

Evidence-Based Interventions for Intimate Partner Violence Perpetrators

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References Available Upon Request

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What is “Evidence”?

According to the American Psychological Association (2006):
“*Evidence-based practice in psychology* (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”(p. 273)

Best available research can be ranked from most to least reliable (Centre for Evidence-based Medicine, 2001).

- ***Level I evidence*** derives from meta-analyses and random assignment to conditions studies.
- ***Level II evidence*** includes quasi-experimental designs, and pre-post-test designs

- **Level III** consists of well designed non-experimental studies (i.e., case and correlational studies, also known as explanatory research).
- **Level IV data** are qualitative and descriptive, based on observations, theory and/or clinical experience (e.g, program descriptions and case studies). Level IV information is the **least reliable**.
- Reliable evidence in IPV research can also be obtained from Level I-III studies conducted with **related populations** (e.g., substance abusers, criminals, people with mental health issues).

Current Policies in the U.S.

- In most countries, laws against intimate partner violence (IPV) either do not exist, or are not enforced.
- Where IPV laws exist, as in the U.S., they are ***based on recommendations from battered women's advocates*** and limited to Level IV information and theory, or based on Level I-III selected data sets (e.g., relying exclusively on crime studies rather than general population studies; Corvo et al., 2008, 2009; Hines, in press).
- ***Emphasis on gender role factors and offender use of "power and control"*** behaviors, policies ignore, discourage or outright ban approaches based on empirical research (Maiuro & Eberle, 2008).

Explanatory Literature Review

See: www.domesticviolenceresearch.org

- About 7 million females and 7 million males victimized by physical IPV annually in U.S. (Black et al., 2011)
- 40% of women/32% of men perpetrate *expressive non-physical abuse*; 41% of women and 43% of men perpetrate *non-physical coercive abuse* Men are more likely to physically stalk and to engage in sexual coercion, women are more likely to physically and emotionally abuse. Carney & Barner (2012).
- 57.5% of PV bi-directional; 28.3% FMPV, 13.8% MFPV (Langhinrichsen-Rohling et al., 2012a).

- Approximately ***half of the partners*** of men arrested for PV in one major American city said they were minimally or only slightly afraid or thought that the partner would be violent in the future (Apsler et al., 2002).
- ***PV usually desists*** over time rather than increase in frequency (Morse, 1995; O'Leary et al., 1989).
- A ***small percentage of offenders*** account for the large majority of repeat offenses (Maxwell et al., 2001).
- But state laws mandate a ***"one-size-fits all"*** treatment for all offenders, regardless of history and risk posed to victims (Maiuro & Eberle, 2008).

- Men and women *initiate PV at approximately equal rates* (see: Hamel, 2007, 2009).
- Men and women *motivated to perpetrate PV for same reasons* - retribution, jealousy, express anger or other feelings, and to get a partner's attention. Power and control and self-defense not as frequently endorsed, but somewhat more so by female perpetrators (Langhinrichsen-Rohling et al., 2012b)
- Minor injuries incurred at similar rates across gender, but female victims incur significantly *more serious injuries* as well as psychological symptoms (e.g., depression PTSD).
- Some indications that males and females *equally affected by emotional abuse* and control (Lawrence et al., 2012).

- Male and female perpetrated PV is *correlated with same risk factors* (Capaldi et al., 2012):
 1. Demographic: younger age, stress from low income, unemployment, minority group membership
 2. Witnessing PV between parents, being directly abused, experiencing general family dysfunction
 3. Negative peer involvement, conduct disorder in childhood
 4. Aggressive and antisocial personality traits: impulsive, domineering
 5. Insecure adult attachment style
 6. Substance abuse
 7. Low relationship satisfaction, high relationship conflict

The Role of Patriarchy

- Meta-analysis (Sugarman & Frankel, 1996): Correlation for pro-violent attitudes and PV in the U.S., but *not male sex-role ideology*.
- *Dominance by males or females predicts conflict, which in turns predicts PV* (Straus et al., 1990)
- Need for dominance by males or females predicts PV in *international dating populations* (Straus, 2008).
- Literature review by Santovena, et al. (2013) of 200 studies from 72 countries found *correlation between GEM (gender empowerment) and rates of PV against women from IDVS dating samples – but not from large population samples*

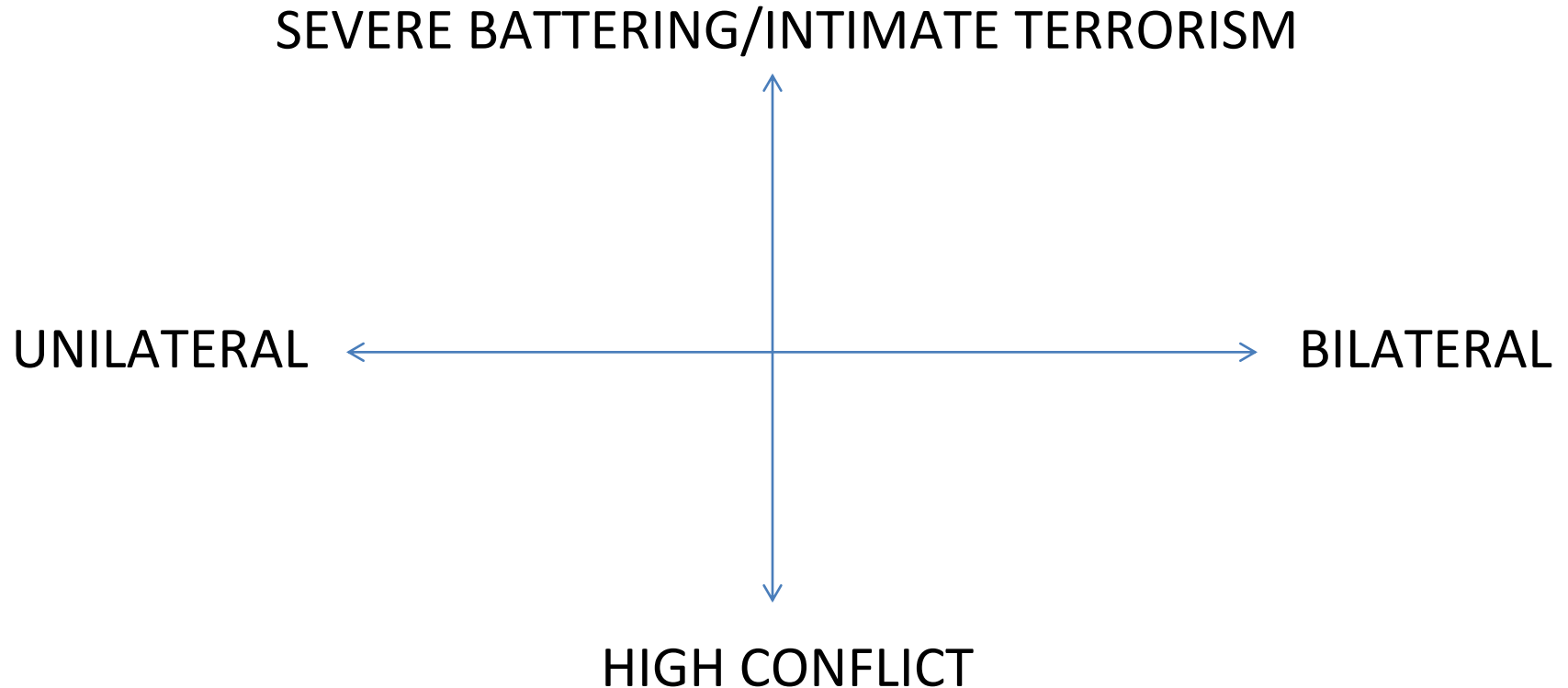
PASK Review: Symmetry or Asymmetry?

Symmetry	Asymmetry	Inconclusive
Rates of physical abuse and initiation	Rates of sexual coercion	Impact of psychological abuse on partners
Rates of emotional abuse/control	Rates of physical stalking	Reported motives for abuse*
Non-physical stalking	Impact of physical abuse on partners	Abuse in patriarchal countries
Causes and risk factors		
Impact on children and family system		
		*Leaning Symmetrical

Relationship Violence Types

- Perpetrators can be (1) Family Only, (2) Dysphoric-Borderline, or (3) Generally-violent/Antisocial (Holtzworth-Munroe & Stuart, 1994).
- Types of violent relationships: (1) Situational Violence and Controlling-Coercive Violence (battering; Johnson, 2000).
- Focus on power and control misplaced with FO and Situational Violence that involves conflict and anger.
- Women, who are more physically impacted, have **greater fear** of partner, affecting abuse dynamics; but men's aggression checked by male norms of **chivalry**.

Hamel (2014) Continuum of Abuse:



Effects of IPV on Children

- Significant correlation between witnessing mutual PV and both internalizing (e.g., anxiety, depression) and externalizing outcomes (e.g., school problems, aggression)
- Exposure to male-perpetrated PV: Worse outcomes in internalizing and externalizing problems, including higher rates of aggression toward family and dating partners
- Children/teens exposed to female-perpetrated PV significantly more likely to aggress against peers, family members and dating partners
- Some additive effect of exposure to IPV and experiencing direct child abuse

- Child abuse correlated with family violence perpetration in adulthood
- Witnessing PV in childhood correlated with trauma symptoms and depression in adulthood
- Children more impacted by exposure to conflict characterized by contempt, hostility and withdrawal compared to those characterized only by anger
- Greater impact when topic discussed concerns the child (e.g., disagreements over child rearing, blaming the child)

- Indirect path: High parental conflict/emotional abuse leads to an increase in harsh discipline, psychological control
- Greater effects found for mother-child relationships and child outcomes through the toddler years
- Greater effects found for father-child relationships and child outcomes during the school-age years
- ***Family violence often reciprocal*** (Ullman & Straus, 2003) and sometimes initiated by the children, upon their parents and each other (Caffaro & Con- Caffaro, 1998; Lynch & Cicchetti, 1998; Moretti, Penney, Obsuth, & Odgers, 2007; Straus & Gelles, 1990).
- **Family systems** theory useful in understanding how discord in one part of the family can impact functioning in the family as a whole:

“Implications of this research for public policy initiatives and intervention efforts suggest that targeting only the interparental dyad for services may not alleviate the effects of interparental conflict on children, and that consideration of the whole family and processes within the family is necessary for the mental health and wellbeing of children in the family. In addition, this body of research emphasizes the criticality of contextualizing policy and clinical work within a developmental framework, as the nature of associations between interparental conflict and parent-child relationship difficulties depends to some extent upon the age of the children in the family.”

Research Findings on Perpetrator Treatment Programs

- *Minimal reductions* in recidivism rates for **group treatment** found among Level I outcome studies, especially Duluth types (Eckhardt et al. 2012).
- Controlled *laboratory observations* of couples have found IPV to be related more to escalating couples dynamics than dominance by one partner (Hamel, 2014, Dutton, 2006).
- Level I study found offenders in *couples treatment* less likely to subsequently re-offend compared to offenders in Duluth-type group (Brannen & Rubin, 1996).

- ***Single-couple and multi-couple format*** resulted in significantly less recidivism vs. no-treatment control (Stith et al., 2004).
- No Level I or II outcome research on ***family therapy*** for PV
- Meta-analysis by Stanton and Shadish (1997): ***family therapy most effective modality for substance abusers***, an “acting out” population similar to partner-violent individuals (Potter-Efron, 2007).
- Research ***inconclusive whether individual therapy superior to group*** for offenders (Murphy & Eckhardt, 2005).

Ethnic minority/LGBTQ offenders

- Quasi-experimental study by Gondolf (2007) found no difference in recidivism between African-American offenders who completed a heterogeneous group versus those who completed a culturally-focused homogeneous group
- Another study found Caucasian and African-American male perpetrators to ***benefit equally from a CBT group***, including lower post-treatment scores on the PAS risk assessment (Buttell & Carney, 2006).
- Coleman (2002, 2007) has reported group work with lesbian offenders and couples work with gay men, but ***no empirical studies have been conducted on LGBTQ treatment outcomes*** among offender populations.

Differential Treatment: Type of Group

- Some limited evidence to support differential treatment based on client *personality or offender type* (Gondolf, 2011).
- One Level I study found ***superiority of process-type groups*** for offenders with depression and dependent personality traits, and ***superiority of psychoeducational groups*** for generally-violent/antisocial male offenders (Saunders, 1996).
- More support for differential treatment based on risk posed to victims.
- When male ***offenders assigned to a low, medium or high risk offender group***, recidivism rates significantly lower than rates for BIPs generally (Coulter & VandeWeerd, 2009).

Group Facilitation Research

- **General psychotherapy/corrections outcome literatures:** Strong correlations between treatment success and a **client-centered approach** (warm bond between therapist/group facilitator and client, agreement on the goals of treatment and the tasks and strategies required to attain these goals; Eckhardt et al, 2006; Wampold, 2001)
- Level I and II research finds **reduced rates of recidivism** among men who were exposed to some form of **Motivational Interviewing** (MI), a non-confrontational means of increasing client motivation and cooperation and strengthening the facilitator client-alliance (Alexander et al., 2010; Mbilinyi et al, 2011; Scott & Wolfe, 2003; Taft et al., 2003; Woodin & O'Leary, 2010)

- Men who participated in MI intake prior to or during group reported ***significantly higher responsibility-taking, were more homework-compliant, and had had a more positive alliance with the facilitator*** (Kistenmacher & Weiss, 2008; Musser et al., 2008; Scott et al., 2011; Taft et al., 2004).
- Taft et al. (2003): Positive correlation between ***homework compliance*** and lowered rates of psychological and physical abuse perpetration.

Insights from Facilitators and Clients

- Engagement a process; members need to “buy in” to what group is offering, facilitator should “roll with the resistance”
- Greater motivation from insights on effects of IPV on loved ones, and desire to change than avoidance of incarceration
- Importance of mutual respect between facilitator and group members
- Members value identification, support, leading by example
- Members benefit from learning emotion management, interpersonal skills
- Group experience/skills lead to responsibility-taking, less dependency on partner
- Clients want adjunctive services (e.g. for substance abuse)

Best Practices

- Modality, of treatment should be based on ***thorough assessment of client needs***, consider ***entire family system***.
- Best to use a ***phased approach to treatment***:
- **First Phase:** (1) eliminate physical aggression; (2) minimum ventilation of affect; (3) focus on less serious relationship issues to build confidence and trust; (4) acquire basic impulse-control skills; (5) identify distorted “self-talk”; (6) importance of egalitarian decision-making
- **Final Phase:** (1) eliminate verbal and psychological aggression; (2) full expression of affect; (3) address core relationship issues; (4) continue learning and practicing interpersonal relationship skills; (5) identify belief systems underlying distorted self talk; (6) work through childhood of origin issues

- **Program curriculum** should target irrational and pro-violent beliefs, emotional insecurity; impulse-control, communication, conflict-resolution, family of origin issues, and substance abuse.
- Curriculum should also include ***information on all types of relationship and abuse dynamics***, not just Walker's three-phase model, particularly mutually-escalating cycles.
- Support for both ***psychoeducational and insight-oriented approaches for group treatment***.
- Best to use a ***client-centered model of treatment*** where participants have a positive working alliance with facilitator and support one other.
- Programs are also well-advised to ***incorporate culturally-and LGBTQ-sensitive materials***

Preconditions for couples and family therapy (Geffner et al., 1989)

- Victim is aware of potential dangers, and has a safety plan.
- An adult must accept responsibility in cases of child abuse.
- No custody issues if the parents are going through a divorce.
- Lethality evaluation indicate a low probability of danger.
- Perpetrator has no obsessional thoughts about the victim.
- The therapists have been trained in both domestic violence and family therapy.
- No serious substance abuse.
- Neither of the partners exhibits psychotic behavior.

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