

December 2013

Intimate Partner Violence – Treating Battering Perpetrators

Christine E. Murray
The University of North Carolina at Greensboro

Description of Intimate Partner Violence

Definition

- Intimate partner violence (IPV) is an umbrella term that describes “any form of physical, sexual, emotional, psychological, and/or verbal abuse between partners in an intimate relationship” (Murray & Graves, 2012, p. 14).
- Often referred to as other terms, including “domestic violence, dating violence, battering, spouse abuse, wife abuse, and intimate partner abuse” (Murray & Graves, p. 13)
- There are two major sub-types of IPV:
 - Situational couple violence describes relationship violence that occurs exclusively in the context of conflict situations, and it does not reflect underlying patterns of power and control dynamics (Johnson, 2006, 2009).
 - Battering (also referred to as intimate terrorism) is “a patterned and repeated use of coercive controlling behavior to limit, direct, and shape a partner’s thoughts, feelings, and actions” (Almeida & Durkin, 1999, p. 313).
 - Both forms of violence may be severe, although battering is typically more severe and more likely to result in negative consequences. Battering is also considered a greater safety risk due to the power and control tactics that serve as the basis of the violence (Johnson, 2006, 2009; Murray & Graves, 2012).
 - Counselors should always proceed with caution and assume that any IPV is severe and dangerous unless or until it becomes clear that the risk is minimal (Johnson, 2009; Murray & Graves, 2012)
- The term *battering perpetrator* can be used to refer to a person who perpetrates battering against his or her current or former intimate partner (Murray & Graves, 2012).

Prevalence

- The US Centers for Disease Control and Prevention (CDC) conducted the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010 (<http://www.cdc.gov/ViolencePrevention/NISVS/index.html>). According to this survey, about 36% of women and 29% of men have experienced sexual assault, physical abuse, and/or stalking at the hands of an intimate partner over the course of their lives.
- In heterosexual relationships, battering is more likely to be perpetrated by males against females (Johnson, 2006; 2009). Injuries are more likely to be severe with male-perpetrated violence against females (Ehrensaft, 2008; Holtzworth-Munroe, 2005). However, males may be victims of battering in heterosexual relationships, and violence also may occur in same-sex relationships (Murray & Graves, 2012).

- Different typologies of batterers have been proposed (e.g., Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994; Jacobson & Gottman, 1998) that suggest that certain key characteristics (e.g., general antisocial behaviors, level of dependence on the victim, and level of violence outside of intimate relationships) distinguish batterers. However, to date there is minimal evidence for differential assessment and intervention strategies for the different types of batterers.

IDENTIFICATION/ASSESSMENT STRATEGIES

Because of the high rates of IPV in clinical populations, combined with the significant consequences that can result from it, all clients should be screened for experiences of IPV. Based on a comprehensive review of the literature, Murray and Graves (2012) presented the following general recommendations for the assessment of battering perpetrators:

- Both formal instruments and more unstructured, open-ended interview questions should be used.
- Couples seeking conjoint treatment should be assessed separately, not in the presence of the partner. Conjoint therapy is not advised when a couple is experiencing current IPV.
- Because IPV is not generally viewed as a socially-desirable experience, clients may significantly under-report their experiences with it.
- Assessment instruments should address the context of power and control dynamics.
- IPV assessment should be ongoing throughout treatment to monitor changes over time.
- Areas to assess with battering perpetrators include the following: the nature of the violence, the client's history of violence and aggression, the client's motivation for seeking treatment, the extent to which the client accepts responsibility for the violence he or she perpetrated, any current involvement in the legal system, substance abuse, and mental health symptoms.

Instruments that may be useful to include in the assessment of battering perpetrators include the following:

- The Proximal Antecedents to Violent Episode Scale (PAVE; Babcock, Costa, Green, & Eckhardt, 2004), which assesses self-reported violence perpetration in a range of relationship situations.
- The Safe at Home Instrument (Begun et al., 2003), which measures a perpetrator's readiness to change his or her use of IPV behaviors.
- The University of Rhode Island Change Assessment for Domestic Violence (Levesque et al., 2000), which assesses a client's readiness to end IPV perpetration.

INTERVENTION STRATEGIES

General strategies and considerations that should be used when working with battering perpetrators include the following, which are based on a comprehensive review of the research literature (Murray & Graves, 2012):

- Safety must be the primary consideration. Safety risks associated with any counseling interventions must be considered and monitored carefully. For example, conjoint couple therapy is not advised when a couple is experiencing IPV due to the safety risks that may arise.
- Many clients in this population do not typically seek services voluntarily, but are mandated by the court system into the intervention. Dropout and attrition rates may be very high.
- Counselors must be aware of the batterer intervention program requirements in their jurisdiction, especially if they are working with clients mandated by the court system into the intervention program. The Batterer Intervention Services Coalition of Michigan provides a list of links to state batterer intervention program standards here: http://www.biscmi.org/other_resources/state_standards.html.
- Batterer intervention programs are typically not considered "therapy" or "counseling," although the

facilitators may be mental health professionals. These programs often include a strong psycho-educational component.

- Group interventions are the most common approach. One reason for the group approach is so that clients can learn from other participants who have been in the intervention for a longer time. In addition, the group format allows group members to challenge and hold one another accountable in accepting responsibility for abusive behaviors.
- The topics that are often addressed in batterer intervention programs include education about battering and its associated power and control dynamics, skill building (e.g., anger management, stress management), cognitive and behavioral change, and accepting responsibility for violent behaviors.
- Pre-intervention motivational enhancement interventions are becoming increasingly common. The research evaluating batterer intervention programs demonstrates mixed effectiveness, in part likely reflecting the high rates of court-mandated clients in these interventions. The National Online Resource Center on Violence Against Women (VAWnet.org) offers a useful Applied Research paper that provides an overview of the findings of batterer intervention program evaluations (Edleson, 2012, available here: http://www.vawnet.org/summary.php?doc_id=3159&find_type=web_desc_AR). The two most widely-used approaches to batterer intervention programs are the Duluth Model and Cognitive-Behavioral approaches.
 - The Duluth Model refers to the Domestic Abuse Intervention Project (<http://www.theduluthmodel.org/>). This model refers to batterer intervention occurring within a coordinated community response to IPV. This feminist-informed model is very psychoeducational and focuses on power and control dynamics associated with battering. The Power and Control Wheel is a widely-used tool grounded in this model (<http://www.theduluthmodel.org/training/wheels.html>).
 - Cognitive-Behavioral approaches focus on changing perpetrators' cognitions and behaviors that are associated with their abuse (Babcock, Green, & Robie, 2004). A special emphasis is placed on helping the client to develop skills that promote nonviolent behaviors.
- Counselors should coordinate their services with other involved agencies and resources from which the client is also seeking help, including victim advocates, law enforcement, and Child Protection Services.

INTERNET RESOURCES

For additional information about IPV, counselors may find the following resources useful:

- National Domestic Violence Hotline: <http://www.thehotline.org/>
- National Coalition Against Domestic Violence: <http://www.ncadv.org/>
- National Network to End Domestic Violence: <http://www.nnedv.org/>
- The National Online Resource Center on Violence Against Women: <http://www.vawnet.org/>
- The Domestic Violence Evidence Project: <http://www.dvevidenceproject.org/>
- Domestic Violence Intervention Project (the Duluth Model): <http://www.theduluthmodel.org/>

REFERENCES

- Almeida, R. V., & Durkin, T. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy*, 25, 313-324.
- Babcock, J. C., Costa, D. M., Green, C. E., & Eckhardt, C. I. (2004). What situations induce intimate partner violence? A reliability and validity study of the Proximal Antecedents to Violent Episodes (PAVE) Scale. *Journal of Family Psychology*, 18, 433-442.

- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*, 1023-1053.
- Begun, A. L., Murphy, C., Bolt, D., Weinstein, B., Strodthoff, T., Short, L., & Shelley, G. (2003). Characteristics of the Safe at Home Instrument for assessing readiness to change intimate partner violence. *Research on Social Work Practice, 13*, 80-107.
- Centers for Disease Control and Prevention (CDC, 2010). *National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Retrieved September 7, 2012, from <http://www.cdc.gov/violenceprevention/nisvs/>.
- Edleson, J. L. (2012). Groupwork with men who batter: What the research literature indicates. *The National Online Resource Center on Violence Against Women*. Retrieved December 11, 2012, from http://www.vawnet.org/summary.php?doc_id=3159&find_type=web_desc_AR.
- Ehrensaft, M. K. (2008). Intimate partner violence: Persistence of myths and implications for intervention. *Children and Youth Services Review, 30*, 276-286.
- Gottman, J. M., Jacobson, N. S., Rushe, R. H., Shortt, J. W., Babcock, J. C., LaTaillade, J. J., & Waltz, J. (1995). The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers. *Journal of Family Psychology, 9*, 227-248.
- Holtzworth-Munroe, A. (2005). Male versus female intimate partner violence: Putting controversial findings into context. *Journal of Marriage and Family, 67*, 1120-1125.
- Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*, 476-497.
- Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. New York, NY: Simon & Schuster.
- Johnson, M. P. (2006). Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*, 1003-1018.
- Johnson, M. P. (2009). Differentiating among types of domestic violence: Implications for health marriages. In H. E. Peters & C. M. Kamp Dush (Eds.), *Marriage and family: Perspectives and complexities* (pp. 281-297). New York, NY: Columbia University Press.
- Levesque, D. A., Gelles, R. J., & Velicer, W. F. (2000). Development and validation of a stages of change measure for men in batterer treatment. *Cognitive Therapy and Research, 34*, 175-199.
- Murray, C. E., & Graves, K. N. (2012). *Responding to family violence: A research-based guide for mental health professionals*. New York, NY: Routledge.