United States: Defining, Understanding, and Combating Abuse, by Denise Hines, Kathleen Malley-Morrison, and Leila Dutton (2013). Written by Irene Frieze (2005), whose views on partner abuse had often fallen along more traditional lines, Hurting the One You Love: Violence in Relationships presents a reasonably accurate overview of partner abuse. Better yet is Rethinking Domestic Violence by the Canadian researcher Donald Dutton (2006), a tour-de-force of cutting-edge scholarship and incisive analysis.

Aside from a few articles, the volume edited by Daniel O’Leary and Erica Woodin (2009), Psychological and Physical Aggression in Couples: Causes and Interventions represents another step in the right direction, with chapters on couples counseling, relationship dynamics as risk factors for violence, and sexual aggression by females. In Battered Woman Syndrome as a Legal Defense: History, Effectiveness and Implications, Brenda
Russell (2010) highlights some of the misconceptions around the battered woman syndrome and ways that the judicial system has failed heterosexual male and LGBT victims, while her recently released *Perceptions of Female Offenders: How Stereotypes and Social Norms Affect Criminal Justice Responses* (Russell, 2013) includes several worthwhile articles that challenge the gender paradigm and question current policies on domestic violence.

For practitioners, a number of excellent books have been published in the past 8 years. *Domestic Violence Treatment for Abusive Women: A Treatment Manual*, by Ellen Bowen, a Northern California therapist, offers a wealth of practical and innovative tools and experiential exercises, drawing on the author’s more than 30 years of clinical experience conducting batterer intervention programs. In *Treating the Abusive Partner: An Individualized Cognitive-Behavioral Approach*, Christopher Murphy and Christopher Eckhardt (2005) present the best researched, most detailed set of interventions available for individual treatment, many of which can easily be incorporated in a group format. Exciting new approaches to treatment can also be found in *Strengths-Based Batterer Intervention: A New Paradigm in Ending Family Violence*, edited by Peter Lehmann and Catherine Simmons (2009), and *Motivational Interviewing and Stages of Change in Intimate Partner Violence*, edited by Christopher Murphy and Ronald Maiuro (2009).


**TOWARD EVIDENCE-BASED PRACTICE**

There has been a lot of talk about “evidence-based practice” in the medical and mental health fields, and guides to these programs are available on the Internet for anyone who might be interested (e.g., SAMHSA, 2013). With increasing frequency, this author has encountered the term at countywide family violence council meetings, among probation officers, at social service agencies, and even among advocates for battered women. What exactly is evidence-based practice and of what benefit might it be to the delivery of interventions for partner and family abuse?

There was an effort in the first edition of this book to provide, wherever possible, scholarly research in support of the treatment approaches presented. The most glaring shortcoming of prevailing policy and intervention models was, and to a large extent continues to be, an almost obsessive concern with female victims and male perpetrators, and the term *gender-inclusive* in the title signaled this author’s resolve to finally correct this problem. Certainly, no domestic violence policy or treatment approach can be considered evidence-based if it is not gender-inclusive. This would be akin to medical journals only publishing research papers on HIV among homosexual men, and the American Medical Association approving treatments for only that population. No
matter how up-to-date and effective those treatments might be, they would be inadequate in addressing the huge public health problem that is HIV. However, it is also true that because an approach is gender-inclusive, it is not necessarily evidence-based.

From the social work perspective, 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). A similar definition is used by the American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice (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).

“The essence of social work research,” writes Fraser (2004) is the study of intervention—the development and design of systematic change strategies” (p. 210). The APA Presidential Task Force (2006) identifies multiple types of research designs. In ascending order of methodological rigor, they include:

1. Clinical observations
2. Qualitative research
3. Systematic case studies
4. Single-case experimental designs
5. Public health and ethnographic research
6. Process-outcome studies
7. Effectiveness research
8. Random assignment to conditions research
9. Meta-analyses

The most reliable research results, then, are “derived from investigations that test fully explicit and potentially falsifiable hypothesized relationships between variables, while attempting to control for numerous potential sources of bias and confounding influences. Such studies also are potentially replicable because their methods are explicit” (Howard, McMillen & Pollio, 2003, p. 237).

The APA (2006) draws a distinction between evidence-based practice (EBP) and empirically supported treatments, or ESTs. The latter are considered the gold standard for research on counseling and psychotherapy in the United States (La Roche and Christopher, 2009), and begin with a particular treatment and seek to determine which disorder or set of disorders it can effectively treat. Recently, researchers have begun to ask not only what treatments work for a particular problem but also why, and are examining the role of mediator and moderator variables; for example, what might explain how changing a client’s cognitions helps them overcome anxiety and anger (Fraser, 2004; Kazdin, 2007).

The clinician using EBP, on the other hand, is concerned first and foremost with the client and what interventions would work best for that individual. The EBP process, in psychotherapy as a whole (Shlonsky & Gibbs, 2004) or in domestic violence batterer intervention (Gondolf, 2012), is “bottom-up” rather than “top-down”; and may be visualized as consisting of three intersecting circles representing the practitioner’s clinical expertise, the best empirical research evidence, and the client’s values and expectations for therapy; with EBP represented at the intersection of all three. The point is, treatment decisions are “not dictated by current best evidence operating in a vacuum” (Shlonsky & Gibbs, 2004, p. 138). With respect to client values and expectations, these are informed by culture, something that clinicians working with ethnic minority populations should take into account, but do not always do so successfully (Bernal, Jimnenez-Chafey, & Domenech Rodriguez, 2009; Hwang, 2009).
For a particular client’s needs, there may exist a specific manualized treatment, based on rigorous research designs using random assignment to conditions. Another client may present with a host of problems for which there is no clearly superior approach. “In the absence of research related to a specific problem or issue,” writes Fraser (2003), “the worker is expected to use theory with a research basis, knowledge of the etiology of social and health problems, knowledge derived from clinical supervision, and knowledge from practice experience” (p. 19). Research on the etiology of a problem may also be known as “explanatory research.” Sometimes, as in the appropriateness of family therapy in cases involving partner abuse, the practitioner will literally find no outcome research in which this modality is compared to another (or to a no-treatment condition), and the “research basis” will therefore lie elsewhere. For instance, couples counseling has been shown by some experimental studies to be a safe and effective alternative to the psychoeducational group format, and the practitioner will find abundant research finding family therapy to be an effective treatment for substance abusers, a population with many of the same characteristics as partner abusers. Furthermore, a growing body of risk factor research indicates that interpersonal factors and family systems play a large role in the dynamics of partner abuse (Capaldi, Knoble, Shortt, & Kim, 2012; MacDonnel, 2012). When a treatment approach has not been “proven” to work, but otherwise shows promise, it makes no sense not to use it if the client concurs and if previous approaches have failed.

Regardless, the optimum treatment of any mental health or behavioral problem, such as partner abuse, requires an optimum level of expertise on the part of the person providing the treatment. Being an “expert,” however, whether that designation is conferred upon the clinician by him- or herself or acknowledged by peers, may not be enough given that experts are not infallible, even if they have at their disposal a body of sound scientific research findings:

All humans are prone to errors and biases. Some of these stem from cognitive strategies and heuristics that are generally adaptive and efficient. Others stem from emotional reactions, which generally guide adaptive behavior as well but can also lead to biased or motivated reasoning . . . Whenever psychologists involved in research or practice move from observations to inferences and generalizations, there are inherent risks of idiosyncratic interpretations, overgeneralizations, confirmatory biases, and similar errors in judgment . . . Integral to clinical expertise is an awareness of the limits of one’s knowledge and skills and attention to the heuristics and biases—both cognitive and affective—that can effect clinical judgment. (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006, p. 276)

For these and other reasons, many social workers look askance upon EBT as a cost-cutting, “cookbook” approach that denigrates clinical judgment and ignores client values (Gambrill, 2003). Some cynics, who believe that one can always find a study to support their conclusions, dismiss EBT as essentially useless (Shlonsky & Gibbs, 2004). In this author’s experience, this kind of reasoning is all too common in the field of domestic violence, especially among victim advocates and nonlicensed batterer intervention providers. Nonetheless, if public health issues such as partner abuse are to be properly addressed, it will require policy makers and intervention providers work within an evidence-based framework, however imperfect it might be. In science, and more so in the social sciences, research may indeed support multiple and even contradictory points of view. Often, however, a broad theory (such as the gender paradigm) or a specific claim—for example, “some women are indeed aggressive or violent, but usually in self-defense or retaliation” (Gondolf, 2012, p. 27) have been shown to be false by the overwhelming body of research evidence. There is no Grand Arbiter; it is the ever
present task of researchers and clinicians alike to resolve these issues honestly and in a spirit of cooperation and shared goals.

This second edition of *Gender Inclusive Treatment of Intimate Partner Abuse*, like the first, remains first and foremost a practical manual for practitioners working in the field, but represents a substantial revision, with a more explicit commitment to evidence based practice. To reiterate, for an intervention to be considered evidence-based it must, at a minimum, take into account client preferences and draw from both clinical expertise and the *best available research*. To simplify, when the best available research for a particular intervention is at the lower end of the APA guidelines (e.g., qualitative, case studies), or draws primarily from explanatory research or related research from other fields, that intervention can be considered *soft* EBP; when it is at the higher end (e.g., using experimental designs) it can be considered *hard* EBP. We will exclude, or identify as such, programs that are not evidence based—those based on ideology or tradition, or based on clinical experience alone with no formal attempts to measure effectiveness, and no effort to integrate findings from the research literature.

In addition to this second introduction and a new section on domestic violence in child custody cases, the second edition contains a completely rewritten “Domestic Violence Today,” now containing a wealth of up-to-date data on partner abuse, mostly drawing from the recently-completed *Partner Abuse State of Knowledge Project*, a series of 17 manuscripts totaling 2,657 pages, published in five special issues of the peer reviewed journal, *Partner Abuse* (Hamel, Langhinrichsen-Rohling, & Hines, 2012). The sections on working with victims, substance abuse, and trauma work have also been substantially expanded. New and updated assessment instruments have been added. Numerous, promising evidence-based approaches are featured, including some for couples and families (along with new case examples), and there is an even greater emphasis on client-centered interventions. Finally, the reader will find substantial revisions in the author’s 52-week batterer intervention program, including more user-friendly client progress logs and revised handouts and exercises.

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Note: Assessment forms and Workbook handouts presented in the Appendices are available as a free download from www.springerpub.com/hamel-ancillary
Gender-Inclusive Treatment of Intimate Partner Abuse
A considerable amount of research has been conducted on partner abuse since the first edition of this book was published in 2005. Much of the information contained in this section comes from the series of 17 literature reviews known as the Partner Abuse State of Knowledge Project (PASK), which were published in five special issues of the peer-reviewed journal *Partner Abuse* between April 2012 and April 2013 (Hamel, Langhinrichsen-Rohling, & Hines, 2012). The 2,567 total manuscript pages include extensive tables with summaries of approximately 1,700 articles published in peer-reviewed journals between 1990 and 2012 and available for free at www.domesticviolenceresearch.org, or the Partner Abuse web page at, www.springerpub.com/pa (click on Partner Abuse State of Knowledge under the Online Resources link on the home page). The full articles can also be found at the Partner Abuse website. Unless otherwise indicated, the reviews are based on studies from the United States and other English-speaking industrialized countries, and report only on studies containing quantitative data.

**PREVALENCE OF PARTNER ABUSE**

**Physical Victimization and Perpetration**

A review by Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012a) examined 750 studies on partner abuse victimization published in the peer-reviewed literature between 1990 and 2012, of which 249 met the inclusion criteria and were summarized for the online tables. As with all the other PASK literature reviews, the studies were categorized according to sample type: (1) large population studies; (2) studies of small community samples; (3) university or college samples; (4) middle or high school samples; (5) clinical samples; and (6) justice/legal samples. (Most of the other PASK reviews collapse categories 3 and 4 into one.)

Across all samples, 24% of individuals on average reported to have been assaulted by an intimate partner at least once in their lifetime, with rates somewhat higher for females (23%) than males (19.3%). The highest rates were among dating students. Among university samples 27.2% of females and 26.4% of males reported victimization, and among middle and high school samples males reported higher rates than females. The review also found that men tended to report higher rates compared to women when asked about violence in the past year; however, rates were higher for female victims in studies that looked at violence during the span of a lifetime.
The most recent, large-scale national study on partner violence (PV) victimization, the National Intimate Partner and Sexual Violence Survey (NISVS), conducted by the Centers for Disease Control and Prevention (Black et al., 2011), drew on a sample of 4,741,000 women and 5,365,000 men. It reported 12-month prevalence rates of female physical PV victimization of 4.3 million minor (e.g., slapping, pushing) and 3.2 million severe (e.g., punching, beating up) female victimization, and for males minor PV was at 5.1 million and severe at 2.2 million. Overall lifetime rates were 32.9% for females and 28.2% for males. In contrast to the NISVS and the Desmarais et al. review, national crime victimization surveys, conducted by the United States Department of Justice, have traditionally reported much higher victimization rates for females. In the latest such survey (Catalano, 2012), rates of past-year physical abuse victimization were found to be 1.1 per 1,000 for males and 5.9 per 1,000 for females. The higher proportion of female to male victims (84% vs. 16%) as well as the low overall rates are due to nature of the survey and the questions asked of the respondents. Whereas crime surveys frame PV as criminal activity and most respondents do not view interpersonal violence as criminal, nearly all other surveys use the Conflict Tactics Scale and ask about interpersonal violence in the context of escalating conflict, yielding higher and more reliable rates (Straus, 1999).

The separate review of 111 peer-reviewed studies of physical abuse perpetration by Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012b) found overall rates of 25.3%. Because of the variety of samples and operational definitions of PV, a wide range in perpetration rates was reported, ranging from 1.0% to 61.6% for males and 2.4% to 68.9% for women. Rates of female-perpetrated violence were found to be higher than those perpetrated by males (28.3% vs. 21.6%).

**Emotional Abuse and Control**

Carney and Barner (2012) identified and summarized 204 studies on nonphysical abuse, including emotional abuse and control, stalking, and sexual coercion. Emotional abuse was categorized as either expressive (in response to a provocation) or coercive (intended to monitor, control, and/or threaten). Across all types of samples, rates of emotional abuse and controlling behavior were reported at 80%, far higher than rates of physical abuse. Forty percent of women and 32% of men reported expressive abuse perpetration. The rates for coercive abuse for women and men were nearly identical, at 41% and 43%, respectively. Considerable gender differences were found for sexual coercion. According to national samples, 0.2% of men and 4.5% of women have been forced to have sexual intercourse by a partner in their lifetime. However, gender differences are not as great among university dating samples or when sexual coercion is defined more broadly to include nonphysical threats, taunts, and manipulations such as getting the victim intoxicated. The review found that stalking of intimate partners makes up somewhere between one third and one half of all stalking incidents. Lifetime victimization rates were higher for women (between 4.1% and 8%) in comparison to men (between 0.5% and 2%), but rates across gender were much more comparable when all types of obsessive pursuit behaviors were included (e.g., making repeated, unwanted phone calls).

Although the research suggests some variability in stalking rates across populations, research supports that males can be and are the victims of stalking, and that their victimization can be just as serious, concerning, and threatening as female victimization experiences. Wigman (2009) also suggests that males view stalking differently from females, and that the scant research on male former-stalking victims is simply because males do not identify certain behaviors as “stalking,” do not view themselves as victims at all, or are not concerned by their “victimization.” (p. 306)
CONTEXT

Bidirectional vs. Unidirectional

Rates of PV by themselves provide only limited information. To more fully understand the nature, seriousness, and dynamics of PV, it is necessary to include data on context—the extent to which PV is perpetrated by only one partner (unidirectional) or both (bidirectional), which partner tends to initiate (strike the first blow), and the motives behind the violence.

From an initial pool of 320 peer-reviewed studies, Langhinrichsen-Rohling, Misra, Selwyn, and Rohling (2012) identified 49 (plus one meta-analysis) that reported on rates of unidirectional versus bidirectional violence. In large population samples, about 58% of PV was found to be bilateral. Unidirectional male-to-female partner violence (MFPV) accounted for 13.8% of the violence, and female-to-male partner violence (FMPV) accounted for 28.3%. The percentages among respondents reporting PV in school and college samples were: 51.9% bidirectional, 16.2% MFPV, and 31.9% FMPV, whereas military and male treatment samples reported only 39% bidirectional intimate partner violence (IPV), 43.4% MFPV, and 17.3% FMPV. Among legal- or female-oriented clinical/treatment-seeking samples not associated with the military, 72.3% was bidirectional, 13.3% was MFPV, and 14.4% was FMPV.

The extent of bidirectionality in PV was comparable among lesbian, gay, bisexual, and transgender (LGBT), and heterosexual populations. Among Whites, 50.9% of IPV was found to be bidirectional. It was 49% among Latinos and 61.8% among African Americans.

The Langhinrichsen-Rohling et al. (2012) review did not provide data on who initiates the violence; however, other studies have previously addressed this issue, beginning with the Oregon survey of 644 high school students by Henton, Cate, Koval, Lloyd, and Christopher (1983). In 71.4% of these dating relationships, boys and girls had at some point been both aggressor and victim. Both partners were responsible for starting the physical abuse in about half of the relationships (48.7%). From a sample of 865 students at four southern universities, DeMaris (1992) found that the female partner initiated the dating violence more often than the male. Lejeune and Follette (1994) sampled 465 unmarried dating students at a university in Nevada. According to the males, they initiated the violence 14.3% of the time and their female partners 52.8% of the time. The female students reported that they initiated 42.4% of the violence, and their male partners 39.4%. Data from a large regional survey of 1,725 young adults in the eastern United States (Morse, 1995) provided further evidence that among young people, females more often initiate PV than males, with 54.2% of the women and 61.3% of the men reporting that the female partner initiated the violence in their last serious argument.

To eliminate the problem of male underreporting of PV, Straus and his colleagues (Straus, 1993) reexamined the data from the second National Family Violence Survey. Using only reports from the wives, he determined that both partners were violent in 48.6% of assaults. The percentages of individuals who were the sole perpetrator was virtually the same for wives and husbands (25.5% and 25.9%, respectively), and the wives reported that they initiated the violence 53.1% of the time and their husbands 42.3% of the time. Dutton, Kwong, and Bartholomew (1999) conducted a representative sample survey of 707 adults in Alberta, Canada. Among those women who admitted to having been violent toward a male partner, 67% identified themselves as the initiator. When the cohort of 1,003 members of the New Zealand Longitudinal Christchurch Health and Development Study were reinterviewed at age 25 (Fergusson, Horwood, & Ridder, 2005), 58% of female perpetrators and 32% of male perpetrators reported initiating the physical assaults in their relationship.
To date, only two published studies have reported on PV initiation among individuals in batterer intervention. The woman victim initiated the assaults one third of the time in the Texas study conducted by Shupe, Stacey, and Hazlewood (1987). In Gondolf’s (1996) multisite study, the female victims reported to have initiated the violence in 40% of the cases during a treatment follow-up period. A recent analysis of this study by Straus (in preparation) found that 80% of men whose female partner had been violent in the 15-month postprogram period reoffended, compared to only 19% when their partner had not been violent. Straus cites this as some of the strongest evidence yet for the need for the ubiquity of bidirectional violence among treatment samples, and the importance of holding both parties accountable.

This author has conducted his own research on this topic, and while his findings have yet to be published they have the advantage of being based on reports from both male and female batterer intervention program (BIP) participants. Two of the questions asked in his standard assessment protocol are: “When you have differences with your ex- or current partner, what percentage of the time do you start the yelling, swearing, or put-downs?” and “When you have differences with your ex- or current partner, what percentage of the time do you start the physical fighting?” This is typically followed up with additional questions to make sure the client knows that he or she is not being asked to indicate who caused the dispute in general or who is to blame: “In other words, what percentage of the time do you yell or swear first? What percentage of the time are you the one to use physical violence first?” In a sample of 92 males and 28 females, the average male offender reported to have initiated the verbal abuse 39.7% of the time against his partner, and the average female offender reported to have initiated the verbal abuse 47.7% of the time against hers. To the question on physical assaults, “32.1% of the men, on average, indicated that they had started it, and the average for female offenders was 45.6%.”

Motivation

The PASK review by Langhinrichsen-Rohling, McCullars, and Misra (2012) located 74 studies with data on self-reported motives for PV perpetration. The most frequently endorsed motives—to retaliate for having been emotionally hurt by the other person, to express anger, jealously, or other feelings that could not easily be put into words, because of stress and in an attempt to get the partner’s attention—were endorsed at similar rates across genders. For instance, none of the studies reported that anger or retaliation was significantly more of a motive for PV perpetrated by men compared to women; in fact, two studies indicated that anger was a greater motivator for women’s violence.

About 6 out of 10 of the studies included self-defense as a motive, and 7 out of 10 included the need to gain power and control. “This not surprising,” wrote the authors, “as these two motives are the cornerstone of the main gender-sensitive theories regarding the perpetration of IPV by women versus men; they are also consistent with the Duluth model of intervention for domestic violence” (Langhinrichsen-Rohling et al., 2012, p. 459). They were able to locate eight studies in which the power/control motive was directly compared between men and women and the findings subjected to statistical analyses. In three the men were more motivated than women to perpetrate PV in order to exercise power and control, and one indicated that power and control was a greater motivator for women; however, all gender differences were weak. Three studies reported no significant gender differences and one reported mixed findings.

There were 10 papers that looked at self-defense and contained gender-specific statistical analyses. Of these, five found that women were significantly more likely to report self-defense than men, one found men more likely to report this motive, and
four found no statistically significant differences across gender. The authors observed that some men may be reluctant to admit to perpetrating violence in self-defense, as this admission implies vulnerability. In any case, this motive was only endorsed by a minority of respondents, male and female. The rates of self-defense reported by men in nonclinical or justice samples ranged from 5% to 35%, and for women the range was 0% to 21%. By far the highest rates of reported self-defense (50% for men, 65.4% for women) came from samples of perpetrators mandated to treatment, who may have overestimated this motive.

A very recent survey using the Reasons for Violence Scale (Elmquist, Hamel, Shorey, Labrecque, Ninnemann & Stuart (2014)) compared men enrolled in batterer intervention programs ($n = 106$) with women enrolled in batterer intervention ($n = 103$). Sixty-seven percent of the women and 61.1% of the men endorsed the power and control motive. Fifty percent of women and about 32% of men said that jealousy was a motive for their violence, and retaliation was endorsed by nearly 71% of women and 61.1% of men. Self-defense was endorsed by two thirds of the women (65.0%), compared to 57.4% of men. These latter findings are very close to what Henning, Jones, and Holford (2005) found in their study of 1,257 male and female perpetrators enrolled in BIPs in Tennessee (65.4% of women and 59.0% of men claimed self-defense). The higher claims of self-defense by individuals in BIPs compared to the general population may reflect the respondents’ tendency to blame others, or may be an indication of the mutual nature of violent relationships.

**Risk Factors**

A total of 228 studies with data on risk factors were included in the PASK literature review by Capaldi, Knoble, Shortt, and Kim (2012). Among the demographic risk factors predictive of PV were younger age, low income, unemployment, and being in an ethnic minority group. Low to moderate correlations were found between PV and childhood-of-origin exposure to abuse. Negative involvement with one’s social group was a predictor of dating violence among teens; protective factors against dating violence included positive and involved parenting, and encouragement of nonviolent behavior and support from peers. Conduct disorder in childhood and adolescence and anti-social personality disorder in adulthood were also correlated with PV.

There was a correlation between substance use and PV, with drug use being a more significant factor than alcohol use. Contrary to previous findings (e.g., Feder & Henning, 2005; Kantor & Straus, 1989), a much stronger correlation was found between alcohol use and female-perpetrated PV compared to PV perpetrated by males. Internalized symptoms such as anxiety and depression were also found to predict PV, but mostly for women. Negative emotionality, a construct that includes emotional volatility and poor impulse control, defensiveness, and jealousy correlated strongly with PV for both males and females. Among the cognitive factors investigated, hostile attitudes toward women by men but especially proviolent beliefs by either women or men were low-moderate proximal predictors of PV. These latter findings echo the Sugarman and Frankel (1996) meta-analysis, which concluded that “the only component of patriarchy ideology that consistently predicts wife assault is the man’s attitude toward violence” (p. 31).

Although some studies did find a correlation between PV and attachment style (primarily preoccupied and avoidant), findings were mixed overall. However, the authors found strong evidence for other relationship factors. Dating couples were found to be at higher risk than cohabitating or married couples, and low relationship satisfaction and high conflict were significantly associated with PV.
With few exceptions, overall risk factors for PV were the same for men and women. Based on their review, the authors offer the following recommendations:

1. Prevention and intervention programs should work on amelioration of proven risk factors (particularly malleable factors)—as identified in this review—rather than untested or less robust factors, to prevent and reduce IPV.
2. Efforts to increase public awareness that risk factors apply to men and women and that reducing risk for both sexes may ultimately reduce IPV.
3. More awareness for women that internalizing and alcohol use may be risk factors for them.
4. More awareness is needed of risk contexts (e.g., higher risk related to relationship separation).
6. As IPV is associated with deviant peer association, conduct problems, and substance use, prevention and treatment programs addressing these issues for adolescents and young adults should consider adding an IPV prevention component. This would be a cost effective way of addressing IPV prevention.
7. As couple conflict and dissatisfaction are very predictive proximal risk factors, increasing problem-solving and interaction skills, and reducing negative behaviors are important targets of prevention and intervention.
8. As IPV emerges in dating couples, prevention programs should start early, and both prevention and intervention programs be targeted particularly to the higher-risk ages of the teens and 20s. (p. 267)

**IMPACT ON PARTNERS AND FAMILIES**

**Impact on Partners**

Lawrence, Orenge-Aguayo, Langer, and Brock (2012) identified 132 studies that reported on the effects of partner abuse on partners. Across all sample types, victims of physical abuse incurred a high degree of physical injuries and exhibited poor health outcomes and poor cognitive functioning, along with a high incidence of psychological disorders. The impact on female victims was generally greater than the impact on male victims. Women report significantly higher levels of fear in comparison to men, an important factor in relationship dynamics. Because of this, an argument can be made that women’s behaviors may be more effectively controlled, particularly in cases involving more serious battering.

In addition, the consequences of psychological and physical abuse were found to be significantly worse for victims from ethnic minority backgrounds, and those who were unemployed or with low income. Among women, physical abuse was significantly correlated with depression, -Aguayo anxiety, post traumatic stress disorder (PTSD), and substance abuse, as well dependence on painkillers and tranquilizers and the use of professional mental health counseling. Physically abused women were more likely than nonabused women to engage in risky sexual behaviors, and to miss days at work. They were also less able to care for their children or perform household chores, and less likely to have adequate social support networks. Female victims were also strongly affected by psychological abuse, reporting poor self-esteem, depression, suicidal ideation, anxiety and insomnia, and poor occupational and social functioning. Psychological victimization was correlated to the same extent as physical victimization with a number of problems, including depression, PTSD, and alcohol use.

Not many studies compared male and female victims, and those that did mostly focused on rates of physical injury. In cases of severe aggression, such as punching,
kicking, or beating up a partner, women are much more at risk for incurring physical injuries, and those injuries are more likely to necessitate a trip to the doctor or hospital, and to be life-threatening. On the other hand, in cases of mild-to-moderate aggression (e.g., pushing, shoving, or slapping), similar rates of injury are reported across gender. Fewer studies focused on the impact of psychological abuse on men, but these found male victims to suffer similar symptoms as women, such as depression, anxiety, and alcohol use. A handful of studies compared the impact of psychological abuse across gender, and some found no differences—for example, psychological abuse in a study of 103 young Midwestern couples predicted depression and/or anxiety equally for men and women (Lawrence, Yoon, Langer, & Ro, 2009). However, other studies with male victim samples have yielded contradictory or mixed results, and the authors caution that it would be premature to draw any firm conclusions about these findings.

Effects of PV and Conflict on Children

A review of 73 studies by Watson MacDonell (2012) found that exposure to bidirectional PV by children and teens was significantly associated with internalizing (e.g., anxiety, depression) as well as externalizing (e.g., aggression, academic problems) symptoms. Child and adolescents who witnessed FMPV were significantly more likely than nonwitnesses to physically or psychologically abuse a dating partner, or to aggress against peers or family members. For children and teens who witnessed MFPV, significant effects were found in both internalizing and externalizing problems. Several studies examined the effects on children of having witnessed PV and experiencing direct child abuse. Both types of experiences predicted internalizing and externalizing symptoms, but the evidence for an additive effect was mixed.

Trauma symptoms and depression in adulthood were predicted both by exposure to PV and having been directly abused in childhood. Perpetration of violence upon intimate partners in adulthood, however, were only weakly associated with childhood PV exposure, but significantly correlated with child abuse.

In its review of 105 studies, the research team of Sturge-Apple, Skibo, and Davies (2012) found significant effects for parental discord and psychological partner abuse on children. The nature of the conflict, however, was a mediating factor, with children impacted to a greater degree by exposure to hostility, contempt, and withdrawal compared to simple expressions of anger, and when the parents blamed the child or were otherwise discussing matters related to the child (e.g., punishment, child rearing). A strong correlation was also found between high interparental conflict/psychological abuse and low parental sensitivity, low warmth and inconsistent discipline, as well as harsh discipline and psychological control of the child. Overall, maternal behaviors toward the child were found to be somewhat more affected than paternal behaviors. The effects of parental conflict/psychological abuse were greater on children in mother–child relationships during the toddler years, whereas greater effects were found for father–child relationships and child outcomes throughout the school-age years.

The authors suggested that family systems theory is particularly useful in understanding how conflict in one part of the family can affect functioning in other parts of the family or the family as a whole:

According to the principle of holism in family systems theory, the meaning of any perturbation in a specific family relationship or subsystem cannot be fully deciphered without an understanding of the relationship structures, boundaries, power distributions, and communication patterns of the other family subsystems and the whole family unit (Davies & Cicchetti, 2004). Thus, a derivative assumption is that difficulty in the
marriage may exert an impact on children’s functioning through its association with a broader pattern of boundary maintenance difficulties (i.e., ways of exchanging resources and materials across family members) and structure in the family system. More specifically, disengaged families experienced overly rigid, inflexible, and distant relationship boundaries that were manifested in high levels of family discord, hostility, and detachment across family subsystems, whereas enmeshed families exhibited weak boundaries across family subsystems and, as a result, display high levels of conflict, hostility, and psychological control. In comparison to children from cohesive families who experienced warmth, affection, and flexible well-defined boundaries in family relationships, children from disengaged families showed greater signs of insecurity in the interparental relationship and higher levels of concurrent and subsequent internalizing and externalizing symptoms. Enmeshed family patterns were associated with children’s depressive symptomology; controlling/disengaged family interactions predicted higher anxious and depressive symptoms in children; and family hostility forecast attention difficulties, somatization, and hyperactivity in children. (pp. 386–387)

PARTNER ABUSE IN OTHER POPULATIONS

Partner Abuse in Ethnic Minority and LGBT Populations

In her PASK literature review, West (2012) reported on 55 studies with data on physical and psychological PA among ethnic minority and LGBT communities. Rates of physical abuse among African Americans were deemed comparable or somewhat higher than rates for the general population. Within dating samples, rates of both physical and psychological abuse victimization were the same for men and women; however, women reported higher rates of physical PV perpetration. Although many of the earlier studies found higher rates of MFPV, this trend has now been reversed, with recent studies finding higher rates of FMPV. As with the general population, rates of minor and moderate aggression were far more prevalent among African American couples than severe aggression, and psychological abuse was reported at much higher than rates for physical PV.

Among Latinos, the highest rates of physical PV were bidirectional and minor to moderate in severity, but psychological abuse was the most prevalent. No significant gender differences were found for either physical or psychological aggression overall, except among migrant farmworkers where violence by males was higher than violence by females. Few studies were found on PV among Asian Americans. Rates of PV were generally lower in this population compared to other ethnic minority groups or Whites, with the lowest rates reported by Vietnamese compared to respondents who identified as Chinese, Filipino, or as belonging to other Asian American groups. Overall rates of PV were comparable across gender in large population, community, and dating samples. In one large population study, bidirectional PV made up about a third of all PV, a lower proportion than in the general population. Only three studies were found on PV in Native American communities, and all reported higher rates of female victimization compared to male victimization, and women incurred the greater share of injuries. The most prevalent risk factors across ethnic minority groups were similar to those reported in the general population, including substance abuse, low socioeconomic status (SES), and violence exposure and victimization in childhood.

Higher overall rates of PV were found among LGBT couples, in comparison to heterosexual populations, although findings were inconsistent regarding any differences between same-sex subgroups. Among the risk factors particular to this population were discrimination and internalized homophobia.
Partner Abuse Worldwide

Esquivel-Santovena, Lambert, and Hamel (2013) identified 162 peer-reviewed articles and government-sponsored surveys, reporting on over 200 English-language studies from Asia, the Middle East, Africa, Latin America and the Caribbean, and Europe and the Caucasus. The authors were able to locate 40 articles, reporting on 73 separate studies in 49 countries that reported on both MFPV and FMPV based on various types of samples. Of the 117 direct comparisons across gender for physical PV, rates were higher for female perpetration or male victimization (compared to female victimization or male perpetration), or were the same, in about two thirds of the comparisons (62%). A total of 54 comparisons were made for psychological abuse, including the use of controlling behaviors and dominance, with higher rates found for female perpetration/male victimization, in 36 comparisons (67%). Rates of sexual PV, however, were found to be higher for female perpetration/male victimization in only 7 of 19 direct comparisons, or about one third of cases (37%).

Given that data from clinical and legal samples are not as representative of the general population, and given that some researchers feel the same about student and dating samples, the authors decided to separately compare rates of all PV (physical, psychological, sexual) across gender from only large population and community surveys of adults. About 56% of the comparisons indicated higher rates for male perpetration or female victimization, although the differences were often slight. Moreover, preliminary findings from the International Parenting Study (IPS), drawing on a sample of 11,408 university students in 15 countries, have very recently been presented at international conferences and provide further evidence for high levels of gender symmetry in PV (Straus & Michel-Smith, 2012). With the exception of Hong Kong, Taiwan, and Israel, the surveys were conducted primarily in European countries, along with some samples from the United States and Canada. Unlike the International Dating Violence Survey (IDVS), the university students who participated in the IPS reported not on their own use of violence, but rather on PV between their parents, as witnessed at age 10. Results indicate that more mothers assault fathers than the other way around, with a median MFPV rate of 8% and a median FMPV rate of 3.8%. It should be noted, however, that the mean number of assaults was found to be higher for fathers.

The much larger share of studies found by Esquivel-Santovena et al. (2013) in Asia, Africa, the Middle East, Latin America, and Europe reported only on female victimization. Rates of physical victimization among women ranged from a low of 2% from a large population study in Georgia (reporting on the past year), to a high of 72.5% from a community survey in Ethiopia (also reporting on the past year). On the high end, physical PV was far more prevalent than the average found in the United States. In contrast to physical PV, the highest rates of psychological abuse throughout the world are about the same as those found in the United States (80%). Women were found to be at lowest risk in Haiti (10.8% past year), according to a large population survey, and at highest risk in Bangkok, Thailand (98.7%, past year). With respect to sexual abuse victimization, the rates ranged from a low of 1% in Georgia (past year) to 68% (lifetime) among a sample of secondary school students in Ethiopia.

PV victimization in women was correlated with numerous health-related problems, including overall poor physical health, more long-term illnesses and sexually transmitted diseases, having to take a larger number of prescribed drugs, and disturbed sleeping patterns. Abused mothers experienced poorer reproductive health, respiratory infections, induced abortion, and complications during pregnancy; and in a few studies, their children were reported to suffer from diarrhea, fever, and prolonged coughing. Only a handful of studies examined the differential impact of PV across gender, and these reported that victimized women incurred higher rates of physical injuries than victimized men.
as would be predicted from studies in the United States. There were considerably more studies that reported on the psychological and behavioral effects of abuse. Among the symptoms most frequently reported by women were depression, poor self-esteem, irritability, feelings of shame and guilt, PTSD, stress, flashbacks, sexual dissatisfaction and unwanted sexual behavior, changes in eating behavior, and aggression. In Botswana, women had significantly more mental health symptoms than men, whereas in a clinical study in Pakistan, these symptoms occurred as frequently with male as with female victims (60% of men and women reported depression, 67% reported anxiety).

The most prevalent risk factors found in this review of PV around the world are among the same risk factors to predict PV in the United States and other English-speaking industrialized nations (Capaldi et al., 2012). The most frequently cited were low household income, unemployment (among victims and perpetrators), and victim’s low level of education. Also cited frequently as risk factors were the perpetrator’s abuse of alcohol or drugs and family of origin abuse (witnessed or directly experienced). The perpetrator’s low education level was mentioned only slightly less often, along with the victim’s younger age. Attitudes approving of PV was another major risk factor in the countries surveyed, much more so than in the United States where, by comparison, there is much less tolerance for relationship violence.

In order to determine the extent to which macro level societal factors correlated with rates of PV around the world, the first author subjected the data to a series of regression analyses. The first concluded that a country’s level of human development (as measured by the United Nation’s Human Development Index, or HDI) did not significantly predict male or female physical partner abuse perpetration. A second analysis of studies conducted with general population or community samples determined that gender inequality, as measured by the Gender Inequality Index (GII), was not correlated with either male or female perpetrated physical PV. These findings differ from the review by Archer (2006), who used an older measure of gender equality, the Gender Empowerment Measure (GEM) and found low GEM to predict higher female PV victimization.

The third regression analysis focused on data from the IDVS, which sampled university students in 32 countries around the world (Straus, 2008). With this subsample, a significant correlation was found between PV and GII, for both men and women. GII level explained the variance for 19% of FMPV and 17% of MFPV. The final analysis also used data from the IDVS, this time to determine if there would be a correlation between PV and dominance, as measured by Straus’s Dominance Scale, in which respondents indicate the extent to which they agree with such statements as, “My partner needs to know that I am in charge.” Results indicated that male dominance scores are not predictive of MFPV, but female dominance scores explained 47% of the variance in FMPV.

**SUMMARY OF RESEARCH: PREVALENCE, CONTEXT, RISK FACTORS, AND IMPACT ON VICTIMS AND FAMILIES**

Before proceeding to the final sections of this chapter concerned with research on PV and the criminal justice system, assessment, and intervention, it may be useful to briefly reflect on what has been reviewed so far, with a focus on gender symmetry versus asymmetry and how the data speak to this issue (see Table 1.1).

The research evidence suggests that partner abuse—particularly in the United States and other English-speaking industrialized countries—is neither symmetrical nor asymmetrical across gender, but rather both, depending on what aspect is under discussion.

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It can be considered gender symmetrical insofar as rates of physical abuse, as well as most forms of emotional abuse and control, are reported at similar rates by men and women. Gender symmetry has also been found in self-reported motives, as well as the great majority of risk factors that predict the occurrence of PV and its impact on children and families. Partner abuse is asymmetrical with respect to rates of physical stalking and sexual coercion, where women clearly constitute the majority of victims. It has also been established that the effects of physical assaults (injuries, fear of violence) are also asymmetrical. In other areas, the literature is mixed or inconclusive. There is some evidence of gender symmetry in the effects of emotional abuse, but the literature is scant.

Who should be considered a batterer depends to some extent on how the concept is defined and measured, and which aspects of PV are considered most important. If one considers the impact of physical violence to be the most important factor, then PV is asymmetrical and men would comprise the majority of batterers. However, when defined by the other relevant factors, PV is primarily symmetrical and there is a comparable number of batterers across gender (Hamel & Russell, 2013, pp. 162–163).

### THE ROLE OF LAW ENFORCEMENT AND THE CRIMINAL JUSTICE SYSTEM

#### The Effects of Criminal Sanctions on PV Recidivism

Maxwell and Garner (2012) conducted a rigorous and thorough review of the empirical literature on arrest and prosecution of PV, and identified 31 studies that met their inclusion criteria. Although a number of possible causal mechanisms have been posited for the effectiveness of arrest and prosecution, including fear of sanctions and victim empowerment, none of the reviewed studies adequately measured these mechanisms, and the authors therefore assumed a neutral, general crime control effect.

Due to the high variability in measures of repeat offending (e.g., follow-up time frame), a range of recidivism was reported across the 31 studies considered, from 3.1% to 65.5%. Most studies found criminal sanctions to have no effect on rates of reoffending. A few did find a statistically significant effect; however, while reductions in reoffending were found in two thirds of these studies, sanctions were associated with increased reoffending in the other third.

According to the authors, there were a number of limitations in the reviewed studies. Often, the exact nature of the sentence imposed was not specified, nor was what constitutes a “conviction” or “prosecution.” Because of missing data, cases often had to be dropped, creating sample bias. Another problem was sample selection bias, which none of the studies actually addressed. The authors point out, for instance, that if a
study on prosecution drew from a small sample of low-risk cases, offenders would be far more likely to reoffend than those not prosecuted, but this would be largely due to the selection process. In addition, a diversity of analytic methods was used, complicating an accurate analysis of effect sizes. The authors concluded:

Our assessment of the published research on the crime control effects of criminal sanctions for intimate partner violence leads us to conclude that, although the preponderance of the reported findings show no effect for criminal sanctions, the diversity of reported findings and the relatively low quality of the research methods used in this research provide insufficient knowledge to support any conclusion about whether the widespread use of criminal prosecution and conviction for intimate partner violence leads to less, more, or has no difference in repeat offending. This assessment is more than a researcher’s traditional lament for more and better research. Few among these 31 studies approximate the kind of research characteristics that were recommended more than 30 years ago by the National Academy of Sciences . . . nor do they approach the methodological rigor used in the 1980s and 1990s to test the crime control effects of arrest for intimate partner violence . . . This negative assessment is about an entire body of research, not just one or two studies. Each of these 31 individual studies has strengths, and some of them have considerable strengths. Our assessment is that, as a body of research, it is difficult to assert that these studies provide a scientific basis to support or oppose a particular policy or to test a particular hypothesis about the crime control effects of criminal sanctions on intimate partner violence. (p. 493)

The review did not report on some noteworthy studies, with important implications for policy and intervention. For example, whether arrested or not, 65% of male perpetrators will not reoffend, and 8% of offenders account for fully 82% of subsequent arrests (Maxwell, Garner, & Fagan, 2001). Hirschel (2008) determined that arrests are 60% less likely to result in conviction in mandatory and proarrest states compared to those with discretionary arrest policies, thereby canceling, to some extent, the increased number of arrests resulting from the more vigorous arrest policies. Unfortunately, these policies have been found to often take the choice about arrest and prosecution from victims and give decision-making powers to prosecutors, thus disempowering victims. To the extent that they inhibit victims from reporting further acts of abuse, they also put victims at risk (Hotaling & Buzawa, 2003).

**Gender and Racial/Ethnic Differences in Criminal Justice Decision Making**

PASK authors Shernock and Russell (2012) identified 106 studies that reported on ethnic background and gender as factors in PV arrest and prosecution. They found no conclusive evidence indicating significant discrimination against ethnic minority groups in any stage of the criminal justice response—either in arrest, prosecution, or sentencing. With respect to same-sex couples, the evidence suggests that they are more likely to be dually arrested in comparison to straight couples, probably because many police officers assume (incorrectly) that among same-sex couples, the violence is always bidirectional and there can be no dominant aggressor.

Across studies, female suspects were more likely than males to be cited rather than be taken into custody, but female arrests (as with male arrests) varied depending on certain factors, such as presence of weapons and eyewitnesses. Females were prosecuted less frequently than males, even when accused of perpetrating similar offenses and causing comparable levels of injury, and were far more likely to be granted orders of protection, especially when reporting minor or moderate histories of abuse. The authors also examined the literature on jury decision making, and found that mock juries were more
likely to assign blame to male perpetrators in contrast to female perpetrators, even when presented with identical scenarios.

Most of the states with mandatory arrest or proarrest policies have enacted so-called *predominant aggressor* laws. These will be discussed in greater detail in the chapter on assessment, but it should be noted that they appear to contribute to the disproportionately high rates of male arrests compared to females found by Shernock and Russell. As reported by Hamel (2011) and Hamel and Russell (2013), law enforcement officers are trained to view the predominant aggressor as male, as revealed by guidelines and examples provided in the domestic violence sections of Police Officers Standards and Training (POST) manuals. An example is California, which POST manual contains 49 examples or scenarios of various forms of partner abuse, not one of which depicts a woman as the dominant offender.

Given these research findings, as well as the high level of bidirectional abuse in the population at large, the person arrested in any given situation may not be the dominant aggressor in the relationship, even if guilty of the crime under investigation. A revealing study was conducted by Capaldi et al. (2009), with a cohort of young men who had been interviewed at various times beginning at age 9. When they were in their 20s, the 160 men who were involved in an intimate relationship were asked, along with their partners, about physical and psychological abuses perpetrated and received, and were observed as they engaged in problem-solving tasks. For the 23 couples in which one party had previously been arrested on a domestic violence charge, police reports were obtained and reviewed regarding the incident. The authors found that

Because of their higher likelihood of arrest for the incident, higher levels of aggression toward a partner were expected for the men than for the women in the IPV arrest group. Contrary to prediction, there was no interaction with gender in these associations. Overall, women in both the arrest and the no-arrest groups had higher levels of aggression (but not of severe physical aggression) toward a partner than the men. Thus, the men arrested for IPV were involved in relationships with high levels of physical and psychological aggression by both partners. The view that those involved in official IPV incidents would be couples predominantly characterized by one-sided male-to-female aggression, or patriarchal or intimate terrorism . . . was therefore not supported. These findings suggest that aggression toward a partner in many of these couples relationships can be described as dyadic behavior, with predominantly mutual involvement of men and women. (pp. 515–516)

**Effectiveness and Enforcement of Protective Orders**

A second PASK manuscript, authored by Russell (2013), looked at Orders of Protection, also known as POs. The vast majority of individuals who seek and are granted such orders are women, and most of the research literature draws on samples of women plaintiffs. These women are more often than not unemployed or underemployed. When employed they tend to fall in the lower income categories. About half are financially dependent on their partners, and those who are married are more likely to stay with their abuser. Women who are granted POs, on the whole, are likely to report mental health problems such as PTSD or depression. Although relationship status is not significantly correlated with abuse, married victims are less likely to seek final protective orders, perhaps due to their fear of being revictimized.

The effectiveness of protection orders is typically defined by how often they are violated, and the extent of revictimization. Victims report feeling safer after securing a PO, and some studies have found such orders to significantly reduce violence against victims, with an almost 80% reduction in violence reported to police. However, POs
are violated at a rate of between 44% and 70%, and a few studies found that women can actually experience an increase in psychological victimization, and sometimes physical victimization after the orders are put in place, depending on the existence of certain factors. These include maintaining a relationship with the offender, being or having been stalked, living in rural rather than urban areas, and lack of financial and social resources. Approximately 60% of women who are granted protection orders report subsequently being stalked. The most accurate predictors of new PO violations are previous violations by the offender, as well as the severity of criminal charges against the offender.

Women are granted POs at significantly higher rates than men, especially in cases involving lower level violence; however, gender differences have not been found in the enforcement of POs or in rates of recidivism.

**ASSESSMENT AND TREATMENT**

**Risk Assessment**

Nicholls, Pritchard, Reeves, and Hilterman (2013) produced one of the longest PASK manuscripts, providing by far the most up-to-date, detailed information on available PV risk assessment instruments. Their review identified 39 studies with information on the validity and reliability of 11 actuarial assessment instruments, 8 of them specifically intended to measure risk of PV, and 3 general actuarial risk assessment measures. The following instruments were found to be valid and reliable: Ontario Domestic Assault Risk Assessment (ODARA); Domestic Violence Risk Appraisal Guide (DVRAG); Domestic Violence Screening Inventory (DVSI) and Domestic Violence Screening Inventory—Revised (DVSI-R); Psychopathy Checklist—Revised (PCL-R); Violence Risk Appraisal Guide (VRAG); Level of Service Inventory—Revised (LSI-R); Level of Service Inventory—Ontario Revision (LSI-OR); and Propensity for Abusiveness Scale (PAS). Included in the review were two structured professional judgment instruments—the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), and the Spousal Assault Risk Assessment guide (SARA). No information was found on the predictive validity of the B-SAFER, but for the SARA the interrater reliability was poor for the critical items, good for the summary risk ratings, and excellent for total scores.

More articles reported on the Danger Assessment (DA) than on any other risk assessment instrument. Unfortunately, flaws in the research so far have made it difficult to clearly determine its psychometric properties, but predictive accuracy has been found to some extent with victim appraisals of future PV risk. Modest postpredictive and predictive accuracy was found for most measures; however, given the small number of studies available, the limitations inherent in those studies, and the heterogeneity of victims and perpetrators, none of the measures was determined to be clearly superior to any other.

This author incorporates the PAS in the batterer intervention assessment protocol, as discussed in another section. It is easy to administer, hard to fake, free, and does not require anyone’s permission to use. According to Nicholls et al. (2013), the PAS has demonstrated a strong relationship with partner reports of emotional abuse and physical abuse in some samples and high test-retest reliability in university students. The author asserts it has the advantage of being a nonreactive measure that allows accurate self-reporting by males of traits and behaviours predictive of abuse. Although the PAS has not been studied extensively, it has been tested in a variety of populations, including males with a history of IPV perpetration, a sample of gay males, and even female college students. A limitation of this body of research is that the PAS has not been examined in relation to recidivism. (p. 98)
Before choosing an instrument that best fits a clinician’s needs, the authors advise the clinician to carefully consider the purpose of the assessment as well as the context, setting, characteristics of the population to be assessed (including gender, age, ethnicity, and SES), and whether the measure has been validated in similar samples. Clinicians are also advised to be clear about the particular risk that is being predicted—for example, verbal abuse, stalking, physical violence, homicide—and know the prevalence rates for each. Finally, the authors point out that all of the instruments are concerned with the risk of PV perpetration by males. Due to a dearth of relevant studies, they could not provide information or advice on the predictive utility or clinical relevance of these instruments with male victims, female perpetrators, and in same-sex relationships.

Primary Prevention

Whitaker, Murphy, Eckhardt, Hodges, and Cowart (2013) considered 172 empirical studies on PV primary prevention programs that did not select samples of known victims or perpetrators. They settled on 19 that met their inclusion criteria, 15 of which used experimental designs. All of the programs were curriculum based, and designed to lower rates of PV. The majority of the interventions described were conducted in school settings, and the rest in the broader community settings. In about half of the studies reported, outcome was determined through behavioral measures, two used both self and partner reports, and eight relied solely on self-report (thereby subject to recall and social desirability bias and other limitations). Ten studies measured PV-related knowledge, and 14 measured attitudes and beliefs about PV.

Among the better designed school-based interventions, the Safe Dates Program (Foshee et al., 1998) was the only one to report a significant positive outcome, in lowering rates of emotional and physical abuse and sexual coercion. More promising were results from the community-based programs. Of the most methodologically sound interventions, all were found to be effective in reducing PV, including one that targeted parents and their adolescent children and two involving couples. A good example of a successful community program is Wolfe’s Youth Relationship Project (Wolfe et al., 2003). One hundred fifty-eight teens whose parents had been investigated by Child Protective Services were randomly selected to one of two conditions: a control, or an 18-week program consisting of curriculum-based interventions and community-based activities. A follow up 18 months after program completion found a significant reduction in physical and emotional dating abuse victimization as well as perpetration.

Intervention Programs for Victims and Perpetrators

In their PASK literature review, Eckhardt et al. (2013) report on 61 outcome studies on the effectiveness of victim services and batterer intervention programs, all of which utilized either a randomized or quasiexperimental design. Of the 31 victim programs, 16 consisted of brief, focused interventions and 15 featured more traditional, longer interventions. Across studies, reports on the effectiveness of brief interventions were mixed. Compared to no-treatment controls, structured interventions were found to reduce rates of revictimization when they included a traditional advocacy component. In addition, victims enrolled in cognitive-behavioral forms of treatment reported significant improvements in social and emotional functioning.

A total of 20 traditional psychoeducational group interventions for perpetrators were investigated, 14 of them examples of a feminist-educational “Duluth” model, 4 focused on cognitive-behavioral therapy (CBT), and 1 focused primarily on anger
management. The average program length was 22.2 sessions. Like Duluth, CBT groups target proviolent beliefs and provide training in behavioral alternatives to violence, but are considered more “therapeutic” in addressing a wider range of distorted cognitions and beliefs (not just those disparaging of women), and taking more seriously the role of developmental and psychological factors (in contrast to social structures, e.g., patriarchy.) About half of CBT and half of Duluth programs were shown to be effective to one degree or another, depending on the methodological rigor of the studies conducted; those using the random assignment to conditions design found the psychoeducational group format to reduce rates of recidivism by 35%, but only 5% above and beyond simple court monitoring. Court monitoring is an important component in BIP success; for example, program attrition rates in one jurisdiction were reduced from 52% to 35% as a result of an increase in the number of court reviews (Gondolf, 2000).

The actual and potential effectiveness of BIPs may be greater (Hamel, 2010b). First, the programs studied typically incorporate a mix of interventions, based on differing treatment philosophies (e.g., Duluth, CBT, psychotherapy/process models) and delivered by facilitators whose abilities are not well controlled for, thereby artificially diluting outcomes when intervention types are compared. Research on CBT for criminal offenders has found facilitator competence a key factor in treatment success (Landenberger & Lipsey, 2005). BIP effect sizes may also be diluted because of high drop-out rates, as high as 70% in the assigned-to-treatment group, or judges overriding random assignment in two major studies (Gondolf, 2012). The reviewed studies did not take into account possible confounding factors such as duration of treatment, types of legal sanctions, and extent of follow up, as well as the phenomenon of spontaneous IPV remission, estimated at 30% in the population. They also failed to measure rates of emotional abuse and control, which are much higher than rates of physical abuse and correlated in some cases with equal or higher victim symptomology (Eckhardt, Murphy, Black, & Suhr, 2006). There is no way to know whether these deficits make outcomes appear less successful than they actually are, or overstate treatment effects (emotional abuse often persists after physical violence ceases (Jacobsen, Gottman, Gortner, & Berns, 1996). Finally, success was defined as complete cessation of violence, whereas effect sizes are greater when outcomes are measured by a reduction in violence (Babcock, Green, & Robie, 2004).

Significant reductions in rates of reoffending have been found with nonrandomized designs, up to 64%, using sophisticated statistical methods such as propensity score analysis, to control for selection biases and drop outs. According to Gondolf (2012), this is reason enough that traditional BIPs need not be abandoned and are preferable to the alternatives. While conceding that one size may not fit all, Gondolf argues that “one size appears to fit most” (p. 109). Nevertheless, agreeing that existing programs work better than previously thought does not provide answers as to why. Gondolf does not seem particularly eager to address this issue, and he is not alone. Reporting on the effectiveness of structured CBT programs for criminal offenders, Wilson, Bouffard, and Mackenzie (2005) conclude that “from a policy perspective, the active ingredients are less important than distinguishing between effective and ineffective rehabilitation programs” (p. 200).

This may be true on a policy level, yet it remains the case that advances in treatment cannot be made on a trial and error basis alone, but require research designs with a clearer understanding of those “active ingredients.” If one is not looking for them, they cannot be identified. For example, Gondolf confounds Duluth with CBT. Programs considered “pure” CBT have yielded somewhat better results (Babcock et al., 2004), but this is not because CBT is superior in all respects. The two approaches share some of those active ingredients—for example, addressing attitudes supportive of violence, which have been found to correlate with PV perpetration (Capaldi et al., 2012); however, it
may be that certain features unique to CBT may simply work best, or for a greater number of clients. For example, CBT typically addresses a wide range of irrational beliefs (e.g., “People must love and approve of me”) that can lead to intense emotions and, in turn, interpersonal aggression. Furthermore, while Duluth views anger management and conflict resolution with suspicion, CBT does not; and a meta-analysis of 58 experimental and quasiexperimental outcome studies on the effectiveness of CBT-type programs for a wide range of juvenile and adult criminal offenders identified anger management and interpersonal problem solving as key factors in treatment success (Landenberger & Lipsey, 2005).

Other approaches have been empirically supported as well, and suggest the importance of differential treatment. Saunders (1996) found that men diagnosed with depression and dependent personalities benefited more from psychodynamic-oriented groups compared to anti-social men, and Stosny's (1995) trauma-based group treatment has some empirical support as well. In particular, video presentations of boys witnessing their mothers being battered significantly increased group retention and victim empathy (Stosny, 1994). Eckhardt et al. (2013) also examined the outcome literature on couples counseling, a modality that has been looked upon with disdain by battered women's advocates (e.g., Bograd, 1984). Although only a handful of studies were identified in the PASK review, the three utilizing a randomized design found the couples format to be safe and effective, superior to Duluth in one study and as effective as CBT groups in two others.

There is additional evidence that harsh communication such as “dirty fighting” techniques (Hamel, 2005) are associated with relationship aggression, and positive communication has been associated with its reduction (Cornelius, Shorey, & Beebe, 2010); one of the more successful treatments found in Babcock et al.'s meta-analysis was reported by Guernsey (1977), centered on relationship-building skills. Although these skills can and should be taught in a group format, they are potentially much more useful when both partners learn them together in conjoint sessions (Hamel, 2007b). At the same time, explanatory research studies are legitimate sources of knowledge for practitioners, especially when “hard” findings are in short supply or mixed (Fraser, 2003). Risk factor research has demonstrated a correlation between PV and substance abuse, poor emotion regulation, mental health and childhood of origin issues, and dysfunctional relationship dynamics, suggesting a role for therapies that address these problems (Capaldi et al., 2012; Stewart, Flight, & Slavin-Stewart, 2013). According to Eckhardt et al. (2013), the empirical data stands

in stark contrast to the efforts and assumptions that appear to exist among state anti-domestic violence coalitions that would restrict the types of BIPs eligible for state certification. For example, the standards for BIP content in Minnesota explicitly require as a basis for certification that counselors discuss the socio-political factors that underlie IPV, including “underlying political and sexist devaluing of women in organized religions” and “the myth of provocation,” and which restricts discussion to only male violence against women . . . There is no empirical basis for the centrality of Duluth-Model program effectiveness, or even for specific elements of this model in predicting IPV cessation (Eckhardt & Schram, 2009). States that choose to implement empirically based guidelines for BIP content should therefore be open to a variety of CBT-based programming, regardless of how it aligns with a particular ideology. (pp. 220–221)

In Babcock et al.’s meta-analysis (2004), the other two interventions with the largest effect sizes were 16-week CBT or supportive therapy groups that were enhanced by techniques derived from motivational interviewing (MI), including outreach phone calls to clients struggling with the program. In one particularly well-designed study using random assignment, CBT in combination with MI techniques was deemed clearly
superior to traditional Duluth (Alexander, Morris, Tracy, & Frye, 2010). According to Eckhardt et al. (2013):

Our review revealed some cause for optimism with respect to alternative BIP interventions that address motivation and readiness to change. Several studies produced evidence of successful impact on change-relevant attitudes, treatment engagement, and/or abusive behavior. Three of these interventions were delivered in traditional BIP contexts, and included brief motivational interviewing during BIP program intake . . . In addition, two studies found encouraging results using motivational interviewing in non-traditional intervention contexts, including a brief couples’ intervention program for college students experiencing dating aggression (Woodin & O’Leary, 2010) and a brief phone intervention for abusive men recruited from the community (Mblinyi et al., 2011). Although each of these studies has limitations, taken as a set they provide strong initial support for the conclusion that well-conceived efforts to address motivation and readiness to change have specific benefit in work with IPV perpetrators (Stuart, Temple, & Moore, 2007). (p. 221).

MI is one of the few specific “active ingredients” in batterer intervention that has been identified and proven effective by research using random assignment experimental designs. It very likely works because it is a client-centered approach, and builds on general psychotherapy outcome studies finding that a strong client–therapist alliance explains much of the variance in client improvement regardless of treatment philosophy (Martin, Garske, & Davis, 2000). One should keep in mind that most clients enrolled in batterer intervention do so at the behest of the criminal court, and many regard the program warily, perceiving it to be an extension of that court. Not feeling cared about or understood, they are likely to enter a group in a precontemplative stage of change and react defensively to an overly confrontational Duluth-type of approach, with phony compliance, unproductive arguments, or simply dropping out altogether (Murphy & Baxter, 1997).