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New Directions in Research, Intervention, and Policy

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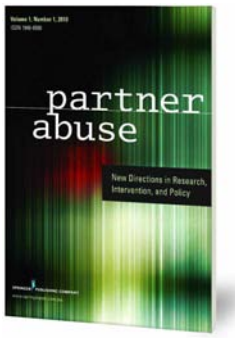

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GUIDELINES FOR AUTHORS

Partner Abuse, recognizes that physical and emotional abuse among dating, cohabitating and married partners is as a major public health and social problem. Its purpose is to advance knowledge, practice and policies through a commitment to rigorous, objective research and evidence-based solutions.

Partner Abuse seeks to advance research, treatment and policy on PA in new directions. A basic premise of the journal is that partner abuse is a human problem, and that the particular role of gender in the etiology, perpetration and consequences of emotional and physical partner abuse cannot be assumed, but rather must be subjected to the same empirical scrutiny as any other factor. Just as treatment decisions ought to be based on sound assessment protocols, policies on partner abuse ought to be based on an understanding of the full range of available research, without regard to political considerations. The journal is therefore open to original research papers and articles on controversial subjects such as mutual abuse, female perpetrators, male victims, alternative types of batterer intervention programs, couples and family counseling, and the limitations of current arrest and prosecution policies such as mandatory arrest and "one-size-fits-all" mandated batterer treatment. Contributions are also sought on partner abuse within the LGBT community and among ethnic minority groups.

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- Programs, Policies, and Practice, maximum 20 pages. Descriptions of promising evidence-based, gender-inclusive programs, legislation, policies, or clinical case studies.
- Book Reviews, maximum 6 pages in length. These should include: Name of book and author; other books by the author; a description of the book, including content and style; comparison to similar books in the field; book's relevance to field of partner abuse; strengths and weaknesses.
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BOOK REVIEW

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editorial

Why Another Domestic Violence Journal?

Partner Abuse: New Directions in Research, Intervention, and Policy is designed to fill a big gap in the literature base underlying the field of interpersonal violence. Although there are a few fine journals (e.g., *Violence and Victims, Journal of Interpersonal Violence*, *Journal of Family Violence*) to which researchers in the area of partner abuse can submit their work, all of these other journals define their missions both more broadly (for example, including research on abuse in nonpartner as well as partner relationships) and more narrowly. *Partner Abuse*, by contrast, 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 gay, lesbian, bisexual, and transgender (GLBT) relationships, systemic and restorative justice approaches, strengths-based interventions, prevention programs, and laws and policies related to partner abuse. The wording of its title is deliberate: We use the term *abuse* because our concern is with its psychological as well as physical manifestations, and we have dropped the customary modifier *intimate* to account for those relationships in which there is no sexual activity, and because intimacy is generally regarded as something good and desirable, which abuse certainly is not.

The journal is also inclusive in its goal of transmitting not only rigorous, objective research and critical review articles 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.

The inaugural issue of this new peer-reviewed journal illustrates the kind of cutting edge articles that we are prepared to bring to the field. Each of these articles is consistent with the journal's premise that partner abuse is a human issue and that the particular role of gender in this phenomenon can not be assumed on the basis of ideology or political considerations but must be empirically scrutinized and considered from a range of perspectives.

The first section of the first issue of *Partner Abuse* includes both original research articles and reviews of research. Sturge-Apple, Davies, Cicchetti, and Manning present

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findings from their research on interparental violence and child adjustment as predicted by maternal parenting practices.

Both Dutton ("The Gender Paradigm and the Architecture of Antiscience") and Felson ("Academic Apartheid: Segregation in the Study of Partner Violence") launch scathing critiques of traditional practices in the field, particularly those that have resisted publication of research on partner violence committed by women. Also in this section, and of great practical importance to workers in the field of domestic violence, is the review by Murphy and Ting of research addressing the efficacy of intervention programs for perpetrators of partner abuse.

The second section ("Viewpoint") of this issue presents an article from the senior editor of the journal, "Do We Want to Be Politically Correct, or Do We Want to Reduce Domestic Violence in Our Communities?," which acknowledges the significant advances that have been made by battered women's advocates and their allies in combating domestic violence yet also challenges researchers, intervention providers, and policymakers to move boldly forward, away from the limitations of ideology, and toward the promise of more effective evidence-based paradigms. This Viewpoint article complements the articles by Dutton and Felson and reflects the kind of in-depth coverage of controversial issues, such as violence by women, that will be undertaken in this new journal.

The first articles chosen for the section on "Programs and Practice" provide a good model for the wide range of practical issues to be addressed in this section. The Motivational Interviewing and Intimate Partner Violence Group focuses on the usefulness of motivational interviewing and trauma-informed approaches for working with victims of partner abuse, whereas Bowen provides a case study of a psychodynamically oriented court-mandated group treatment program for a violent woman. Meanwhile, Rooney describes the evolution of services at one California shelter from a traditional peer–counselor model focused on the needs of women, to a gender-inclusive psychotherapeutic model that is true to equity feminist principles while simultaneously addressing the needs of all victims, including men and their children. Finally, the inaugural issue ends with a book review of Ellen Bowen's book on *Domestic Violence Treatment for Abusive Women* (November 2008). Future issues will follow a similar format and address an equally important set of issues for consideration and debate.

Kathleen Malley-Morrison, EdD
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Partner Abuse, Volume 1, Number 1, 2010

research

The Gender Paradigm and the Architecture of Antiscience

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The gender paradigm is the view that most domestic violence (DV) is male-perpetrated against females (and children) in order to maintain patriarchy. Based on functionalist sociology, it has been the prominent DV perspective in North America and Western Europe, framing criminal justice policy to DV, court understanding of DV, court disposition of DV perpetrators to psychoeducational groups, and custody decisions. Research evidence contradicts every major tenet of this belief system: female DV is more frequent than male DV, even against nonviolent partners, there is no overall relationship of control to DV, and abuse perpetrators who use intimate partner violence (IPV) for coercive instrumental reasons are both male and female. Research supporting the gender paradigm is typically based on self-selected samples (victims from women's shelters and men from court-mandated groups) and then inappropriately generalized to community populations. The gender paradigm is a closed system, unresponsive to major disconfirming data sets, and takes an antiscience stance consistent with a cult. In this article, I compare the responses of this gender cult to other cults and contrast it with a scientific response to contradictory data.

KEYWORDS: domestic violence; intimate partner violence; gender paradigm; group think; cults; belief perseverance

A bad statistic is harder to kill than a vampire.

—Joel Best, Stat-Spotting: A Field Guide to Spotting Dubious Data

The central dogma of the gender paradigm is that intimate partner violence (IPV) is male-precipitated in order to suppress not only a wife or girlfriend, but women in general, and to maintain the patriarchy, the male suppression of women (Bograd, 1988; Dobash & Dobash, 1979; MacKinnon, 1989; Burstow, 1992). Women's violence

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is self-defensive and women's psychopathology is a product of psychiatric misdiagnosis that pathologizes normal reactions to women's social plight (Burstow, 1992). This political theory has led to an analysis of domestic violence (DV) through the lens or paradigm of gender politics and has lead to a disproportionate focus on the violence of men—as husbands, fathers, and ex-husbands—and an underestimating of the severity and incidence of female violence. This paradigm or cognitive–affective framework is so pervasive that it has influenced legal policy including arrest priorities (Sherman et al., 1992), prosecutorial decision making (Ford & Regoli, 1993), postarrest intervention (Maiuro, Hagar, Lin, & Olson, 2001), postarrest court-mandated intervention (Pence & Paymar, 1993), court decisions on child custody issues (Dutton, 2005; Dutton, Corvo, & Hamel, 2009), and even diagnostic categories in the DSM-IV (Millon & Davis, 2000). More radically, it has influenced both public and professional appraisals of intimate interaction, so that an action is more likely to be labeled as abusive if performed by a man on a woman (Sorenson & Taylor, 2005; Follingstad, DeHart, & Green, 2004). Substantial evidence against this paradigm has been presented (Dutton, 1994, 2005, 2006; Dutton & Corvo, 2006; Dutton & Corvo, 2007; Dutton & Nicholls, 2005), and this article will review some of it. The focus here is on the central tenets of the gender paradigm and on the social scientists who lend academic credence to the paradigm. These researchers have, in my view, presented front-line workers and policymakers with a flawed lens through which IPV can be viewed, understood, and ultimately diminished.

The work on the gender paradigm is kept alive largely through self-serving extrapolations from selected samples: primarily court-mandated treatment groups of men that are generalized to male violence or male risk to children (for example, see Bancroft & Silverman, 2002), shelter samples of women that are generalized to women's victimization (see, for example, Jaffe, Wolfe, & Wilson, 1990; Johnson, 2005, 2008), or surveys that either ask only women about their victimization (e.g., the 1994 Canadian Violence Against Women Survey) or else discourage male reporting (the U.S. Violence Against Women Survey—see Straus 1999). Advocates adhere to stereotypes of DV generated by extreme or celebrity cases—every case of DV is seen as perpetrated by another O. J. Simpson or Chris Brown. Such sensational cases generate inflated incidence judgments by creating an "availability heuristic" (Kahneman, Slovic, & Tversky, 1982; Nisbett & Ross, 1980) that biases our likelihood of sampling, storing, or recalling the definition of the event category (such as the idea that domestic violence is equivalent to wife battering), the relational causality in these events (i.e., what caused the violence), and the relative incidence of the event (that wife battering is commonplace). It comes as a surprise, then, to find that male use of severe violence against nonviolent women (wife battering) is reported by only 5.7% of a national sample of all married couples who report any kind of violence (Stets & Straus, 1992), and that husband battering (female severe violence against nonviolent husbands) is reported by 9.6% of these married couples. This article focuses on the architecture of antiscience, so called because, unlike a scientific response that acknowledges contradictory data and evolves to more complex theoretical explanations, the gender paradigm suppresses, ignores, or tries to explain away inconvenient data. It

behaves, in short, like a closed social system or cult (see Lifton, 1989; Festinger, Reicken, & Schachter, 1956; Sage, 1976).

THE CENTRAL DOGMA OF THE GENDER PARADIGM

The gender paradigm has, as its basis, a Marxist view of the sexes. Mackinnon (1989) began her book *Toward a Feminist Theory of State* with the claim that "sexuality is to feminism what work is to Marxism" (Mackinnon, 1989, p. 1). In short, all interactions between genders are reduced to power and control and are viewed from the perspective that male oppression of women is tantamount to the power of the bourgeoisie in suppressing the proletariat. The gender cult manifesto for court-mandated intervention (Pence & Paymar, 1993) exhorts the facilitator to use a master–slave analogy for DV and to get males to acknowledge their sins via a "Power and Control Wheel" that includes male privilege. I have pointed out the similarity of this approach to what Lifton called "thought reform" practiced by the Chinese Maoists (Lifton, 1989) and its dissimilarity to the preconditions for therapy (Dutton, 2006, Dutton & Corvo 2006). The former relies on coercion of publicly stated confessions, while the latter establishes a therapeutic bond with the client and attempts to connect his emotional reactions to his stated attitudes (Dutton, 2006). The domination of women at a societal level is said to both create male expectations of gender privilege and manifest itself in male violence toward wives as a form of control of this social arrangement (patriarchy). As Dobash and Dobash (1988) put it, "although other forms of male violence against women are shaped by patriarchy, it is in the family where men's 'right' and privileges are given the most free reign" (p. 57). In this view male violence is considered normative and is used to support male general domination of women. Female failure to recognize their plight is described as false consciousness (MacKinnon, 1989). Mackinnon does not describe how she personally transcended this false consciousness.

This shallow and reductionistic thinking developed from what is called functional sociology—that social behaviors can be explained solely and completely by the functions they appear to serve to maintain broader social dominance, in this case male dominance of women. The societal subservience of women implied by this view had tremendous moral force when introduced to North America in the 1970s. It appealed to the political left as an important issue of women's rights and to the political right as an issue of family values. Batterers were clearly violating a happy ideal posited by the right-wing family myth and were suppressing women's rights at the same time. There was little political opposition to the advance of the gender paradigm; men are stereotyped negatively in most of the industrialized world (Eagly & Mladinic, 1989; Glick et al., 2004). Glick and colleagues (2004) found that men were perceived as socially dominant and as warmongers in a cross-cultural survey of 16 countries. Ironically, in the countries where women's equality was highest (Archer, 2006), the domestic violence movement got its start: Britain, the United States, and Canada (Dutton, 2006). While men are also more violent than women outside relationships

(Archer, 2006), only the minority of men are violent either outside or within relationships. There is no norm for wife assault—this is a sociological fiction and contradicted by surveys (e.g., Simon et al., 2001). Dobash and Dobash (1979) manufactured their case without evidence. Whenever out-group (in this case gender) perceptions are invoked, the extremes of the out-group are generalized to every member of that group (Lamm & Meyers, 1978). With DV, this stereotyping involves treating every case of DV as though it were life-threatening and unilateral abuse of a woman, rather than part of a set of diverse patterns that require diverse treatments. With the gender paradigm, group stereotyping has been given an academic imprimatur, as if this somehow elevates it above a simplistic view of a complex phenomenon.

INCONVENIENT TRUTHS FOR THE GENDER PARADIGM

There are numerous problems with the gender paradigm. For one thing, it is essentially Manichean; it divides all of humanity into two essentially homogeneous groups based simply on gender. We still hear this view reflected by women who say "if only a woman was president," as though all women thought alike. This stereotyping of men and women into homogeneous groups is contradicted by the considerable variation within both sexes on all measures related to intimate partner violence (IPV). By any measure taken, the overwhelming majority of men do not commit IPV (Stets & Straus, 1992; Whittaker, Haileyesus, Swahn, & Saltzman, 2007), do not hold attitudes supporting IPV (Simon et al., 2001), and do not dominate their family decisions (Coleman & Straus, 1986). In fact, the miniscule minority who do so make a mockery of the suggestion by gender theorists that such actions or beliefs are normative. Dutton (1994) pointed out how IPV had higher incidence in lesbian relationships, suggesting an explanation in attachment threats rather than gender. Simon and colleagues (2001) found only 2.5% of a representative sample of North American men believed it was acceptable to hit one's wife "to keep her in line," and fewer than 10% condoned hitting her even as retaliation for the woman's violence, hardly a norm for violence. Only small minorities exhibited the so-called normative behavior: only 9.4% of husbands had the final say on family decisions (Coleman & Straus, 1986), and 3 to 4% of women (and equal numbers of men) are exposed to what could be called severe violence in any given year (Laroche, 2005; Stets & Straus, 1989). Women's use of IPV, far from being reactive to male violence, is predictable as early as kindergarten age (Serbin et al., 2004) and certainly by their teens (Capaldi, Kim, & Short, 2004; Moffitt, Caspi, Rutter, & Silva, 2001; Ehrensaft, Cohen, & Johnson, 2006). As a main effect predictor of any form of IPV, gender fails spectacularly.

A nested ecological model was proposed to explain domestic violence (Dutton, 1995) that examines the interaction of factors from several levels of breadth-specificity (Bronfenbrenner, 1977). This analysis allowed for assessment of the effects of macrosystemic social–structural factors such as gender equality (Archer, 2006), while also measuring the effects of microsystemic dyadic interaction (e.g., Jacobson et al., 1994; Margolin & Burman, 1993) and individual perceptions and affective responses

(Dutton, 2007). The gender paradigm suppressed all levels of analysis except the sociostructural and suppresses analysis of all variables at that level (e.g., race, social class) except gender. Its application to intervention does the same; men are treated more harshly by the criminal justice system (Brown, 2004) and are denied access to shelters and to psychological treatment that focuses on individual factors contributing to their perpetration of DV (see Dutton, 2006). These include anger management addiction counseling, impulse control treatment, any treatment "linking the man's past to current behaviors and communication enhancement," in short, anything that does not view DV as societal domination of women. States like Georgia and Arizona rule out psychological treatment by law (see Dutton, 2006, chap. 14).

The gender paradigm exaggerates male violence in several ways. It takes egregious examples of male violence, stretches the definition, and makes them sound commonplace. Gilbert (1993) showed how Mary Koss's advocacy research on rape (defined as any "unwanted sexual advance whether successful or not") grossly inflated rape incidence statistics. As Gilbert noted, 73% of Koss's so-called rape victims did not believe they had been raped, and 42% had sex again with the man who had supposedly raped them (p. 118). What many believe to be the horrendous O. J. Simpson murder of his wife despite his innocent verdict became a template for domestic violence even though, by any standard, it was rare and extreme. Spousal homicide (called femicide) prediction scales were developed (Campbell et al., 2003), even though spousal homicide by either gender occurs in rates of about 25 to 30 per million marriages (Wilson & Daly, 1993), and research reporting their use utilized poor control groups to generate long lists of false positive predictors (see Dutton, 2006, pp. 276–277). Any technical assault is called battering, although the term *battering* connotes repeated blows being struck to a minimally resistant victim. Most women are not minimally resistant victims (Whittaker et al., 2007) but are more likely to be violent at the same level as men (Stets & Straus, 1992); women are more likely to strike back when struck than are men (Stets & Straus, 1992), and the most injurious violence to women stems from relationships that are mutually physically abusive (Whittaker et al., 2007), not stereotyped wife beating.

U.S. national surveys find that mutual violence, matched for level of severity, is the most common form of IPV (Stets & Straus, 1992; Whittaker et al., 2007) and that female IPV against a nonviolent male (husband battering) is 2.5 times as common as wife battering. These data, and data on *assortative mating*, indicate that aggressive men and women choose each other (Capaldi et al., 2004; Serbin et al., 2004), resulting in the high levels of mutually combative couples. These findings and the interaction studies on abusive couples (Jacobson et al., 1994; Leonard & Roberts, 1998; Margolin & Burman 1993) all argue for couples treatment, but the gender paradigm rules out such treatment as dangerous for women. I have not been able to find one single empirical study to support this claim of danger.

The gender paradigm also sees to it that female violence is ignored, discounted as not serious, explained away, and not subjected to state intervention. However, the best-designed studies with the largest and most representative samples and with

the most sensitive measurement scales consistently dispute this characterization. Women use violence, even the more severe forms, at least as much as do men and use it against nonviolent men (Stets & Straus, 1989, 1992) and against children (Gaudiosi, 2006; Trocme et al., 2001). Biological mothers are the most frequent perpetrators of physical child abuse and child homicide (Gaudiosi 2006). These findings, although reported as far back as 1989, and supported by large-scale surveys in the United States and Canada (Laroche, 2005), have never been addressed by gender paradigm advocates. In short, the predictions one would make from a patriarchy perspective: that male violence would be commonplace and would be unilaterally directed toward women, that female violence (to the extent it existed at all) would be self-defensive, and so on, have been consistently disconfirmed. When asked about using IPV for self-defense, the majority of women do not list it as a motive (DeKeseredy & Schwartz, 1998; Follingstad, Wright, Lloyd, & Sebastian, 1991).

THE GENDER PARADIGM AND BELIEF PERSEVERANCE

When confronted with these disconfirming data sets, paradigm researchers do not revise their theory as science requires but simply misstate or ignore the evidence, committing what Lord, Lepper, and Ross (1979) call "belief perseverance." In that study, subjects confronted with research that disconfirmed their beliefs attacked the research methodology, while supporting an identical method that supported their beliefs. Science is designed to prevent this subjective processing by establishing public research methodology. In practice, though, the gender paradigm frequently acts as if these rules did not exist. Dekeseredy and Schwartz, trying hard to toe the gender party line (1998), found that a majority of college women reported never using IPV in self-defense, and only 9% reported self-defense as a chronic motive. They nevertheless concluded, "much of the violence by these women was self-defense and should not be labeled mutual combat or male partner abuse" (p. 91), a conclusion contradicted by their own data. The more typical antiscience strategy is to simply not report female violence or to extrapolate from self-selected samples as though they represented the general community. Archer (2000) found, in a meta- analytic study of 84 studies of gender in commission of IPV, that women were more violent to their partners than were men. The gender paradigm dismissal of this inconvenient truth was to cast the women's violence as "contextually different," not "controlling violence," and they found that it was frequently committed in self-defense. This is part of the general dismissal of female violence consistent with the Marxist view of relationship violence generated by the gender paradigm. Furthermore, as we shall see, it is not true.

The paradigm redirects focus onto the male participant as though the female were always a helpless victim-recipient of IPV. Jacobson and colleagues (Cordova, Jacobson, Gottman, Rushe, & Cox, 1993; Jacobson & Gottman, 1998; Jacobson et al., 1996) examined interactions of abusive couples in their lab and reported on male "pitbulls and cobras," directing the focus solely toward male pathology. Gottman then went on Oprah Winfrey's television show to promote this view, very consistent

with Winfrey's own views. In the method section of his peer-reviewed papers, however, Jacobson reported that, had female violence been the focus of the study, 40% of the women in his sample would have qualified as severely violent. The bulk of his work was on escalating negative affect between the partners: a couples or dyadic perspective, in which the women participated.

A second example is provided by Gondolf's studies on batterer recidivism for men in court-mandated treatment. His recidivism predictions were based on the assumption of unilateral IPV by the males and focused only on male characteristics. However, as reported in the fine print of his method section, Gondolf found that 40% of his batterers returned to women who, by the woman's report, had hit the man first (Gondolf, 2000, p. 1213). So, in a volunteer sample of abusive couples and in a sample of men who had been arrested for wife assault, the rates of severe violence by wives was 40%. This was disregarded by both authors, relegated to a footnote and not featured in any reports. This is the essence of belief perseverance and the structure of antiscience: ignore inconvenient data.

THE JOHNSON FALSE DICHOTOMY: INTIMATE TERRORISM VS. COMMON COUPLE VIOLENCE

Within the gender paradigm, *male-on-female assault* is defined as individual criminal activity, for which the perpetrator is fully and solely accountable. In contrast, responsibility for *female-on-male assault* is typically assigned to external, situational factors. The most prominent examples are Walker's (1984) battered woman syndrome and Johnson's (2008) "violent resistance" (VR), which are both precipitated by a pattern of male-perpetrated "intimate terrorism" (IT), or "coercive controlling violence" (CCV). The dichotomy in which serious IPV is seen as male-perpetrated and female IPV as less serious is due in part to this high-profile classification developed by Johnson (Johnson, 1995, 2006, 2008).

In Johnson's typology, "patriarchal violence" (use of intimate violence to control women) was renamed "intimate terrorism" and, subsequently, "coercive controlling violence" or CCV (Kelly & Johnson, 2008). Johnson declared that "men are the offenders and women the victims in most cases of this [CCV] type" (see also Jaffe, Johnston, Crooks, & Bala, 2008, p. 501). The difference between coercive male IPV and reactive female IPV is *context and motivation*: when perpetrated by men, severe IPV is depicted as instrumental and oppressive (CCV), but when perpetrated by women as expressive or liberating (VR). Johnson based this typology exclusively on self-reports of women in shelters.

As Johnson himself describes his research methodology: "I chose one question to determine whether the husband and/or wife had been violent, as reported by the wife" (Johnson, 2008, p. 20). Hence, Johnson uncritically accepted women's self-reports of violence against them and did not ask about their own use of violence. He then erroneously generalized these findings to the distribution of IPV in the broader community. In Johnson's thinking, as betrayed by his methodology, men are not only

more violent, they are more likely to be dishonest. I am aware of no empirical data to support this belief.

Kelly and Johnson (2008) declare: "because of the paucity of research on women's Coercive Controlling Violence, the quantitative data reviewed [in their article] will focus on men" (p. 482). Other research shows the sample selection problem in Johnson's methodology. Graham-Kevan and Archer (2007) found gender-asymmetrical CCV (that is, the male-only perpetration that Johnson claims) typical of only one of their four sample groups (a shelter sample), the only sample that Johnson relied on to arrive at his conclusions about gender, control, and IPV. However, numerous studies have found shelter samples are atypical and not generalizable to the broader communities (see also Felson & Outlaw, 2007). Graham-Kevan and Archer found that when other samples were studied, the coercive-instrumental use of IPV was equal by gender. Despite his sampling error, Johnson's work continues to inform family court processing in custody cases with DV allegations (Dutton, 2005; Dutton, Hamel, & Aaronson, in press). This major interpretative mistake permeates Johnson's work and is seized upon by those who would preserve the gender paradigm and apply it to sensitive court determinations.

IPV USED FOR CONTROL

The gender paradigm depicts survey reports of women's violence as reactive or argues that IPV is measured out of context; that male violence is used to control the woman, while women's IPV is not. Several large-sample studies of gender and use of IPV for control refute this gender-paradigm view. In the Canadian General Social Survey (GSS), the 25,876 respondents, equally split by gender, were asked about "perceptions of crime" and violence in the home. Using a seven-item control scale developed by Johnson, male and female respondents were asked about instrumental controlling behaviors used against them by their partners (Laroche, 2005, Figure 2). Equivalent rates of severe instrumental abuse (abuse performed to control the spouse) were found, with 8% of women and 7% of men reporting victimization in the past five years. Victimization by repeated, severe, fear-inducing, instrumental violence (what Johnson calls IT or CCV) was reported by 2.6% of men and 4.2% of women. In other words, a definition that meets the technical criteria for wife abuse was reported by 4.2% of women as happening at any time in the last five years. Men too, report such abuse, husband battering perhaps, in 2.6% of cases. Equivalent injuries, use of medical services, and fear of the abuser were also discovered in cases where the abuser used repeated instrumental abuse or intimate terrorism (Laroche, 2005, Table 8), regardless of the gender of the perpetrator and the victim. Of the men, 65% reported having been injured (compared to 67% of female victims). Despite these reactions, men were only half as likely as women to call police (Laroche, 2005, Table 9). Again, contrary to Johnson's formulation, coercive perpetration was reported by both female and male victims in the general population with similar consequences for the victim.

Stets and Hammond (2002) tested two theories of control in intimate relationships: a "structural theory" commensurate with the gender paradigm and a "cultural" view. The structural theory posits that men have greater resources and these become generalized to intimate relationships, influencing dyadic power. The cultural view is that men have a more autonomous orientation, and women a more interdependent orientation, leading to more control over intimate others by women than by men. To test these two sociological theories, Stets developed a control scale using self-reports on frequency of 10 items assessing interpersonal control. This and other measures were given to a sample of 1,295 couples drawn from a marriage registry. The authors found that "wives report more frequent control over their spouses than husbands do" (p. 15). Furthermore, levels of control declined from year one of the marriage through year three for both husbands and wives, which the authors attributed to increases in acceptance of the partner.

Felson and Outlaw (2007) used data from the Violence Against Women Survey (VAWA), a survey that filters out victimization reports of violence against men since it is defined as a violence-against-women survey and a survey of crime (Dutton & Corvo, 2006; Straus, 1999), and used a five-item scale that had respondents list controlling behaviors engaged in by their spouse. After analyzing for verbal aggression, fear, violence, and control by each gender in a sample of more than 9,000 respondents, the authors concluded, "the findings indicate no support for the position that husbands engage in more marital violence than wives because they are controlling" (p. 387). They concluded that control appears to be manifested differently by gender; that wives were more likely to insist on knowing their spouses' whereabouts or changing residences, men more likely try to prevent a woman from working outside the house. The respondents' data indicated that control was "rare for both husbands and wives" (p. 394). Control was more likely if one had lower socioeconomic status, or was Black, less educated, young, or recently married. The authors also assessed the effect of control on violence and fear and found no evidence that it mediated gender effects on either (p. 396). As they put it, "controlling husbands are not particularly likely to engage in verbal aggression or violence or generate fear" (p. 396). The data also indicated that husbands were not more jealous than were wives. Since these data were taken from the VAWA survey, a survey entitled "Violence Against Women" and one that is frequently cited as indicating gender differences in IPV (the actual rates were .3% for males vs. 1.1% for females)—extremely low rates because of the "crime victim" filter used in the survey (see Straus, 1999)—the finding that control and violence are not related and are not differential by gender is especially disconfirming for the gender paradigm. Instead of confronting these data, however, the gender paradigm continues to perform methodologically inferior studies to prove its case.

Swan, Gambone, Caldwell, Sullivan, and Snow (2008) reviewed studies of women's violence, concluding that it is effectively self-defensive and not used for coercion.[1] With one exception, all the studies they cited were interviews with women only. The exception was a study by Hamberger, Lohr, and Bonge (1994) that interviewed male and female DV offenders and compared their self-reported reasons for assault. Then

12 assistants sorted the responses into "conceptual groups" and they were factor-analyzed. From this, and with different factors for males and females, Hamberger and colleagues concluded that male and female motives were different, that the females were more self-defensive. Whatever conceptual bias the sorters brought to the study, and whether interrater reliability existed in the sorting, was never reported. Hamberger (2005) also reviewed a number of studies on gender and use of IPV. His general finding was that in clinical populations, women used IPV as much as men but for more self-defensive reasons. They reported more injuries and more fear. Hamberger cites the Jacobson and colleagues (1994) study in claiming that "one of the hallmarks of abuse or battering is the ability of the perpetrator to instill fear in the victim" (p. 139), a study that focused on male batterers and never reported severe violence by women in the sample. In short, these women did not only act fearfully, many acted aggressively. The studies that find female violence to be self-defensive use self-selected samples of women or questionable classifying techniques. Those that use better methodology find female violence to be used for coercion as frequently as male violence (e.g., Felson & Outlaw, 2007).

FEAR AND OUTCOMES OF ABUSE

Differential reporting (by gender) and police definitions of crime and assault lead to criminal justice samples that are highly selective. The result of reporting samples such as these is a perpetual self-reinforcing prophecy about gender and IPV. A study by Williams and Frieze (2005) avoided this problem by drawing a large sample from the National Comorbidity Survey (NCS). As with other surveys (i.e., Stets & Straus, 1989; Whittaker et al., 2007), the NCS found bilateral violence to be the most common form. More women reported violence perpetration than did men, and men reported being the victim of severe violence more than did women, which the authors say may "challenge the assumptions about women's victimization in relationship" (p. 781). The authors concluded that a range of violent behaviors were performed by both genders. While women reported more negative psychosocial outcomes than did men, men too reported "significant associations with distress and marital satisfaction" for victimization (consistent with LaRoche's 2005 findings). In short, once the criminal justice selective filter is removed, the outcome results homogenize for both genders. Also, as Williams and Frieze (2005) put it, "perhaps men have different psychosocial factors involved with violence, including fear of loss of custody of their children, alcohol abuse, or anger" (p. 781).

The issue of differential measures of outcome also is relevant to the fear issue. The gender paradigm has leaned heavily on the higher rates of reported fear by women, the implication being that male abuse is predicated on intimidation. Hamberger (2005), for example, reviewed studies based on women in victims services and men in abuser treatment to conclude that women felt more fear. However, women report fear more freely than men do. Analog studies of fear induction in response to intimate conflicts found that women would report more fear even when exposure

to the stimulus (a videotaped conflict between others) could not possibly be threatening or endangering (Dutton, Webb, & Ryan, 1994; Jack, Dutton, Webb, & Ryan, 1995). Men use fear scales differently and are less likely to report fear as opposed to other emotions. Creating police responses based on who is most afraid means perpetrators can be arrested based on reported internal reactions that cannot be corroborated.

THE SELF-SELECTION GAMBIT HINDERS DIVERSITY

Once the criminal justice system was primed to arrest male perpetrators and to give shelter to female victims only, the structure was set to continuously reify the gender paradigm. All that had to be done was to constantly select samples of male perpetrators and female victims from the court-mandated programs and assume that they represented the general composite of domestic violence reality. A recent article in the *American Psychologist* by Bornstein (2006) quoted the fact that "95% of abuse perpetrators are men" without citing any supportive research reference, in short, beyond needing to be proved. Bancroft and Silverman (2002) generalized from court-mandated batterer programs to men in general, warning of the custody risks posed by abusive husbands. They never assessed violence by the men's female partners but drew sweeping conclusions about the "male batterer as parent." In actuality the greatest risk to children for physical child abuse and death is from their mother. Other researchers used the self-selection method to warn of risk from males for child abuse based on transition house samples (Appel & Holden, 1998; Jaffe, Lemon, & Poisson, 2003; Jaffe et al., 2008; McCloskey, Figueredo, & Koss, 1995). The overlap of wife abuse–child abuse in the community is actually only 6% (Appel & Holden, 1998). One should not assume child abuse will occur, even if unilateral spouse abuse has been proven.

The impact of the research bias in women's shelters becomes clear when we view the one study that did ask women in shelters about their own use of violence (McDonald, Jouriles, Tart, & Minze, 2009). When women in a shelter sample were asked by these authors about their own use of violence, 67% reported using severe violence against their husbands. Furthermore, child-behavior problems, especially externalizing behaviors, were associated with the mother's use of violence toward the child. Criminal justice and shelter samples are self-selected; men are less likely to report abuse victimization (Stets & Straus, 1989, 1992), and less likely to have their spouse arrested if they do (Brown, 2004). Shelters accept women who in many cases are victimized by unilateral and severe abuse, but no shelters exist for men exposed to the same treatment. Shelters do not usually permit research assessing women's use of violence on the grounds that it is victim blaming (and presupposing who the victim is). Only conflict tactics surveys reveal the existence of the more diverse patterns of abuse (Stets & Straus, 1992). Johnson (2005) disparages surveys because he believes true batterers will not respond, although response rates are high on surveys, severe violence is reported, and victim reports are used as well.

VIOLENCE AGAINST CHILDREN

The gender paradigm views female violence as self-defensive and used from a position of powerlessness. Hence, female violence toward vulnerable children is a particularly "inconvenient truth" for the gender paradigm. However, large national studies in both Canada (Trocme et al., 2001) and the United States (Gaudioisi, 2006) reveal that women are far more likely to be perpetrators of child abuse, including physical abuse and child homicide, than are men. In the Trocme study of 135,573 child maltreatment investigations conducted by Health Canada (Trocme et al., 2001), biological mothers (as compared to biological fathers) were the more likely perpetrators of physical abuse, neglect, emotional maltreatment, and multiple categories of abuse. The biological father was the most likely perpetrator of sexual abuse (the least frequently reported form of abuse). The U.S. National Survey on Child Maltreatment (Gaudiosi, 2006) had a sample of 718,948 investigations of child abuse; 57.8% of the perpetrators were women, and 42.2% were men. Of child homicides, 60% involved the mother either acting alone or in concert with another perpetrator, whereas only 40% involved the father (Gaudiosi, 2006, Figures 3-6 and 4-2). McDonald and colleagues' (2009) study, conducted with a shelter sample of women, still found women's violence to children to be an important determinant of child problem behavior, and in a community sample of 1,615 dual-parent households, McDonald and her colleagues (McDonald et al., 2006) found children were more likely to be exposed to family violence perpetrated by their mothers than by their fathers. Despite these data, custody evaluators are primed to suspect only fathers as potential child abusers (Bancroft & Silverman, 2002; Jaffe et al., 2003; Kelly & Johnson, 2008) because of the reliance on shelter samples. The fact that these results seem surprising reveals the extent to which the gender paradigm has shaped expectancies. This also underscores the erroneous mindset provided to custody assessors and family court judges (see also Dutton et al., 2009).

THE ARCHITECTURE OF ANTISCIENCE

The first-wave gender paradigm researchers continue to think, write, and act as if these contradictory data do not exist. They cite each other as evidence while ignoring data sets that strike at the very core of the gender paradigm ideology. When data refute their theory, they do not abandon the theory but ignore or dismiss the data. They replay at every turn the extreme subjectivity of human judgment, one that has repeatedly been demonstrated in laboratory studies of belief perseverance, that is, self-fulfilling cognitive sets or schema (Kahneman, Slovic, & Tversky, 1982; Lord, Ross, & Lepper, 1979).

This stands in stark contrast to science, in which new data are absorbed, albeit reluctantly (Kuhn, 1965). The result of the data-denial is a framework of expectancies and beliefs regarding family violence that is simultaneously incorrect (when judged by a solid empirical standard) and harmful. Numerous studies have confirmed the

problematic nature of mandatory arrest, as it sometimes produces increases in subsequent violence (e.g., Iyengar, 2007; Sherman, 1993); and both no-drop prosecution (Ford & Regoli, 1993) and special domestic violence courts (Hotaling & Buzawa, 2003) have unintended negative outcomes associated with them (such as increased dropout rates by women who feel the system response is more than they wanted). Other studies have raised serious concerns about the current custody process (Dutton, 2005; Johnston, Lee, Olesen, & Walters, 2005). Still others have pointed out the futility of psychoeducational court-mandated interventions (Babcock, Canaday, Graham, & Schart, 2007; Dutton & Corvo, 2007; Feder & Wilson, 2005). All of these policies lean heavily on unquestioned assumptions from the antiscience gender paradigm. In the case of psychoeducational models, the policies contradict empirically based practice requirements of professional bodies such as the American Psychological Association (Corvo & Dutton, in press). The American Bar Association hosts a Web site filled with unsupported gender paradigm "facts" about domestic violence in custody disputes (Dutton, Corvo, & Hamel, 2008; Dutton et al., 2009).

THE FUTURE OF THE GENDER PARADIGM

Paradigm researchers talk about their research continuing to evolve (e.g., Dekeseredy & Drageiwicz, 2007; Hamberger, 2005). In fact, when the new literature of the gender paradigm is reviewed, it reveals still more studies perpetuating the paradigm by repeating the sample selection issues described earlier and focusing on minute details of women's victimization and male perpetration. The paradigm never confronts it own limitations or the data most incompatible with its view. There are, as has been reviewed, far too many data sets that directly contradict the gender paradigm. These also include the data on developmental trajectories for female aggression (Ehrensaft, Cohen, & Johnson, 2006; Moffitt et al., 2001; Serbin et al., 2004), which clearly show that female IPV is not a response to male aggression but follows similar developmental pathways as male aggression, including crystallizing into a personality disorder. Aggressive girls grow up to be aggressive wives and mothers. They have children with more hospital visits to the emergency room (Serbin, 2004). High incidence rates of personality disorders (especially borderline personality disorder) are found in both male and female court-mandated samples of IPV perpetrators (Henning & Feder, 2004; Henning, Jones, & Holford, 2003; Simmons, Lehmann, Cobb, & Fowler, 2005). As Ehrensaft and colleagues (2006) concluded, personality disorder, not gender, better accounts for intimate abusiveness. In societies where norms for IPV do not exist, those who chronically commit IPV are frequently personality disordered and deviate from norms against nonviolence in significant ways.[2] As Archer (2006) has shown, there are different explanations for DV in patriarchal countries and in North America. The second generation of gender paradigm advocates really simply recycles the mistakes cited earlier (e.g., Dekeseredy & Dragiewicz, 2007; Dragiewicz, 2008; Swan et al., 2008) while avoiding the hard questions facing the gender paradigm.

It is clear that the gender paradigm cannot see social science as having rules for proper conduct of research apart from political ends, rules arguing against using self-selected samples, unwarranted generalizing, purposely misciting findings, and so on. In fact, when a federal Canadian social science data collection agency finally decided to ask both men and women about abuse victimization, Dekeseredy depicted it as an "antifeminist backlash" and criticized them as abdicating their mandate (DeKeseredy, 1999). Since the gender paradigm is founded on a political view—a Marxist view—it has literally nowhere to advance scientifically. It is a closed system dedicated to preservation of ideology by any means rather than finding the truth; there is an unwillingness of paradigm researchers to confront the data patterns that disconfirm their paradigm, allowing them to perpetuate a myth. This is the very essence of antiscience and is far more akin to the rhetorical devices of religion, politics, or cult preservation (Festinger, Riecken, & Schachter, 1956).

THE GESTALT OF IPV

Follingstad and colleagues (2004) and Sorenson and Taylor (2005) have shown how the entire public gestalt of intimate abusiveness is altered by the gender of the perpetrator. In experimentally controlled studies, the gender of perpetrator and victim determines whether identical actions will be perceived as abusive. The perception of what steps should ensue (arrest if the perpetrator is male) is also influenced. This was true both for subjects drawn from the general public and for psychologists. In March of 2008, ABC News ran a staged sequence in which a man harangued a woman on a public park bench (screamed at her and slapped her). People intervened immediately. When the genders were reversed, no one intervened, and one woman cheered on the female perpetrator because she "knew he must have done something—cheated or something." The Zeitgeist of intimate abuse is thus complete—the abuse is attributed to "something a man must have done." It is simplified from its complex causes and reduced to a gender explanation—the "availability heuristic" of male abuse—one that is true for only about 6% of all reported DV (Stets & Straus, 1992). Women's responsibility for contributing to abusive relationships is minimized (called victim blaming, presupposing the universal victimhood implied by Marxist-feminist views) and with it the opportunity to learn and benefit from the learning.

What would a fair test of the gender issue look like? It would involve a large representative sample assessed using the Conflicts Tactics Scale-II (CTS-II). Measures of control and consequences of actions should be added. Obviously, both men and women should be surveyed in equal numbers and asked questions about both victimization and perpetration. Measures of socially desirable responding should be added. A subsample should be enticed to provide more detailed psychological profile information, including broad-based assessments of psychopathology. The study should be replicated in various countries having differential levels of gender equality. In patriarchal countries, the gender paradigm view will probably be supported. In relatively egalitarian countries (such as the United States and Canada), it probably will not, and personality

disorder will emerge as a more important determinant of IPV, as already shown in numerous studies.

Abuse is a human phenomenon, and gender is but one input in a nested ecology of causes. It says something about reactions to domestic violence but very little about causation. When it is put back in its proper perspective, it will seem as misdirected as John Stuart Mills's 1869 claim that domestic violence was perpetrated only by "working class males," a demographic relic reflecting the Zeitgeist of that time.

NOTES

1. Actually it was even worse than this: Swan et al. (2008) cited their one-sided study as proof for male control generating IPV and cited the Felson and Outlaw (2007) study as proof against it, concluding "more research needs to be done," as though the two studies were equivalent. The Felson and Outlaw study was not one-sided and used a national sample. This "pitting "of a methodologically inferior study against a better study that disproves the paradigm is commonplace in paradigm literature (see detailed critiques in Dutton & Corvo, 2006; Dutton & Corvo, 2007; Dutton, Corvo, & Hamel, 2008). The American Bar Association Web site frequently cites as empirical evidence other government studies containing no empirical data (Dutton, Corvo, & Hamel, 2008). The systemic and political bias that pervades domestic violence research is so extensive that one has to read studies from research journals outside the DV mainstream—psychology or criminology journals—to find solid research on DV.
2. There is a whole other article on how the studies in treatment groups that routinely found high levels of personality disorder suddenly found a "normal" group in the early 1990s. The "fake good" response sets of these normal groups were off the charts.

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Interventions for Perpetrators of Intimate Partner Violence: A Review of Efficacy Research and Recent Trends

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The efficacy of psychosocial interventions for perpetrators of intimate partner violence (IPV) has been increasingly challenged in recent years, largely in response to reviews of research showing limited program effects. This article addresses the state of the art in research on IPV perpetrator interventions. After considering previous quantitative reviews of research in this area, new trends and innovations are addressed, including culturally focused interventions, case management and comprehensive services, supportive efforts to enhance program attendance, and interventions focused on motivation to change. Recent research has failed to provide clear evidence that race-specific groups or culturally focused content enhances the efficacy of standard IPV interventions. Similarly, research exploring case management for IPV perpetrators revealed important problems in implementation of the intervention and no clear evidence of improved outcomes. However, some evidence indicates that the integration of substance use interventions may enhance violence reduction. Supportive interventions designed to enhance program attendance and motivation to change have yielded consistently encouraging results, including significant effects on program attendance, compliance with IPV intervention tasks, and increased personal change and help-seeking efforts. These interventions have shown favorable initial effects in reducing abusive behavior relative to treatment-as-usual controls, and they are highlighted as a potentially fruitful avenue for continued research.

KEYWORDS: intimate partner violence; treatment; perpetrators; batterers

Despite growing public awareness and increased sanctions by society in the past three decades, intimate partner violence (IPV) continues to be a vexing social and public

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health problem. Psychosocial interventions for perpetrators of IPV are widely available, yet it has proven very difficult for researchers to find conclusive evidence regarding the efficacy of these interventions. Many questions remain regarding the overall benefit of IPV intervention programs, the specific content and strategies that may enhance program effects, the best research designs to evaluate program effects, and the types of individuals who may, and may not, benefit from such interventions (Babcock, Greene, & Robie, 2004; Eckhardt, Murphy, Black & Suhr, 2006; Gondolf, 2004a).

Several highly competent and detailed reviews of outcome research on IPV interventions, using both qualitative and meta-analytic strategies, have been published in the past decade (Babcock et al., 2004; Davis & Taylor, 1999; Feder & Wilson, 2005; Saunders, 2008). The purpose of this article is not to reanalyze the studies included in these prior reviews, nor to challenge their general conclusions. Rather, our goal is to provide a careful overview and summary of the prior reviews focused on the efficacy of IPV perpetrator interventions, followed by a more detailed analysis of recent empirical research. The review addresses research on the following topics: case management and comprehensive services for IPV perpetrators, culturally focused intervention approaches, attendance-enhancing strategies, and interventions focused on motivation to change and stages of change. Our review of recent research was not intended to be highly critical, but rather to identify empirical trends that point toward promising new strategies to enhance program effects. Priority is given to data from clinical trials with meaningful control or comparison conditions.

PRIOR REVIEWS OF RESEARCH ON THE EFFICACY OF IPV INTERVENTIONS

The following section summarizes three previous quantitative (meta-analytic) reviews of the efficacy of IPV interventions in chronological order of their publication. Prior to Davis and Taylor's (1999) review of research on group treatment for batterers, a number of published studies reported on outcome evaluations of specific existing programs. The majority of these single-site studies indicated there was a change in behavior, with a general decrease of violence or abuse from before to after psychosocial interventions for IPV (e.g., Dutton, 1986; Hamberger & Hastings, 1988; Waldo, 1988). However, most of these findings came from evaluation studies with no control group, or from studies comparing program completers to dropouts, research designs that are not sufficient to draw strong conclusions about program efficacy.

In an effort to examine program effects using more rigorous standards of evaluation, Davis and Taylor (1999) separated studies by research design and methodology. Studies were sorted by sample size, the inclusion of comparison groups, the utilization of random assignment or matched controls, the availability of long term follow-up, and reliance upon sources of data other than abuser self-reports. Percentage of subject attrition was also noted. Within this framework, evidence from the more rigorous experimental and quasi-experimental studies indicated that treatment had an effect in reducing partner violence. Through the calculation of average

effect sizes across studies using the proportion of repeated violence, as measured by police reports, Davis and Taylor concluded that batterer treatment programs were effective. In fact, the effects were considered to be of substantial magnitude when compared with effect sizes reported in some medical studies (Cohen's *h* [1988] ranging from 0.108 to 0.946 for batterer treatment as compared to 0.068 for aspirin treatment on heart attacks).

Davis and Taylor (1999), however, did not find any evidence of differences in treatment effectiveness based upon modality or length of the programs. The sole exception was the finding that concurrent batterer and substance abuse treatment resulted in lower recidivism when compared to separate and sequential treatment (Goldkamp, Weiland, Collins, & White, 1996). Yet the reviewers noted that concurrent treatment was contrary to the practices of most batterer programs at that time.

Despite the generally favorable conclusion of the Davis and Taylor (1999) review, they strongly argued the need for further studies to demonstrate the effectiveness of batterer treatments. Davis and Taylor's conclusions were based upon a limited number of studies with experimental designs, and they recommended that researchers conduct rigorous randomized experimental designs with standardized outcome measures, meaningful comparison groups, lengthier follow-up intervals, and multiple sources of outcome data. Strategies for reducing program attrition and increasing victim-partner participation in research were noted as critical areas for study improvement.

Subsequently, Babcock and colleagues (2004) conducted a quantitative review of treatment for domestic violent offenders, which included 22 experimental and quasi-experimental studies. To be included in their meta-analysis, studies needed to have a control or comparison group, which could consist of treatment dropouts, a nonequivalent (quasi-experimental) comparison group, or a randomized control group receiving no treatment or minimal treatment. Inclusion also required follow-up assessments beyond the end of treatment, and victim or police reports of recidivism. Recidivism was coded dichotomously, with any report of physical violence by the victim partner or any positive police report in the follow-up period considered a reoffense. They used Cohen's *d* (1988) to measure effect size as standard deviation unit difference between treated and control groups, with weighted adjustment for study sample size.

In addition to the type of research design and the source of outcome data, treatment type was also tested as a correlate of effect size, with comparisons of the Duluth feminist psychoeducational model (Pence & Paymar, 1993), the cognitive behavioral model, and other modalities. The category of other included couples therapy, supportive therapy, relationship enhancement, and unspecified or mixed interventions (Babcock et al., 2004).

Their meta-analysis indicated that the overall effect size on batterer recidivism due to participation in group intervention was in the small range of magnitude. The quasi-experimental designs yielded larger effect sizes than true experimental designs, yet this difference was not statistically significant. In the experimental designs, the average effect sizes (*d*) were 0.09 and 0.12, for victim partner and police reports,

respectively. According to Cohen (1988), effect sizes (d) of 0.20 or less are considered small, 0.50 are considered medium, and 0.80 or above are considered large. Using partner reports and effect size estimates from randomized experiments, the authors estimated that batterers who receive psychosocial interventions will have violence recidivism rates approximately 5 percentage points lower, on average, than those who do not receive such interventions (Babcock et al., 2004).

Babcock and colleagues (2004) urged cautioned, and the need to contextualize these findings. Davis and Taylor's (1999) treatment effects may be "substantial" when compared with some medical prevention studies. However, partner violence interventions appear quite lacking in efficacy when compared to the average effect sizes in psychotherapy studies (d = 0.85, 70% of cases improved). On the other hand, although a 5% decrease in violence prevalence seems negligible, translated into an actual number of abuse cases in the United States annually, this figure "would equate to approximately 42,000 women per year no longer being battered" (Babcock et al., 2004, p. 1044).

Their meta-analysis found no significant differences between the Duluth or cognitive behavioral (CBT) models of intervention as indicated by either partner reports or police records (Babcock et al., 2004). This was not surprising given that most treatment modalities are not "pure" but rather incorporate and blend elements of feminist approaches designed to raise consciousness about gender inequality and male dominance with CBT techniques designed to enhance emotion regulation, alter ineffective communication patterns, and increase problem-solving skills.

A subsequent meta-analytic review by Feder and Wilson (2005) focused on 10 studies, almost all of which were included in the review by Babcock and colleagues (2004). Four used randomized controlled experimental designs and six were considered to be rigorous quasi-experimental designs that established "pre-intervention equivalence between the experimental and control group(s) through the use of multivariate statistical methods or a matched subject research design" (p. 243). They required a minimal follow-up period of six months posttreatment, and objective measures of reabuse, reported by either official records or the victim partner. Separate analyses of effect sizes were conducted by type of report (partner or official complaints either resulting or not resulting in rearrest) and type of design (experimental or quasi-experimental).

Using the outcomes from the longest follow-up time period when multiple follow-ups were available, results from the official reports indicated a small but positive decrease of repeat violence in the experimental designs. The mean effect size for this finding (Cohen's d) was 0.26. According to Feder and Wilson (2005), "This roughly represents a reduction in recidivism from 20% to 13%" (p. 250).

Studies using quasi-experimental designs were further broken down into two types. Studies comparing court-mandated participants to nonmandated controls were analyzed separately from studies comparing court-mandated participants who completed treatment to court-mandated participants who did not complete treatment. Mixed results were reported for the mandated/nonmandated study designs; a range of results from moderate and small positive benefits to several negative effects

were reported. Feder and Wilson (2005) concluded that the mean effect size for mandated/nonmandated studies using official reports was a small, but not statistically significant, negative effect for treatment. On the other hand, the results comparing treatment completers to noncompleters demonstrated consistently positive effects using official reports, with reabuse significantly lower for treatment completers at follow-up assessments.

Results from victim reports, which are generally considered to provide a more valid indication of ongoing abuse than official reports, indicated that the mean effect size for experimental designs was near zero. For quasi-experimental studies, the mean effect was small, but negative. Neither finding, however, was statistically significant. Feder and Wilson (2005) noted that, unlike the official reports, the use of partner reports demonstrated that no significant positive reduction in reabuse due to treatment occurred. In fact, these reviewers cautioned that IPV interventions need to demonstrate effectiveness and not do harm. In light of their findings, they conclude that the evidence, overall, does not instill confidence in the effectiveness of court-mandated batterer treatment. They recommend further exploration of alternative, evidenced-based treatment programs and further research using rigorous designs and standardized methods of evaluation (Feder & Wilson, 2005).

SUMMARY OF META-ANALYSES OF THE EFFICACY OF IPV PERPETRATOR INTERVENTIONS

Several conclusions can be drawn from the results of the meta-analyses reviewed (Babcock et al., 2004; Davis & Taylor, 1999; Feder & Wilson, 2005). The overall effects of batterer treatment appear to be positive, but small in magnitude, when examining official criminal reports of recidivism. Program effects are very small, or slightly negative in experimental studies using outcome data collected from victims (Babcock et al., 2004; Feder & Wilson, 2005). Given these results, it is impossible to conclude that batterer treatment has been highly effective in reducing intimate partner reassault.

As is the case in all research, however, the conclusions are only as sound as the data that go into drawing them. Gondolf (2004a) argued that results from meta-analyses can be misleading because they must ignore potentially important details of specific studies. Furthermore, the meta-analyses conducted thus far lack the number of studies recommended by statistical experts, which may affect the results, particularly efforts to correlate the magnitude of effects with specific interventions or aspects of the research design.

One additional concern involves the use of victim reports. Both initial ascertainment of victims into studies and rates of successful follow-up have been consistently low in this area of research. Loss to follow-up, in particular, raises important concerns about the validity of the estimates of effect sizes, as it is unlikely that dropouts are a random subsample of the study participants. Therefore, outcomes estimates are likely to be systematically biased by attrition (Babcock et al., 2004; Feder & Wilson,

2005). In the absence of victim data, official reports may also have been unreliable due to inadequacies in data tracking and identification. Most notably, official reports likely underestimate actual recidivism, given that many incidents of reabuse do not come to the attention of the authorities.

The generalizability of findings from meta-analyses to the overall population of IPV offenders may also be limited in important ways. Many studies included only those who consented to participate. It is possible, for example, that such individuals are more motivated to change or to comply with the law than those who refused to participate. There is no easy way around this issue, however, as participation in research involving randomization to conditions that may have different impact on violent behavior in the absence of informed consent would generally violate common ethical standards for human subjects research. Heightened sensitivity to such considerations is required for individuals in criminal justice settings, as they fall into the category of "vulnerable populations" that may be readily coerced to participate in research.

Generalization may also be limited by loss to follow-up such that findings may not apply to participants who cannot be located for follow-up or who refuse to participate in follow-up assessments. On the other hand, quasi-experimental studies comparing treatment completers with noncompleters are obviously biased by self-selection issues (Davis & Taylor, 1999), with more motivated participants likely to complete treatment and have lower recidivism relative to program dropouts.

Despite the increasingly rigorous inclusion criteria for the meta-analyses, studies selected still had considerable variability in terms of length of time of follow-up reports, partner follow-up rates, duration and amount of treatment, and the definition of completion of treatment. While some studies defined completion as attending 80% of sessions, others did not specify what was considered successful completion (Babcock et al., 2004). Another important consideration, not typically addressed by reviewers, is whether participants were dismissed from treatment due to their ongoing abusive behavior. If programs actively terminate those who reoffend, then recidivism estimates for the dropout group may be artificially inflated, because these individuals were not allowed to become treatment completers. In addition, the extent of criminal justice involvement, including legal sanctions, length and intensity of probation monitoring, and the degree of coordination between the legal system and intervention providers, were often unknown, were rarely included in analysis of outcomes, and may have affected the rates of program completion and reassault.

ALTERNATIVE DATA MODELING STRATEGIES IN NONEXPERIMENTAL DESIGNS

In light of ethical and practical limitations in implementing experimental research designs with violent offenders, recent efforts have also been made to provide statistical estimates of IPV program effects in nonexperimental designs using complex

data modeling strategies that are popular in economics and policy research. One such approach, labeled instrumental variables analysis, uses structural equations to simultaneously predict both program attendance and reassault as a function of program completion (Jones & Gondolf, 2002). Another approach, labeled propensity score analysis, creates a logistic model to predict membership in the dropout and completion groups and uses this model as a statistical control for selection biases in an analysis of program effects (Jones, D'Agostino, Gondolf, & Heckert, 2004). Both of these approaches address the problem of selection bias in nonexperimental designs and can be thought of as sophisticated statistical strategies to control for differences between completers and dropouts in the analysis of IPV program effects. Both of these methods were applied to Gondolf's (1999) large-scale, multisite evaluation of IPV intervention programs.

Somewhat surprisingly, Jones and Gondolf (2002) found that by including a wide array of predictor variables in the instrumental variables analysis, the estimated effect of program completion increased substantially in contrast to a simple "naive" model that compared dropouts to program completers without including predictors of dropout. Program completion had a statistically significant effect, estimated to reflect a reduction of approximately 40 percentage points in assault recidivism (Jones & Gondolf, 2002). Their subsequent propensity score analysis of these outcome data similarly estimated that IPV program completion reduced the probability of reassault by 33% overall, and by close to 50% for court-mandated participants (Jones et al., 2004).

Analyses of program effects in uncontrolled experiments using state-of-the-art statistical procedures are somewhat more encouraging than the meta-analyses of experimental findings. These studies indicate a significant and fairly sizeable positive benefit of program attendance in reducing intimate partner violence (Jones & Gondolf, 2002; Jones et al., 2004). Their results suggest that more thorough and careful analysis of the differences between program dropouts and completers actually increases the estimated influence of program completion relative to a straightforward contrast of outcomes between completers and dropouts. However, such methods are far from foolproof. Their findings depend upon the adequacy of variables used to model selection biases, and such investigations often produce results that deviate from the findings of randomized experiments (Shadish, Cook, & Campbell, 2002).

Experimental comparisons with appropriate control groups are almost universally considered by social science methodologists to provide the most accurate estimate of program effects (Shadish et al., 2002). The process of random assignment ensures that initial differences between conditions are distributed randomly, rather than systematically. Randomization to conditions helps to rule out preexisting subject differences (i.e., selection biases) as an explanation for results, so that postintervention differences can be accurately attributed to the experimental manipulation. In addition, controlled experiments tend to focus researchers' attention on careful implementation of the independent variable. In psychosocial intervention research, this typically translates into concern with treatment integrity and creation of appropriate control conditions (e.g., attention placebo control groups).

Even though the randomized controlled experiment remains the gold standard for studying the efficacy of psychosocial intervention, problems with implementation of randomized experiments in real world settings can seriously threaten the validity of findings. Real-world decision makers often reject the idea of randomization or override assignments to condition for specific cases. For example, in one experimental study of IPV interventions, over 25% of cases originally assigned to the control condition were reassigned to the intervention condition (Davis, Taylor, & Maxwell, 1998). If randomization is violated in assigning participants to a condition, a "true" experiment is changed into a nonequivalent control group quasi-experiment by the introduction of systematic selection biases. Similar biases emerge during the study when there is substantial attrition from the research sample, which is the case in most IPV intervention trials. Randomization ensures probabilistic equivalence at the outset of the trial, but causal inferences are drawn with respect to outcomes measured after the intervention. Any nonrandom attrition, specifically condition differences in either the rate or dynamics of attrition, introduce selection biases during the trial. Unfortunately, researchers often fail to grasp this fact and continue to analyze results in ways that are not sensitive to selection effects.

SUMMARY AND IMPLICATIONS OF EFFICACY FINDINGS FOR STANDARD IPV INTERVENTIONS

Given the conceptual and practical limitations of nonexperimental studies and the pervasiveness of implementation and methodological problems in experimental research on IPV interventions thus far, legitimate disagreements remain as to which studies should be included in reviews of efficacy, and how estimates of effects should be calculated within studies and pooled across studies. This situation produces a range of possible conclusions with respect to the overall efficacy of IPV interventions. The most favorable conclusion, based on statistical modeling of nonexperimental data from one large, multisite evaluation, is that IPV interventions have a significant and substantial average benefit in reducing partner-violence recidivism (Jones & Gondolf, 2002; Jones et al., 2004). However, the research methods used to produce this conclusion have inherent limitations relative to controlled experiments, and this conclusion is based on a single (albeit large-scale) investigation. The least favorable conclusion, based on a limited set of randomized experiments, is that IPV interventions have no significant effect in reducing partner violence relative to minimal treatment or legal monitoring controls (Feder & Wilson, 2005). The review that contained the broadest set of studies and conducted the most extensive set of comparisons based on study design and methodology produced a middle-ground conclusion, namely that IPV interventions have a small, positive effect in reducing partner violence, and that no specific program approach has been consistently most effective (Babcock et al., 2004).

Despite some divergence in conclusions, these reviews yield important clinical and policy implications. No matter how one looks at the picture, it is clear that new

intervention approaches with the potential to enhance victim safety and violence reduction warrant careful investigation. Largely in response to the available meta-analyses, healthy skepticism is growing about the value of standard IPV interventions. More and better data will be needed to convince policymakers, criminal justice personnel, and victims that these interventions are effective in enhancing victim safety and reducing the social and public health costs of intimate partner violence. With this pressing need in mind, the rest of the article is devoted to a more detailed analysis of recent studies examining interventions designed to enhance or extend the effects of standard psychosocial interventions for IPV.

CULTURE-SPECIFIC AND CULTURALLY SENSITIVE PROGRAMS

Available studies indicate that ethnic minority participants have lower rates of IPV program attendance and completion than majority group members in the United States (Gondolf, 2004b; Taft, Murphy, Elliott, & Keaser, 2001). Differences in attendance between African American and non-Hispanic White participants were robust even after other demographic factors, such as education and income, were accounted for statistically (Taft et al., 2001). These findings, along with clinical observations and relevant theory (e.g., Carillo & Tello, 1998; Williams, 1994), suggest that standard IPV interventions may not be sufficiently attuned to the needs and perspectives of ethnic minority participants.

One approach to address the unique needs of ethnic minority participants in IPV programs involves culturally focused intervention content. One large-scale study examined the efficacy of culturally focused intervention for African American perpetrators of IPV (Gondolf, 2004b; 2007). In this study, 503 African American men were randomly assigned to one of three conditions: conventional IPV intervention in mixed-race groups, conventional IPV intervention in all–African American groups, and culturally focused intervention in all–African American groups. The conventional approach relied on a gender-informed analysis of IPV and focused on abusive behavior and the attitudes and beliefs associated with it. The culturally focused approach drew on positive aspects of African American culture and addressed "African-American men's perceptions of the police, sense of African American manhood, past and recent experiences of violence, reactions to discrimination and prejudice, and support from their neighborhoods" (Gondolf, 2004b, p. 891). The participants were court mandated and required to complete four months of weekly group sessions.

No significant differences in victim reports of reassault at 6 or 12 months after assignment to treatment were found among the three conditions (Gondolf, 2007). There were also no trends favoring the culturally focused intervention, as the reassault rate was lower (but not significantly) in the conventional mixed-race condition. Interestingly, criminal justice data gathered for a 12-month follow-up revealed that significantly more of the men in the culturally focused groups (14%) than in the conventional mixed-race groups (7%) were rearrested for domestic violence. When other

predictors of rearrest were included in multivariate analyses, the mixed-race groups were found to have significantly lower rearrest than both of the other conditions. Far from encouraging the use of single-race interventions for African American perpetrators of IPV, these findings provide qualified support for the utility of racially diverse groups using standard intervention practices.

The investigator also hypothesized that participants with higher racial identification (assessed via self-report at program intake) would have more favorable outcomes in the culturally focused intervention. Results indicated that those with high racial identification were significantly more likely to complete treatment if they were assigned to an all–African American group. Surprisingly, however, among those with high racial identification, reassault rates were actually lowest in the conventional mixed-race groups, although these differences were not statistically significant (Gondolf, 2007).

Study implementation issues limit the strength of conclusions that can be drawn from this investigation. Most notably, 26% of cases were reassigned to a different condition after initial randomization due to problems with scheduling or location of the intervention. This level of randomization override was likely to exert selection biases (differences in samples across conditions) as a function of systematic reasons for reassignment. Thus, the treatment conditions may not be truly random subsamples of the participants. All of the initial participants were included in the primary outcome analyses, and therefore the treatment conditions represented a combination of randomized cases and systematically selected (nonrandomized) cases. In addition, counselors were nested within intervention condition, and therefore outcomes may reflect differences in counselor skill or experience rather than intervention model. Nevertheless, the results of this large-scale, federally funded investigation do not provide any convincing evidence to support the use of culturally specific intervention groups for African American perpetrators of IPV.

SUPPORTIVE EFFORTS TO INCREASE PROGRAM ATTENDANCE

Program attendance and completion have been persistent problems in IPV interventions. As noted earlier, meta-analyses indicate that program completers have lower violence recidivism than dropouts. Some encouraging data indicate that program attendance may be enhanced through the use of low-cost, supportive clinical strategies. In a quasi-experimental design, a cohort of 83 IPV program participants was exposed to a set of procedures designed to communicate a caring, proactive stance regarding session attendance. These individuals were compared to a previous cohort of 106 participants who were not exposed to these attendance-enhancing procedures (Taft, Murphy, Elliott, & Morrel, 2001). The procedures included the use of handwritten, personalized notes on a form letter announcing the initiation of the group, supportive phone contact prior to the initiation of the group, and both supportive phone contacts and handwritten, personalized notes sent immediately after any missed

sessions. In all of these contacts, the messages were brief and positive, expressing concern about the client's welfare and optimism about continued work together.

The results indicated that session attendance and program completion were significantly higher for the cohort exposed to the attendance-enhancing clinical procedures (Taft et al., 2001a). The supportive contacts were associated with an average increase in session attendance equal to approximately 10% of the total intervention (roughly 1.6 sessions within a 16-session program), and a reduction in dropout rate from 30% to 15%. Interestingly, there was also a significant interaction with minority status, such that the supportive, attendance-enhancing contacts had a greater impact on ethnic minority participants than Whites. The dropout rate for minority participants went from 42% in the control cohort down to 10% with the supportive contacts (Taft et al., 2001b). It appears that supportive efforts to address program attendance in a fashion designed to express concern and build rapport helped to reduce the alienation or social distance experienced by IPV perpetrators ordered to psychosocial intervention, particularly ethnic minority participants.

CASE MANAGEMENT AND COMPREHENSIVE SERVICES

In recognition of the complex psychosocial problems presented by many IPV perpetrators, another innovative development involves case management. The goal is to engage individuals into comprehensive services to address mental health issues, substance abuse, educational and employment concerns, and other problems in concert with standard IPV intervention (Gondolf, 2008a). Some encouraging support for pursuing such interventions came from Gondolf's (1999) multisite evaluation of batterer intervention programs in four major U.S. urban areas. The intervention programs varied in length from 3 to 9 months, and in the extent to which they addressed co-occurring problems such as substance abuse. Although the abusive behavior outcomes were relatively similar across programs, significant differences were found in victim reports of severe violence recidivism, repeated reassault, and injury. The intervention program that provided the most comprehensive services and had the longest duration had the lowest recidivism prevalence on all three of these of indicators (Gondolf, 1999). This program included "9 months of weekly group counseling … an extensive clinical evaluation, in-house alcohol treatment sessions, individual psychotherapy for mental problems, and women's case management" (Gondolf, 1999, pp. 44–45). Although some program effects were no longer significant when demographic and psychological background factors were included in the data analysis, trends continued to favor the more comprehensive program with respect to severe violence recidivism.

A subsequent investigation examined a case management intervention designed to include "a brief assessment of additional needs and problems at program intake, referral to appropriate community services, review of referral contact and involvement the following week, and follow-up calls to discuss referral compliance" (Gondolf,

2008b, p. 174). The initial needs assessment addressed the participant's history of abuse, criminal activity, alcohol and drug use, psychological and physical health, employment, and social support. This intervention was delivered to 202 African American participants in an urban IPV intervention program (Gonfolf, 2008a, 2008b). The study was a quasi-experiment with a historical control group of 482 African American participants who had received services at the same agency prior to the implementation of the case management intervention.

A formative evaluation revealed substantial implementation problems with the case management intervention (Gondolf, 2008a). Although participants received the initial needs assessment and information about relevant referrals, additional aspects of case management were rarely completed due to poor staff follow-through and resource constraints. The investigator concluded that the case management intervention could be best characterized as "systematic referral" because the intervention "lacked the more extensive assessment and supervision generally implied in case management" (Gondolf, 2008b, p. 174).

The outcome investigation found no significant differences in program attendance, victim report of violence in the 12 months after baseline assessment, or criminal reoffense for the cohort who received the case management intervention relative to the control cohort. However, those in case management received significantly more services outside the abuser program than controls. In some analyses, the receipt of drug and alcohol services significantly reduced the odds of violence recidivism. The systematic assessment and referral process appeared to have an intended effect of increasing outside service use. However, the lack of effect on violence recidivism, problems with treatment implementation, and the use of victim partner reports as the primary assessment of offender service uptake tempered any positive conclusions that can be drawn from the investigation. It appears that additional research with more adequate treatment implementation and more extensive assessment of outcome is needed to explore the potential value of case management and comprehensive service approaches to IPV intervention.

INTERVENTIONS FOCUSED ON READINESS TO CHANGE AND MOTIVATIONAL INTERVIEWING

Some promising recent investigations address motivation for behavior change in partner-violent individuals. These approaches have been developed in response to clinical observations and empirical data regarding low motivation to change among partner-violent men. Recent studies indicate that the majority of partner-violent individuals are in early stages of change and are not sufficiently prepared for active behavior change when they are referred to psychosocial intervention (Alexander & Morris, 2008; Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008; Levesque, Gelles, & Velicer, 2000). Higher motivational readiness to change predicts the establishment of a more positive working alliance in group treatment for partner-violent men (Taft, Murphy, Musser, & Remington, 2004),

and greater reductions in violent behavior during the course of treatment (Scott & Wolfe, 2003).

In recent years, three distinct approaches have been studied that address motivation to change in interventions for partner-violent men. All of these approaches draw upon the transtheoretical model of intentional behavior change (TTM; Prochaska & DiClemente, 1984), which posits that change proceeds through a series of stages involving different predominant change processes. In the clinical encounter, resistance is expected when the therapist's interventions are designed to invoke change processes from more advanced stages of change than the client is currently in. Progress is most likely when interventions are matched to the client's stage of change and tailored to address individual needs and concerns.

A broad translation of the readiness to change perspective involves motivational interviewing (MI). MI is a general therapeutic style designed to help individuals move through the stages of intentional behavior change by facilitating difficult conversations about behavior change (Miller & Rollnick, 1991, 2002). MI relies on a high level of empathic reflection and explicit assertion of the client's autonomy and choice to diffuse initial hostility toward treatment and facilitate client verbalization of motivation and commitment to change. Early formulations of MI (Miller & Rollnick, 1991) explicitly advised the therapist to tailor interventions to the client's stage of change, raising consciousness of the problem at the precontemplation stage, resolving ambivalence at the contemplation stage, promoting change planning at the preparation stage, and encouraging self-efficacy, persistence, and optimism at the action stage.

Two recent controlled trials used MI with partner-violent men prior to their enrollment in standard group programs. Both studies provided two sessions of MI, which included empathic dialogue about change and individualized feedback on structured assessments. Kistenmacher and Weiss (2008) randomly assigned 33 men to receive MI or no pregroup intervention. Measures examining stage of change and attributions of personal responsibility for abusive behavior were examined before and after the two-session intervention. They found that participants who received MI, relative to controls, showed significantly greater increases in self-reports of active efforts to change and responsibility assumption for abusive behavior.

The second study assigned 108 men to receive MI or a purely structured intake (SI) prior to standard group treatment at a community domestic violence agency (Musser, Semiatin, Taft, & Murphy, 2008). Each set of 12 consecutive intake cases was assigned to one of the two study conditions. The 12 individuals then formed a group for a 16-week cognitive behavior therapy program, so that all participants in a treatment group had experienced the same intake condition. The outcome measures in this study were broad in scope and included readiness-to-change measures gathered at the first group CBT session, compliance with group CBT homework assignments, client and therapist ratings of the working alliance, observational coding of behavior during CBT group sessions, help-seeking behavior outside the partner violence intervention program, and abusive behavior, measured by victim partner report for the six months after scheduled completion of group CBT.

Observational coding of early sessions in the group CBT program, conducted by raters who were blind to intake condition and study hypotheses, revealed that those who received MI expressed greater belief in the value of treatment and articulated greater personal responsibility for their abusive behavior. In addition, the MI participants had significantly higher compliance with group CBT homework, and significantly higher therapist ratings of the working alliance late in treatment. They also engaged in more help seeking outside of the CBT program than those in the control group. The findings indicate that MI diffused initial hostility toward treatment and increased active engagement in behavior change. Interestingly, however, no treatment differences were found in group session attendance or on a self-report measure of readiness to change administered during the first group session. Some trends emerged suggesting lower rates of posttreatment abusive behavior among those in the MI condition. Specifically, 12% of the female partners of MI clients versus 26% of female partners of SI clients reported experiencing one or more acts of physical assault during the six months after group CBT, and analysis of frequency data on physical assault showed a marginally significant difference favoring the MI condition. It is also important to note that treatment process factors enhanced by the MI intervention, specifically the working alliance and CBT homework compliance, have been shown to predict lower levels of abusive behavior after group treatment (Taft, Murphy, King, Musser, & DeDeyn, 2003).

Another promising new approach addresses change motivation among partner-violent men through a group intervention based directly on the transtheoretical model (Alexander, 2007). In this study, 528 male partner-violent individuals were randomly assigned to receive either the stage of change group program (SOC) or a standard group treatment-as-usual labeled Cognitive Behavior Therapy Gender Reeducation (CBTGR). The SOC condition contained 14 sessions focused on early stages of change, including efforts to develop discrepancy between one's actual relationship behaviors and ideals or values, followed by 12 sessions focused on later stages of change, including action-oriented behavioral techniques. Although no significant differences between treatment conditions were found for men's self-reports of readiness to change and abusive behavior at the end of group treatment, follow-up interviews with victim partners revealed significantly lower prevalence of posttreatment physical assault for those in the Stage of Change treatment condition (Alexander, 2007). Interestingly, a significant interaction was also found such that men who began treatment in earlier stages of change fared better (had lower partner reports of physical assault recidivism) in the SOC treatment, and those who began in later stages of change fared better in the CBTGR approach. The results of this study, although very encouraging, must be interpreted in light of some substantial limitations, most notably the very low rate of partner assessment at follow-up (roughly 20%).

A third recently developed approach provides a very direct translation of the transtheoretical model into an individually tailored, computer-delivered expert system intervention for partner-violent men (Levesque, Driskell, Prochaska, & Prochaska, 2008). This intervention, entitled "Journey to Change," was designed to

be delivered in concert with standard group treatment for IPV perpetrators. The computer program assesses and provides personalized feedback on key dimensions of the TTM, including stage of change, perceived costs and benefits of ending the violence, use of change processes, personally challenging situations, and strategies for progressing toward the next stage of change. A client workbook is also provided, and participants are directed by the computer program to sections of the workbook likely to be relevant to their stage of change. In follow-up sessions, the participant is reassessed and provided with further guidance toward violence cessation. In an initial feasibility study with 58 male IPV offenders from agencies in Rhode Island, 90% of participants reported that the computer program was easy to use, 95% reported that the personalized feedback was clear, and 98% reported that the program was useful and could help them change (Levesque et al., 2008).

Preliminary results from a federally funded randomized clinical trial are reported on the Web site of the company that has been developing the Journey to Change intervention (http://www.prochange.com/domestic-violence). The Web site indicates that 500 partner-violent men were randomly assigned to receive the computerized intervention in concert with normal agency domestic violence services, or to a standard care control that received the study assessments but not the intervention. The computerized intervention is reported to have significantly increased the proportion of participants in the action stage of change and the use of violence cessation strategies, including help-seeking outside of the IPV program. Data from 74 victims who completed a 6-month follow-up assessment indicated that those who received the computerized intervention were less likely than controls to engage in threats of violence and actual violence. These results must be interpreted cautiously, however, given that statistical significance tests were not provided and these findings have not yet been published in a peer-reviewed professional journal. Nevertheless, the information available thus far is encouraging, and consistent with the studies cited earlier in indicating that careful efforts to enhance readiness and motivation to change, improve confidence in one's ability to change, and stimulate a self-directed change process may increase the efficacy of interventions for perpetrators of IPV.

SUMMARY AND CONCLUSIONS

Reviews and meta-analyses of IPV intervention research to date indicate that these programs have modest efficacy, at best, in reducing partner violence, and that no specific program approach is consistently more effective than others. Valid debates remain as to the relative value of experimental versus naturalistic evaluation designs, the utility of complex statistical modeling of program effects, which studies and effect sizes should be included in meta-analytic reviews, and how to interpret findings in light of widespread methodological problems such as high subject attrition, systematic violation of random assignment, and inadequate documentation of intervention adherence. Given this state of affairs, it is easy to get lost in the minutiae

of methodological and statistical details and to miss the big picture, namely that existing approaches are not highly efficacious and improvements are sorely needed.

Recent investigations have identified both promising and discouraging trends in the effort to improve the efficacy of IPV interventions. First, although the research to date is limited in scope, the available data failed to indicate that culturally focused interventions or race-specific groups produce greater reductions in abusive behavior than standard interventions delivered in mixed-race groups. Second, some suggestive evidence indicates that comprehensive services or case management may improve IPV intervention outcomes, particularly if such efforts lead to remission of co-occurring substance use problems. The ongoing abuse of alcohol, in particular, is a robust predictor of partner violence recidivism (Fals-Stewart, 2003; Jones & Gondolf, 2001). Among those in treatment for substance dependence, successful remission of substance use problems has been associated with significant reductions in partner-violent behavior (Murphy & Ting, in press). Although the data are limited, available evidence from IPV programs likewise indicate that efforts to address substance use problems within the context of IPV interventions (Goldkamp et al., 1996) or through contact with other community agencies (Gondolf, 2007) may be associated with reductions in violence recidivism.

The most consistently optimistic trend in recent research comes from interventions that address motivation to change and/or the stages of change. Given that the majority of IPV perpetrators are court-ordered to services, and given that angry and aggressive individuals tend to blame their problems on others, it is not terribly surprising that most of these individuals are unprepared to engage in an active process of self-exploration and personal change when they first present for services. In recent years, several approaches have been used to address these issues, each informed by the stage of change concept from the transtheoretical model of intentional behavior change (Prochaska & DiClemente, 1984), and each showing initially encouraging effects in controlled clinical trials.

First, supportive contacts based on motivational interviewing have been shown to increase program attendance and reduce dropout (Taft et al., 2001b). Second, motivational interviewing as a pretreatment intervention has been shown to enhance personal responsibility assumption, help-seeking, and participation in the active change tasks of subsequent group interventions, with outcome trends suggesting lower violence recidivism (Kistenmacher & Weiss, 2008; Musser et al., 2008). Third, an initial controlled trial indicated that a group intervention model based on the stage of change concept (Alexander, 2007) reduced violence recidivism relative to a standard group treatment control. Finally, promising initial findings from a computer-delivered expert system intervention based on the stages and processes of behavior change (Levesque et al., 2008) demonstrated increases in help-seeking and self-change activities and reduced violence recidivism from victim report relative to a treatment-as-usual control. Although each of these studies has important limitations, and some of the results are preliminary in nature, it seems reasonable to conclude at the present time that supportive counseling approaches designed to help individuals

progress through the stages of change and initiate a self-directed change process, as well as efforts to address co-occurring problems with substance abuse, hold considerable promise for improving the efficacy of IPV interventions and enhancing victim safety.

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Mothers' Parenting Practices as Explanatory Mechanisms in Associations Between Interparental Violence and Child Adjustment

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This article examines maternal parenting behaviors as mediators of associations between interparental violence and young children's internalizing and externalizing symptomatology. Participants included 201 toddlers and their mothers. Assessments of interparental violence and children's symptoms were derived from maternal surveys. Maternal parenting behaviors were assessed during an observational paradigm and coded for hostility, responsiveness, and disengagement. Results indicated that mothers' responsiveness and disengagement mediated associations between interparental violence and children's internalizing (e.g., withdrawn, inhibited, anxious, depressed behaviors) and externalizing (e.g., aggressive behaviors, attentional difficulties) symptoms. The results are interpreted in the context of conceptualizations that underscore how different dimensions of maternal parenting behaviors may play key explanatory roles in understanding associations between interparental violence and children's adjustment difficulties.

KEYWORDS: toddlers; interparental violence; parenting; child adjustment

Exposure to interparental violence has been associated with a host of negative mental health outcomes in children and adolescents, including significant deficits

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in emotional, behavioral, and cognitive functioning (e.g., Cummings & Davies, 2002; Kitzmann, Gaylord, Holt, & Kenney, 2003). Furthermore, research has demonstrated that children exposed to interparental violence and aggression are affected regardless of the gender of the parent perpetrator (e.g., English, Marshall, & Stewart, 2003; Mahoney, Donnelly, Boxer, & Lewis, 2003) or the gender of the child (e.g., Kitzman, et al., 2003). Accordingly, researchers in the field have increasingly called for the incorporation of theoretically driven process models explicating possible underlying, explanatory mechanisms by which children are negatively affected by the presence of interparental violence (e.g., Davies & Sturge-Apple, 2006; Kitzmann, Gaylord, Holt, & Kenny, 2003; Levendosky, Bogat, & von Eye, 2007; Prinz & Feerick, 2003).

Toward addressing this gap, emotional security theory (EST) provides a rich, theoretical foundation for furthering our understanding of how interparental violence undermines children's functioning through its association with parenting disturbances (e.g., Davies & Cummings, 1994; Davies & Sturge-Apple, 2006). According to formulations within the theory, interparental violence increases children's vulnerability to mental health difficulties by undermining their goal of preserving a sense of security and safety in the context of the family. In outlining a mediational process by which interparental violence impacts children's adjustment, the indirect path hypothesis of EST posits that interparental violence disrupts parental abilities to provide sensitive, responsive, and consistent care to children (e.g., Davies, Harold, Goeke-Morey, & Cummings, 2002; Sturge-Apple, Davies, & Cummings, 2006). In turn, EST theorizes that this diminished caretaking erodes children's sense of security and safety in parent–child relationships, which increases children's vulnerability to mental health difficulties and socioemotional maladjustment.

Existing studies testing indirect path models linking interparental violence, parenting, and child outcomes have yielded complex and sometimes counterintuitive results. For example, Levendosky, Huth-Bocks, Shapiro, and Semel (2003) found that interparental violence was associated with more effective parenting practices, which, in turn, were associated with greater child adjustment. In contrast, findings from other studies lend support for the mediational role of parenting disturbances in associations between interparental violence and child psychological problems (e.g., Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006; Margolin & John, 1997; Owen, Thompson, & Kaslow, 2006). Although this research has resulted in valuable advances in understanding the interplay between interparental violence and parenting, existing studies commonly rely on aggregation procedures that subsume multiple dimensions of parenting into a single broad parenting construct or examine single dimensions of parenting within analytic models (Davies & Sturge-Apple, 2006). Accordingly, little is known about the distinct developmental functions of specific parenting dimensions in indirect path models of interparental violence and child development (for an exception, see Rea & Rossman, 2005). To address this gap in the literature, the goal of this study was to increase the precision of indirect pathways by simultaneously examining three different dimensions of parenting in associations between interparental violence and child psychological problems. Specifically,

we assessed the explanatory power of maternal hostility, responsiveness, and disengagement as mediators in associations between interparental violence and children's adjustment. Interparental violence was operationalized as a dyadic construct incorporating both self and partner's violent and aggressive behaviors in the context of the interparental relationship. Indices of children's adjustment included assessments of children's internalizing (e.g., withdrawn, inhibited, anxious, depressed behaviors) and externalizing (e.g., aggressive, antisocial behaviors) symptomatology.

The spillover hypothesis (Easterbrooks & Emde, 1988) served as the overarching conceptual framework guiding hypotheses concerning the first link in the indirect path hypothesis of EST. As the prevailing model guiding empirical research on associations between interparental conflict and parenting processes, the spillover hypothesis proposes that "the emotions, affect, and mood generated in the marital realm transfers to the parent–child relationship" (Krishnakumar & Buehler, 2000, p. 26). Thus, negativity and anger in the interparental system is hypothesized to result in parents' diminished capacities for warm and responsive parenting as well as increased hostile and harsh parenting. Research documenting concurrent and longitudinal associations between marital and parent–child difficulties has generally supported the tenets of the spillover hypothesis (e.g., Engfer, 1988; Erel & Burman, 1995; Gerard, Krishnakumar, & Buehler, 2006; Krishnakumar & Buehler, 2000; Sturge-Apple et al., 2006). Interestingly, a small corpus of studies have reported compensatory parenting behaviors in the context of interparental conflict (e.g., Mahoney, Boggio, & Jouriles, 1996). However, guided by previous work documenting the negative impact of interparental conflict on maternal parenting behaviors, we hypothesized that interparental violence would be associated with diminished maternal parenting behaviors across multiple parenting dimensions.

In addressing the second link of the EST indirect path hypothesis, parenting difficulties arising from interparental violence are theorized to account in part for the associations between interparental violence and children's symptomatology. EST proposes that parenting difficulties accompanying interparental violence engender child psychopathology by undermining children's felt security in the parent–child relationship (i.e., their confidence in parents as sources of protection and support) (see Davies, et al., 2002). While, to our knowledge, no study has made comparisons among multiple dimensions of parenting simultaneously in associations between interparental violence and child adjustment, research has demonstrated that different dimensions of parenting serve as mediating mechanisms in association with interparental violence and child adjustment (e.g., Rea & Rossman, 2005). Using an EST perspective as a guide, we hypothesized that the diminished maternal responsiveness, as well as increased disengagement in the context of interparental violence would be associated with heightened levels of internalizing and externalizing symptoms in children. In addition, given previous findings linking parental hostility and children's difficulties with behavioral control in the context of interparental violence, we also hypothesized that maternal hostility would serve as a mediator of associations between interparental violence and children's externalizing symptoms.

Alternative conceptualizations of the role of parenting behaviors in family process models have been posited in the literature (e.g., Frosch & Mangelsdorf, 2001). In particular, some research has suggested that parenting may serve as a moderating variable in associations between interparental difficulties and child adjustment. For example, warm, supportive, and responsive parenting behaviors in the context of interparental violence may serve as a protective factor, which buffers children from the negative developmental outcomes associated with exposure to interparental hostility and violence. In contrast, hostile or disengaged caregiving practices may serve as a risk factor for children's increased vulnerability to behavior problems in the face of greater interparental conflict or violence. We know of no study that has simultaneously explored how parenting behaviors may serve as mediators or moderators in process models of interparental violence and children's adjustment; however, one previous study examined the comparative strength of these two models in a study of the effects of marital conflict and children's adjustment, and results supported the moderating role of parenting in process models (Frosch & Mangelsdorf, 2001). Thus, in order to compare the relative viability of the indirect path hypothesis (e.g., the parenting-as-mediator model) with the parenting-as-moderator model, we examined whether maternal caregiving behaviors moderated associations between interparental violence and children's internalizing and externalizing symptoms.

Finally, our decision to examine associations between interparental violence and maternal parenting behaviors during toddlerhood was based on several considerations. From a methodological standpoint, the majority of research examining the impact of interparental violence on children has focused on early childhood to adolescence (e.g., Levendosky et al., 2003). This gap in the research is important when contextualized within findings from a meta-analytic study suggesting that exposure to interparental violence during the preschool years conveys increased risk for negative outcomes when compared with other age groups (Kitzmann et al., 2003). From a developmental standpoint, early childhood is consistently posited as a significant period of developmental plasticity in children, including rapid changes in emotion regulation and emerging abilities in mobility and exploratory behavior (e.g., Edwards & Liu, 2002). In addition, parents must contend with children's fluctuating bids for support and protection against a backdrop of increasing demands for autonomy and exploration. Thus, parenting during this developmental stage is contingent upon the ability to flexibly adapt to children's developing competencies while retaining the ability to maintain control and respond responsively in the context of challenging parenting situations. As a stage-salient task for parents that is challenging even under normative conditions, it may be a particularly difficult task for parents who are also coping with the stress of interpartner violence.

In sum, the aim of this study was to expand tests of indirect path models outlined in EST by simultaneously delineating pathways among interparental violence, multiple dimensions of maternal parenting behaviors, and children's internalizing and externalizing symptomatology in a sample of mothers and their toddlers. Toward addressing the need for the incorporation of greater methodological rigor in the interparental violence literature on parenting process models (Prinz & Feerick, 2003), the

present study utilized observational assessments of mothers' parenting behaviors obtained during interactions with their children in a laboratory setting. Much of the previous research on parenting behaviors of mothers in the context of interparental violence has relied upon maternal or child reports of parenting (see Levendosky & Graham-Bermann, 2000; Levendosky et al., 2003; and Levendosky et al., 2006 for notable exceptions). However, empirical work examining the validity of parents' self-reports of parenting in research with young children suggest that observer ratings of caregiving behaviors may be a more accurate index of actual parenting behaviors (e.g., Sessa, Avenevoli, Steinberg, & Morris, 2001). Furthermore, the utilization of maternal self-report assessments of interparental violence and parenting may result in inflated associations between these constructs due to shared or overlapping method variance. Thus, to provide a rigorous test of our path models, we utilized a multimethod measurement battery, which served to reduce shared method and information variance that might have artificially inflated path models in prior research.

Participants

Two hundred and one mother–toddler dyads from a midsized Northeastern city participated in the current study. The sample is part of a larger, longitudinal study investigating the relationship between interparental violence and family functioning. To achieve a relatively homogeneous sample with respect to socioeconomic status (SES), mothers were recruited for participation in the study through local agencies in contact with high-risk, low-SES families such as Women Infant and Children (WIC) offices, the Temporary Assistance for Needy Families program, and the county family court system. To maximize variability in exposure to interpartner violence in our sample, mothers completed an abbreviated form, the Physical Assault Subscale of the Conflict Tactics Scale 2 (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Using recommended CTS2 criteria, screening procedures were implemented to insure that relatively equal proportions of participating mother–child dyads were represented along three bands in the interpartner violence continuum: severe, mild to moderate, and no interparental violence. Additional inclusionary criteria required that: (a) the mother was the biological parent of the child and the primary caretaker of the child and (b) the mother, maternal partner, and child had regular contact over the past year. The final sample of mothers and children was 56% Black, 23% White, 9% Latino/Hispanic, 9% biracial, and 3% other. Median annual family income was $18,400, with most families (i.e., 95%) receiving some form of public assistance. The participating children consisted of 108 boys and 93 girls, and their average age was 25.7 months (SD = 1.69) at the time of assessment.

Procedures

Mothers and their toddlers made three visits to the laboratory within a two-week period, during which they participated in observational tasks, and mothers completed

interviews and questionnaires. The observational tasks used in this study are the free-play and compliance tasks.

Free-Play. The mothers and their children participated in an observational free-play task at the laboratory for seven minutes, which was videotaped for later coding. The mother and child were shown into a room containing several toys attractive to two-year olds, such as blocks, toy food, and a baby doll. Mothers were told to interact/play with their child as they would at home.

Compliance. After seven minutes, an experimenter knocked on the door to signal the end of the free-play session to the mother. Mothers were then instructed to ask their children to stop playing and clean up the toys without providing assistance. The experimenter continued to knock on the door at one-minute intervals, up to three minutes, if the child appeared to be off-task. By the third knock mothers were told that they could provide assistance to their child with picking up the toys. The compliance portion of the task was recorded for six minutes, regardless of progress, making the entire session approximately 13 minutes.

Measures

Interparental Violence. Mothers reported on both their own and their partners use of physical aggression toward each other in the past year by completing the Physical Aggression Subscale of the Conflict and Problem-Solving Scales (CPS; Kerig, 1996). Internal consistency for the mothers' self-report was .88 and their report on their partners was .87. Mothers also completed the Conflict Tactics Scale 2 (CTS2; Straus et al., 1996) physical assault subscale as another measure of physical violence by their partner. The CTS2 is a widely used assessment of violent behavior. Internal consistency was .92.

Parenting Behaviors. Maternal behaviors were assessed based on an observational coding system adapted from the Iowa Family Interaction Rating Scales (IFIRS; Melby & Conger, 2001) and Hesse and Main's (2006) observations of frightened/frightening parenting behaviors. Ratings were assessed on nine-point Likert type scales ranging from 1 (not characteristic at all) to 9 (mainly characteristic). Three trained research assistants coded the interactions with 25% overlap for reliability.

Hostility. Maternal hostility was assessed using the negative physical intrusiveness and harsh discipline subscales. Negative physical intrusiveness was defined as physically invasive, distressing behaviors used to control or demean the child, such as hitting, yanking, or grabbing the child. Negative physical intrusiveness was coded separately for the play and compliance portion of the task. Harsh discipline was coded only during the compliance task and assesses the extent to which the mother's disciplinary tactics were punitive or severe. Examples of harsh discipline would include screaming at, slapping, or belittling her child as a result of a violation of parental standards. Interrater reliabilities for the three hostility codes ranged from .96 to .97.

Disengagement. Maternal disengagement was measured through subscales for passive disengagement and intrusiveness, reverse-scored. Passive disengagement assessed the extent to which mothers displayed passive behaviors that put physical or emotional distance between the parent and child. Examples include ignoring the child, choosing not to participate in play with the child, or showing a lethargic, apathetic attitude toward the child. Passive disengagement was coded separately for the free play and compliance tasks. Intrusiveness measured the extent to which the parent was over-controlling with the child or not allowing any room for the child's independent play or exploration. Examples of intrusive behavior include taking toys out of the child's hand while the child was still playing, instructing the child how to play, or excessive hovering over the child. Because a certain level of maternal intrusiveness was expected for the compliance task, intrusiveness was only coded during the free play and was later reverse-scored. Interrater reliabilities ranged from .84 to .89 for the three disengagement codes.

Responsiveness. Maternal responsiveness was assessed using warmth/support and insensitive/parent centeredness subscales. Both scales were assessed separately for the free play and compliance tasks. Warmth was measured by the maternal behaviors that indicated care or support toward the child. Examples include giving praise, smiling or laughing, and showing physical affection. Parent centeredness assessed the extent to which the mother was unaware or uncaring of the needs or abilities of her child and consistently put her own preferences ahead of her child's. Examples include structuring the activity to reflect the parent's interests, demonstrating a lack of awareness of age-appropriate play or compliance abilities, or misinterpreting or devaluing the child's affect. Parent centeredness was reverse-scored. Interrater reliabilities for the four responsiveness codes ranged from .86 to .94.

Child Behavior Problems. Mothers completed the Child Behavior Checklist (CBCL/1 1/2-5; Achenbach, 2000) for their children while at the laboratory. This version of the widely used assessment is appropriate for use with young children between the ages of 1 1/2 and 5 years. The broadband internalizing symptoms measure consisted of an aggregation of the anxiety/depression, withdrawn, somatic problems, and emotion reactivity subscales, whereas the sum of the aggressive behavior and attention problems subscales were used as an index of broadband externalizing symptoms. Internal consistency for the internalizing and externalizing scales was .83 and .92, respectively.

RESULTS

For descriptive purposes, Table 1 provides the means, standard deviations, and intercorrelations among the measures of interparental violence, the three forms of maternal parenting, and children's internalizing and externalizing symptomatology. Given the presence of significant skew in the interparental violence and maternal hostility variables, these four variables were transformed using logarithmic transformations

TABLE 1. Means, Standard Deviations, and Intercorrelations of the Primary Variables in the Study

Variables	1	2	3	4	5	6	7	8
Interparental violence								
CTS physical assault	—							
Partner's CPS physical	.53**	—						
Mother's CPS physical	.59**	.71**	—					
Maternal parenting								
Disengaged	.14	.21**	.17*	—				
Hostile	.12	.16*	.23**	.18*	—			
Responsiveness	–.18*	–.13	–.20**	–.08	–.51**	—		
Child adjustment								
Internalizing	.13	.15*	.14*	.04	.18*	–.31**	—	
Externalizing	.11	.14*	.14*	.21**	.26**	–.27**	.62**	—
M	2.71	2.55	2.37	4.10	1.78	5.13	9.40	15.63
SD	4.22	3.99	3.64	1.49	1.23	1.70	6.26	8.99

* $p < .05$. ** $p < .01$.

until skew was reduced to nonsignificance. Transformed variables were used in model analyses.

Model Testing Procedures

To examine our process model, we employed structural equation modeling (SEM) techniques for testing relationships among latent and manifest constructs. This methodology allows for simultaneous assessment and comparison of multiple outcome variables and produces evidence of model fit and misspecification. In the present study, path models were estimated using the full-information maximum likelihood method (FIML) through the AMOS 7.0 statistical software (Arbuckle, 2006). The fit of our path models was assessed using (a) the chi-square statistics, (b) the root mean square error of approximation (RMSEA), with values of .08 or less reflecting reasonable fit (Browne & Cudeck, 1993), and (c) the CFI statistic with values between .95 and 1.00 indicating acceptable fit (Bentler, 1990). Given the potential moderating role of child gender in indirect effects models of interparental violence and children's adjustment (Davies & Lindsay, 2001), we also examined whether any of the proposed mediational pathways differed as a function of child gender. To test the moderating role of gender, we split the

data by boys and girls and estimated models simultaneously using a multiple-group analysis (for details on this approach, see Sturge-Apple, Davies, Boker, & Cummings, 2004). First, we examined the multiple group model with mediational paths between interparental violence, each parenting variable, and each specific child outcome variable constrained to be equal across gender. Next, we estimated a model in which parameters were allowed to freely vary. Model comparisons revealed no significant difference in fit for each of the models, thereby indicating that child gender did not moderate the proposed pathways. Thus the full model was examined in model analyses.

In accordance with a process-oriented perspective for testing mediational models first outlined by Baron and Kenny (1986), who suggest that mediating analyses must first establish direct associations between a predictor and outcome variables, our first analytic step was to explore whether interparental violence was directly associated with children's internalizing and externalizing symptomatology prior to estimating paths between the our proposed mediators and children's adjustment. Thus, the model in Figure 1 was estimated while constraining paths between interparental violence and maternal parenting practices to 0. The bracketed path coefficients in Figure 1 denote the resulting parameter estimates in the model. Interparental violence was significantly associated with higher levels of both externalizing (R^2 = .04) and internalizing (R^2 = .03) symptomatology in children.

Given the documented paths between interparental violence and children's symptomatology, we next examined the mediational model depicted in Figure 1. The model fit the data well, χ^2 (10, N = 201) = 10.06 and p = .43, CFI = 1.00, and RMSEA = .00. All possible mediational paths were estimated in the model, but only significant paths are depicted in the figure for clarity of presentation. The results indicated that interparental violence was associated with increased maternal hostility and disengagement

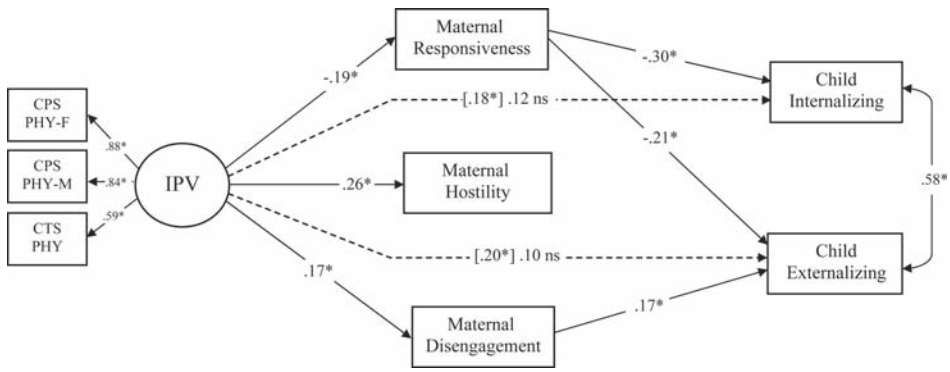

FIGURE 1. A structural equation model testing forms of maternal parenting behaviors as mediators in associations between interparental violence and child adjustment. Parameter estimates for the structural paths are standardized path coefficients.

*p < .05.

and lowered maternal responsiveness. Maternal responsiveness, in turn, was associated with both lower internalizing and externalizing symptomatology, while maternal disengagement was primarily associated with higher externalizing symptomatology. Maternal hostility was originally associated with higher externalizing ($\beta = .17$, $p < .001$) and internalizing symptomatology ($\beta = .14$, $p < .001$). However, these pathways were reduced to nonsignificance with the inclusion of maternal responsiveness and disengagement in the model. Finally, mediation was demonstrated as pathways between interparental violence and children's symptomatology were reduced to nonsignificance with the inclusion of pathways between maternal parenting variables in the model. As a further test of the mediational role of maternal responsiveness and disengagement, we conducted follow-up analyses of the indirect pathways using MacKinnon, Fritz, Williams, and Lockwood's (2007) procedures for calculating the significance of indirect effects via the Prodclin software package. Results indicated that the all three indirect pathways were significant, including: (a) interparental violence, responsiveness, and internalizing symptomatology, $z' = 2.18$, $p < .05$; (b) interparental violence, responsiveness, and externalizing symptomatology, $z' = 1.67$, $p < .05$; and (c) interparental violence, disengagement, and externalizing symptomatology, $z' = 1.79$, $p < .05$. Furthermore, maternal parenting variables explained 10% of the variance in children's externalizing symptomatology and 7% of the variance in internalizing symptomatology.

Finally, to explore whether maternal parenting behaviors served as potentiators or protective factors in the relationships between interparental violence and children's symptomatology, we ran a series of multiple regression analyses to assess whether maternal parenting behaviors moderated the association between interparental violence and children's adjustment. All predictor variables were simultaneously entered into the regression equations, with mother reports of children's externalizing and internalizing symptoms as the dependent variables in the two separate multiple regression analyses. Predictor variables were centered at their respective means. Results indicated that none of the interaction terms were significant, suggesting that maternal parenting behaviors did not serve as risk or protective factors in explaining associations between interparental violence and children's adjustment.

DISCUSSION

Exposure to domestic violence is a pervasive phenomenon in the lives of children. Recent estimates suggest that approximately one-third of children living in dual-parent homes in the United States have been exposed to violence between their parents (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Furthermore, violence exposure is significantly associated with children's adjustment difficulties across a wide array of outcomes and domains (e.g., Kitzmann et al., 2003). Attesting to the detrimental impact of exposure to violence and hostility between parents, the present study revealed that interparental violence was associated with higher levels of internalizing and externalizing symptomatology in a community sample of

two-year-old children. Furthermore, in line with suppositions from the spillover hypothesis, interparental violence was associated with all three domains of maternal parenting behaviors, including decreased responsiveness as well as increased hostility and disengagement. Finally, supporting indirect path models derived from EST, mediational analyses further indicated that in the context of interparental violence, maternal responsiveness and disengagement were mediators of the relationship between interparental violence and children's symptomatology.

The first link of our process model supported spillover conceptualizations through delineating that interparental violence was associated with all three forms of maternal parenting behaviors, including diminished responsiveness and heightened disengaged and hostile parenting. Although these findings may not be surprising in the context of previous empirical work reporting the detrimental impact of interparental violence on parenting behaviors, they are illuminating when considered within the context of research suggesting stronger relationships between interpartner violence and physical, harsh, and aggressive parenting behaviors compared to other parenting behaviors (e.g., Straus & Gelles, 1990). In the present study, comparisons among the relative strength of the path coefficients between interparental violence and the three parenting behaviors were equivalent, suggesting that impact of interparental violence upon different forms of parenting behaviors is similar in magnitude in our sample of mothers and their 2-year-old children. This conclusion is further bolstered given that the indicators of interparental violence and parenting in the present study were based upon different methods (i.e., questionnaire, observations) and informants (maternal reports, observer ratings), which limits inflated associations due to shared method variance between these constructs.

In attempting to understand why interparental violence has a detrimental effect on maternal caregiving behaviors, affective organization models of parenting (e.g., Dix, 1991) propose that cumulative experiences with anger arousal in relationships marked by physical aggression and violence may prime mothers' negative appraisals and attributions of child behavior, resulting in more hostile parenting behaviors. In addition, the necessity of maintaining elevated levels of attention and arousal in response to the constant threat of aggression and violence may disrupt mothers' ability to sensitively identify and respond to the needs of their children. Another possible interpretation is that the associations between interparental violence and diminished parenting result from a common underlying personality style characterized by high levels of aggression and hostility or poor relational style in general (e.g., Belsky & Barends, 2002). If these findings are replicated, they call for the expansion of parenting domains considered in process models to assess family dynamics in the context of interparental violence, and they stress the importance of considering multiple dimensions of parenting behaviors in interventions with families experiencing elevated levels of interparental violence.

In the second link of our process model, differential associations between maternal responsiveness and disengagement and children's symptomatology were evident. Diminished maternal responsiveness in the context of interparental violence was

associated with children's internalizing and externalizing symptoms. These results support hypotheses drawn from EST, which propose that the diminished capacity for responsive parenting in the context of interparental difficulties is theorized to increase children's risk for adjustment problems by weakening children's representations of the parent–child relationship as a source of security, protection, and support. Furthermore, children's developing emotion regulation and coping patterns in the context of parental unresponsiveness and insensitivity may set in motion multiple processes within a child (e.g., affective-motivational, social information processing) that ultimately serve as more proximal precursors of psychopathology (e.g., Cummings, Davies, & Campbell, 2000).

The differential effects of maternal disengagement in associations with children's externalizing symptomatology compared with internalizing symptomatology are of additional interest. In interpreting this finding within ethological formulations of EST, it may be that the lack of maternal involvement or, conversely, the presence of maternal passivity with respect to childrearing may result in a lack of structure or power in the parent–child relationship, as mothers abdicate parental control and guidance over children. Collapse in the hierarchical structure of the parent–child relationship may in turn amplify children's dispositions to use dominant and aggressive strategies to help regulate exposure and cope with family stress and violence (e.g., Davies & Sturge-Apple, 2007).

Finally, while associations between maternal hostility and children's externalizing symptomatology were initially present, this relationship was attenuated in the context of maternal responsiveness and engagement. Thus, while strong bivariate relationships between parental hostility and children's difficulties in regulating hostile and aggressive behavior may exist, our analyses demonstrate that diminished parental warmth, responsiveness, and sensitivity may override these associations. These results suggest that children's emulation or mimicking of hostility and aggressive behaviors may not be the operative process in the association between interparental violence and child externalizing symptoms. Rather, models of maternal responsiveness and sensitivity as key components in the development of children's coping and regulation capacities, such as those proposed by EST and attachment theory (Ainsworth, 1969) may play a primary role in explaining children's adjustment difficulties in violent homes. Given that this is one of the first studies to simultaneously chart associations between different parenting behaviors and children's adjustment in the context of interparental violence, these conclusions are speculative, and caution in interpreting effects is warranted until study findings are replicated. However, even with this cautionary note, the findings here again speak to the importance of incorporating multiple dimensions of parenting in process models of interparental violence and children's adjustment.

The findings of the present study must also be interpreted in the context of its limitations. First, because fathers were not assessed in the parent study, we were not able to examine the mediational role of fathers' parenting practices in associations between interparental violence and children's adjustment. Given previous

work demonstrating the impact of interparental violence on father–child relationships (e.g., Mahoney, et al., 2003), it will be important for future research examining indirect effects models to include samples of fathers experiencing interparental violence in order to more fully explicate how associations between parenting and child adjustment in the context of interparental violence may look similar or different for mothers and fathers.

Second, the cross-sectional design cannot definitely address the temporal ordering of relationships in our process model. For example, our results do not rule out the plausible hypothesis that children's symptomatology may mediate links between interparental violence and mothers' ability to provide responsive and supportive parenting. In addition, our conclusions regarding the mediational role of maternal parenting behaviors would be bolstered through examining the model processes over time whereby the predictor variable is associated with change in both the mediational and outcome variables of interest.

Third, the present study did not examine possible underlying mechanisms of the associations explored in our process model. Future progress on parenting process models in the context of interparental violence hinges upon identifying mechanisms by which interparental violence negatively impacts diminished parenting and children's maladjustment. For example, recent work has charted the implications of physiological arousal in the context of interpartner conflict for parenting behaviors (e.g., Sturge-Apple, Davies, Cicchetti, & Cummings, 2009), while others have examined the role of maternal attributions in mothers' parenting behaviors in families experiencing marital violence (e.g., Holden, Stein, Ritchie, Harris, & Jouriles, 1998). Furthermore, exposure to various parenting difficulties may set in motion multiple processes within children (e.g., affective-motivational, social learning, social information processing) that ultimately serve as more proximal causes of their psychopathology (Cummings, Davies, & Campbell, 2000). Finally, caution should be exercised in generalizing the findings beyond the characteristics of our sample. Future research detailing how these proposed family pathways might be similar or different across demographic characteristics would increase our understanding as to how these processes may differ as a function of race or ethnicity.

Despite these limitations, our multimethod study represents one of the first attempts to simultaneously identify pathways among interparental violence and multiple dimensions of maternal parenting and children's symptomatology. In accordance with indirect path models outlined within emotional security theory, our results supported a model in which interparental violence was associated with children's internalizing and externalizing symptomatology through the association with diminished maternal responsiveness and engagement with their children.

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Academic Apartheid: Segregation in the Study of Partner Violence

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The study of men's violence against their intimate partners is segregated from the study of other forms of violence. Comparing intimate partner violence (IPV) to other violence, however, allows one to examine whether the motivation and the legal response are similar. I examine whether men's assaults on partners are particularly likely to have a control motive, whether women's assaults on partners are particularly likely to be motivated by self-defense, and whether intimate partner violence is less likely to be reported to the police and legally sanctioned. The evidence casts doubt on the feminist approach, which has dominated the study of IPV. I suggest that a theory of instrumental violence provides a better understanding of IPV. Such an approach recognizes a variety of motives and emphasizes the role of conflict in intimate relationships, sex differences in strength and violence, and the importance of chivalry. Finally, I suggest that social scientists who study IPV should be more careful in their descriptive terminology.

KEYWORDS: intimate partner violence; control; rational choice

Is violence against intimate partners different from other forms of violence? Do we need special theories to understand it? Is male violence against female partners special because it is due to sexism? Should the study of violence against women be segregated from the study of violence? One way to find out is to compare intimate partner violence (IPV) and violence against women to other forms of violence to see how they are different. For example, according to conventional wisdom, we have high rates of male violence against women, particularly against their intimate partners. In my work, I have asked: compared to what? Consider these facts:

1. Men are more likely to be victims of violence than women, particularly serious violence. Women make up 19% of homicide victims, 34.7% of aggravated assault

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victims, and 42.6% of victims of simple assault (Bureau of Justice Statistics, 1997). These statistics show that the more serious the physical assault the less likely it is for the victim to be female.

2. Women are more likely to be injured by their partners than men are, but their injuries tend to be less serious (Archer, 2002; Dutton & Nicholls, 2005; Felson & Cares, 2005; Straus, 1999).
3. While men are *eight times* more likely to commit violence than women outside the family, they are no more likely than women to use violence against their intimate partners (Archer, 2000; Bureau of Justice Statistics, 1997; Straus, 1993).
4. Only about 20% of violent crimes against women are committed by their partners, while 34% of violent crimes are committed by friends or acquaintances and 38% by strangers (Bureau of Justice Statistics, 1997). Similarly, only 31% of "femicides" are committed by partners. Our stereotypical image of the nature of violence against women as an assault committed by a male partner is inaccurate.

These comparisons lead us to ask such questions as: Why are women less likely to be victims of violence than men, when they are physically weaker than men and therefore more vulnerable? Why are men and women equally likely to hit their spouses when men are much more violent outside the family? Why don't men hit their wives more often, given gender differences in size and the tendency to use violence? The first step in understanding IPV is to ask the right questions.

To answer these and other questions we must make comparisons between different types of violence. However, many IPV scholars focus on violence against female partners and ignore other types of violence. They assume that violence against female partners reflects sexism and that misogynist men assault their partners in order to maintain their dominance (e.g., Belknap, 2001; Dekeserdy & MacLeod, 1997). Women, on the other hand, commit violence in self-defense (e.g., Dobash, Dobash, Wilson, & Daly, 1992). These scholars also claim that patriarchal societies tolerate violence against women, leading offenders to think they can get away with it. Victims usually do not report the incident to the police, and when they do report it, the offender gets "a slap on the wrist." The result is an epidemic of violence against women, most of it hidden. These views have become conventional wisdom in the field.

These ideas were first challenged by the work of Murray Straus, who showed that women were just as likely as men to hit their partners (e.g., Steinmetz & Straus, 1974). Straus and other family violence researchers wanted to consider domestic violence generally, while the feminist activists wanted to focus on male violence. The conflict between the two sides has dominated the area for thirty years. Archer's (2000) meta-analysis of work in the area provided conclusive evidence for gender symmetry and what should have been the final nail in the coffin. In 2002, I challenged other aspects of the feminist approach in a book published by the American Psychological Association (Felson, 2002, 2006). More recently, other strong challenges have

appeared (e.g., Dutton & Nicholls, 2006; Hamel, 2005). My approach is different from the approach of these scholars in that I look at all types of violence, not just IPV. From my perspective, violence is violence, and we should not treat IPV as special unless we can show that it is special.

In this article I apply basic and well-accepted ideas from the social-psychological literature on aggression to the study of IPV. I base my claims on studies that compare IPV to other forms of violence, focusing on my own research on large, nationally representative samples. This work challenges the conventional wisdom that IPV results from men's desire to control women and women's desire to defend themselves. I argue that men and women can have a variety of motives when they hit their partners. These motives are similar to the motives for violence generally. I claim that men's advantage over women when "push comes to shove" is their physical strength, not their status or economic power. Finally, I argue that a chivalry norm is critical in understanding violence against women. We are much less tolerant of violence against women than violence against men. Violence against women is not underreported or treated leniently by the criminal justice system, compared to other types of violence. We can only discover these patterns if we compare violence against women to violence against men.

RATIONAL CHOICE AND INTERPERSONAL CONFLICT

I take what might be described as a bounded rational choice approach to violence (Tedeschi & Felson, 1994). I assume that all aggressive behavior has a purpose or goal and involves instrumental behavior. The alternative to this approach is some version of the frustration–aggression hypothesis (e.g., Berkowitz, 1989). Since the evidence regarding frustration–aggression approaches is not supportive, and since those who study IPV usually ignore it anyway, I do not discuss it here (see Tedeschi & Felson, 1994). Rather, I assume that aggression is like other human behavior: people harm others if they think it will achieve some outcome that they value (the reward), and if the costs are not too high. Individuals often make careless decisions, however, with outcomes that are disastrous for themselves as well as their victims. The rationality of decision makers is particularly limited because violent encounters often involve quick decisions, strong emotions (anger), and alcohol.

The use of violence is related to basic human desires. People want to influence others, because many of their rewards are provided by other people. They want to be treated fairly, and they think that those who fail to do so should be punished. They want the esteem of others and to think favorably of themselves. These basic goals of human behavior are also the goals of aggression and violence, whether the target is one's partner or someone else. People engage in aggression because they can (a) force others to comply with their wishes, (b) restore justice when they believe they have been wronged, and (c) achieve a desired image or reputation.[1] For example, they may be attempting to deter further attacks, punishing the wrongdoer, and saving face.

These motivations are well established and accepted in both the social-psychological and criminological research literatures (see Tedeschi & Felson, 1994).

The use of violence is also affected by costs and other inhibitory factors. These are the focus of most criminological theories. In the case of IPV, one of the most important inhibiting factors is a norm that discourages men from harming women and encourages others to protect them (Felson, 2000). The norm leads to greater moral condemnation and enhanced punishment for violence when the victim is a woman, as well as a greater willingness to intervene on her behalf. The expectation that men protect women and otherwise treat them well is sometimes described as "chivalry." It is consistently supported by research (e.g., Archer, 2000, Simon, Anderson, Thompson, & Crosby, 2001; see Felson, 2002 for a review). For example, an experimental study showed that participants are particularly likely to condemn men's violence against women, whether they are a married couple or not (Harris, 1991). Another experimental study found that psychologists judge psychologically aggressive behaviors committed by husbands as more abusive and serious than the same actions committee by wives (Follingstad, DeHart, & Green, 2004). Finally, an experimental study of a national representative sample found that the reaction to the gender of adversaries is unaffected by the participant's age, gender, political ideology, or education (Felson & Feld, 2009). Chivalry does not appear to be a belief restricted to traditional people.

A rational-choice perspective emphasizes the central role of interpersonal conflict or divergent interests. Conflict is a ubiquitous aspect of social life and an important source of aggression and violence. The most violent people may be cordial and polite until they have a conflict or think they have been mistreated. Marriage inevitably produces conflict, because of the interdependence of intimate partners and the possibilities of abandonment. Violence is not inevitable in marriage but marital conflict *is*. As a result, violence occurs just as frequently in same-sex relationships (e.g., Tjaden & Thoennes, 2000). It is only somewhat facetious to define marriage as: "an ongoing conflict relationship between a big person and a small person. The big one suffers from testosterone poisoning." As the definition implies, men tend to be bigger and stronger than women and they have a greater tendency toward violence. Some men are extremely violent in other contexts, so we should not be surprised that they can be violent toward their wives. To take an extreme example, Richard "The Iceman" Kuklinski, killed over 200 people during his lifetime with no feelings of regret. Should we be surprised that he also admitted hitting his wife? It is also interesting that hitting his wife was the only violence he was hesitant to admit.

We have found evidence that the level of family violence is infrequent relative to the level of verbal conflict in the home (Felson, Ackerman, & Yeon, 2003). Verbal altercations are more likely to occur in conflicts between partners than in conflicts between strangers. However, a man is much less likely to engage in violence during an incident involving verbal aggression when the adversary is his wife. The results suggest that people have special inhibitions about using violence against spouses and other family members (with the exception of minor violence toward children).

People do not support the notion that "a marriage license is a hitting license," that is, that spousal violence or violence against wives is perceived as legitimate (Straus, Gelles, & Steinmetz, 1980). Violence between husbands and wives appears to reflect the high level of conflict in this relationship.

Bossy Husbands?

Motivation is very difficult to measure, so it not surprising that there are so few studies of the control motive in IPV. A number of questions are relevant. Are men more controlling of their partners than women? Are men who are controlling particularly likely to use violence with their partners? Are men who assault their partners more likely to have a control motive than people who use violence in other circumstances? If men sometimes use violence to control their partners, is it because they believe in male dominance or just because they want to get their way? Are they sexist or selfish? Scholars who argue that men who commit IPV have a control motive are often not clear exactly what they mean.

Evidence suggests that husbands are no more controlling than wives and are perhaps less so. For example, Vogel, Murphy, Werner-Wilson, Cutrona, and Seeman (2007) found that wives were more controlling than their husbands when observed during problem-solving discussions (see also Straus, 2008). In addition, Simon and colleagues (2001) found evidence that both men and women think it is more acceptable for a woman to use violence to control a male partner than it is for a man to use violence to control a female partner. Finally, a large-scale survey found that wives were slightly more controlling than husbands, although the controlling behaviors measured were quite rare for both (Felson & Outlaw, 2007; see also Coleman & Straus, 1986). The study showed, for example, that men were more likely to prevent their wives from working outside the home but women were more likely to insist on knowing who their husbands are with at all times. Not surprisingly, both domineering husbands and wives were more likely to use violence; people who mistreat their partners in one way are likely to mistreat them in other ways, and marriages with more conflict have more mistreatment.

Felson and Outlaw (2007) found some evidence suggesting that domineering husbands were more likely to use violence to get their way than domineering wives, but only in troubled marriages. Domineering husbands and wives were not particularly likely to engage in serious violence, however. The evidence did not support Johnson's (1995) claim that the most serious offenses are committed by "intimate terrorists," since motive was not associated with seriousness. The control motive was just as common in minor incidents that he calls "common couple violence" as it is in serious incidents he calls "intimate terrorism." In addition, our findings that husbands are no more controlling than wives suggests that the gender difference has to do with method, not motive. Men are bigger, so violence is a more effective influence tactic for them. Presumably, domineering wives use other methods to control their spouses. This evidence suggests that size, not sexism, explains why controlling husbands can be more violent than controlling wives in a troubled marriage.

In another study, we examined whether the control motive was more likely to be involved when men assaulted their partners than when men assaulted other people or when women engaged in assault (Felson & Messner, 2000). We assumed that offenders who threatened victims before assaulting them were more likely to have a control motive than offenders who did not make any prior threat. Theory and research suggest that the communication of a threat is typically a control tactic. The threatener communicates a contingency: the target will be harmed unless he or she complies with some demand. The results suggested that assaults involving male assaults against female partners were more likely than other assaults to be preceded by the issuance of a threat. This pattern suggests that men's violence against their partners is *more likely* than other forms of violence to involve a control motive. Note that this study does not suggest that the control motive is a frequent motive of male violence against their partners. No evidence that I am aware of can address that issue. In addition, it is possible that the threats are issued because of men's reluctance to actually attack their female partners.

Another way to examine motivation is to determine whether men who assault women also have negative attitudes toward women. It is important to be clear about whether negative attitudes refer to hatred toward women or traditional attitudes about gender roles. While hatred for women is positively associated with violence toward women, some evidence indicates that traditional men are *less* likely to assault women (Hotaling & Sugarman, 1986; Straus, 2008). One laboratory study showed that traditional males were less likely to hit females with pillow clubs than males with more liberal attitudes toward gender roles (Young, Beier, & Beier, 1975).

In addition, men who assault their partners tend to commit a variety of crimes, rather than specializing in violence against women (e.g., Marvell & Moody, 1999). This versatility suggests that most men who assault women are typically criminals, not sexists. Some of them certainly hit their wives but no one else; perhaps they are the domineering sexists. On the other hand, marital conflicts can be intense, so we should not be surprised that generally nonviolent husbands who are drunk or have a bad temper sometimes become violent.

In a recent study of prison inmates, we found that those offenders who had killed or assaulted their partners were similar to other offenders in terms of their prior records, alcohol and drug use, and experiences of abuse (Felson & Lane, in press). We observed a few differences between men who attack women (including female partners) and other male offenders, but the differences were opposite those predicted by people who argue that these men are motivated by sexism. The etiology of IPV and other violence appears to be similar (see also, Moffitt, Krueger, Caspi, & Fagan, 2000).

Self-Image

Evidence suggests that verbal disputes involving two men are more likely to become violent when an audience is watching and the threat to "face" is greater (Felson, 1982). On the other hand, verbal disputes between men and women are less likely

to become violent when people are watching. Violence against women violates the norm of chivalry. Therefore, when men hit their partners, it is usually "behind closed doors."

Note that women are also concerned with their image, and they often retaliate when insulted (Bettencourt & Miller, 1996). However, because male self-images are more closely tied to being tough, they may also be more highly motivated to retaliate, particularly when the insult is from another man and third parties are watching. They are also required to defend women when those women are attacked by men. The violent behavior of young men is a societal problem, but these men are appreciated when they act as protectors.

Love Triangles

It is sometimes argued that some men are jealous and possessive and treat their wives as property. When their wives attempt to leave them, they use violence to maintain control. The property metaphor—and I believe it is just a metaphor—implies that they treat wives who leave them like runaway slaves. It appears to be an extreme way of saying that men control women.[2] Obviously, there is a greater risk of violence when relationships are strained or when people become involved in love triangles. There is, however, another possible, common-sense explanation. Perhaps male and female protagonists in love triangles are angry because they believe they have been mistreated or humiliated, and they want it to stop (Felson, 1997). Perhaps aggression toward partners and rivals reflects their attempts to restore justice, save face, and deter behavior they find offensive.

In a study of over 2,000 homicides, I found that when women kill someone, they are almost twice as likely as men to be motivated by jealousy and love triangles (Felson, 1997). This suggests that jealousy is actually a more important motive in female violence than in male violence.[3] When I restricted the analyses to homicides involving heterosexual couples, I found that the percentage of incidents in which the homicide stemmed from jealousy or love triangles was about the same for males and females. Thus, love triangles are just as important in motivating females to kill their partners as they are in motivating males to kill their partners. These findings do not support the idea that male violence is more likely to be oriented toward the control of wayward partners. Both men and women get angry at their partners and rivals in this situation, and sometimes they use violence in an attempt to deter or punish them.

The choice of victim in homicides stemming from jealousy and love triangles also contradicts the idea that male offenders are attempting to control women. Male offenders are much more likely to kill their male rivals in a love triangle than their female partners. Approximately two out of three men kill their rivals, while two out of three women kill their partners. These results suggest that to the extent that male violence in triangles reflects a control motive, it is directed at men. This gender difference may be due to an inhibition against attacking females, but it may also be due

to the concerns of male protagonists in love triangles about saving face. The cuckold's loss of face may lead him to retaliate against his rival. Note that this gender difference involves face-saving, not the control motive.

I also examined the role of the control motive in love triangles among college students (Felson, 1997). I asked respondents whether they attempted to intimidate their partner or rival in order to prevent the relationship from continuing. Males were more than twice as likely as females to use intimidation to deter the rival from continuing the relationship. However, no gender difference was observed in the tendency to intimidate partners. The results suggest that men are more likely than women to have a control motive when they use violence in love triangles, but the violence is directed at other men—their rivals—not their female partners.

The results from the college student data also show that grievances and the desire for retribution play an important role in anger and aggressive behavior resulting from love triangles. Protagonists often believe that they have been lied to and betrayed. They attribute more blame and are more angry and aggressive when the partner attempts to hide the affair. They are more angry at the rival when the rival initiated the relationship and when the rival knew that the partner was already involved with the respondent. Anger is the response people have when they think they have been wronged, and it plays an important role in all types of dispute-related violence (see Dutton & Corvo, 2006).

In sum, conflict is inevitable when people have illicit liaisons or lose interest and pick new partners. The conflict resulting from divergent romantic and sexual interests can result in aggression and violence, regardless of gender. Women also get angry when their partners cheat on them or run off with someone else. They also want the affair to stop. Thus, retribution and face-saving as well as the desire to control motivate violence in love triangles. Again, it is important to make gender comparisons.

The Victim's Role

The examination of the causal effects of victims on men's violence against women sometimes leads to an accusation of "blaming the victim." This accusation reflects an approach to social science that I call "blame analysis" (Felson, 1991). It involves the evaluation of theories according to the extent to which they imply blame for members of protected groups. The goal of blame analysis is to defend the image of the protected group so as to reduce prejudice. Blame analysis confuses cause and blame and rejects theoretical arguments that posit any causal role for victims (or anyone) who are members of protected groups. It rules out certain explanations a priori. A causal analysis, on the other hand, allows the examination of all possible causal factors and is willing to consider the victim's role in the offense.

The victims of violence, however, are men and women, not angels. Sometimes they have engaged in aggressive provocations and sometimes their reckless behavior leads to conflict and attempts to punish them (e.g., Dutton & Corvo, 2006). In the case of intimate partner violence, the fact that the victim has chosen a violent person as a

mate suggests that some of them have their own problems. It is clear, then, that the behavior of victims often plays a causal role in their victimization. However, the fact that victims make mistakes does not necessarily detract from blame to the offender. Sometimes the provocation or misbehavior is minor and the offender has overreacted. The overreaction to minor provocations is one of the characteristics of violent offenders generally (Toch, 1993). Whereas most people might respond with mild irritation in a trivial slight, some offenders become extremely violent.

Sometimes victims' drinking plays a role in their victimization. In fact, male victims of IPV are much more likely to be drinking than other victims of violence (Felson & Burchfield, 2004). Approximately 40% of the men in this study were drinking when they were assaulted. Presumably, many of them were engaging in behavior that angered their partners. Of course, intoxicated or difficult husbands do not therefore deserve to be assaulted and killed. Leave blame analysis to the legal system. But to understand IPV one must study the social interaction leading up to it, including the causal role of the victim. We need to be able to discuss violence against women (and men) without a fear that we will be accused of blaming the victim.

On the other hand, male victims of IPV are *not* particularly likely to provoke their partners with their own violent behavior. Survey data shows that wives are actually *more* likely to initiate violence than husbands in domestic assaults (e.g., Archer, 2000). Perhaps they think the men will not retaliate because of the chivalry norm. At any rate, it appears that women's violence is more likely to be provoked by their partners' obnoxious behavior than their violent behavior. Given men's higher rates of deviance, it would not be surprising if they engage in behavior that motivates their partners to want to punish them. In addition, the idea that women do not get angry enough at their partners' offensive behaviors to become violent is not credible. Research shows that women are actually more likely than men to experience and express anger in response to similar provocations (see Brody, 1999, for a review). In addition, their anger is likely to be more intense and long-lasting. Finally, research consistently shows that women are more likely to complain than men, controlling for provocation (Kowalski, 1996). Complaining is a method of control.

Some incidents of victim-precipitation involve self-defense. Note that one cannot assume an incident involves self-defense just because the offender has attacked the victim before, even if the attacks have been "continual." Such incidents could just as easily be interpreted as retaliation motivated by the desire to save face or gain retribution (e.g., Hamby, 2009). At any rate, some scholars argue that woman use violence against their male partners in order to defend themselves (e.g., Dobash et al., 1992). The claim is used to counter evidence showing that women hit husbands as often as men hit wives. If female offenders are really victims who are acting in self-defense, then frequency counts are misleading.

Homicide research shows that women are much more likely to kill in self-defense than men, regardless of their relationship to the victims (Felson & Messner, 1998). However, police investigators attribute only 10% of homicides committed by wives to

self-defense; women kill their husbands for a variety of reasons. In addition, women who kill their husbands are no more likely to be motivated by self-defense than other female killers. The evidence suggests that the greater tendency for wives to kill in self-defense reflects the fact that women are generally less violent than men. However, it also suggests that most violent wives do not have an innocent motive or suffer from battered woman syndrome. Perhaps the battered woman syndrome is better understood as a reflection of the community's attitude toward violence against wives and women. A man who hurts a woman violates the norm of chivalry. People are so angry at these violent men that they are sometimes willing to excuse and justify vigilante death sentences carried out by their victims.

Other evidence also suggests that the women who kill or assault their husbands are not usually innocent of other crimes. We found that women who kill their husbands are just as likely to have criminal records as women who kill in other circumstances (Felson & Messner, 1998). In addition, the relationship between adolescent delinquency and spousal violence 10 years later is just as high among women as among men (Giordano, Millhollin, Cernkovich, Pugh, & Rudolph, 1999). The study also found that the relationship between spousal violence and respondents' tendency to describe themselves as angry and aggressive was actually higher for women than for men. In general, the evidence challenges the idea that violent wives are nonviolent against other people.

DO MEN GET AWAY WITH IT?

Activists claim that one reason men hit their female partners is because they think that they will not suffer any legal consequences. The victim does not report the incident to the police because of her dependence on her husband, her fear of reprisal, or her emotional vulnerability to her husband's "sweet-talking" (e.g., Pagelow, 1984). If she does report the incident, her husband only gets a "slap on the wrist." The criminal justice system is ineffective in its prosecution of violent husbands and in its ability to protect the victim from future attack. In addition, the woman's experience with the criminal justice system is likely to be extremely negative. In sum, the victim gets blamed and the offender gets off.

In a series of studies to be discussed, my colleagues and I challenge conventional wisdom about the legal consequences of intimate partner violence. In our work we examine the effects on legal outcomes of the gender of both offender and victim, and the victim's relationship to the offender. Many acts of violence go unreported and unpunished, so showing that this is the case for IPV is not very informative. We attempt to determine whether outcomes are different for IPV, particularly incidents in which men assault their partners.

When we estimate the effects of gender and the victim–offender relationship on legal outcomes, we always include controls for the social-demographic characteristics of the victim, whether the victim was injured, and other characteristics of the incident. In addition, we make a variety of comparisons. For example, it may be that

the response to IPV is different from the response to violence against strangers but similar to the response to violence involving friends and acquaintances. It may that the response to men's violence against their female partners is unique. Finally, it may be that the gender of offenders and victims has effects on legal outcomes regardless of whether the adversaries are intimate partners. Different effects imply different explanations.

Reporting to the Police

Our studies of reporting to the police are based on large victimization surveys such as the National Crime Victimization Survey (Felson et al., 1999; Felson, Messner, Hoskin, & Deane, 2002; Felson & Paré, 2005). These studies include more serious violent incidents than self-report studies, and they focus on incidents in which the respondent is clearly a victim. On these surveys, respondents who report that they have been physically attacked are asked if they or third parties reported the incident to police. Our analyses show that third parties are less likely to report assaults involving intimates than assaults involving people in other relationships, particularly if the assaults are minor.[4] Third parties are also less likely to report assaults against intimate partners because they are much less likely to be present during the incident. The fact that this type of assault tends to occur "behind closed doors" reduces the likelihood that it will be reported.

The evidence on victim reporting is different. It shows that victims are just as likely to report partner assaults as they are to report assaults by other people they know. The key difference for both male and female victims is in their response to violence by strangers and nonstrangers. If they know the offender in any way, they are less likely to report the incident. Thus one might say that violence between people who know each other *in any way* is underreported. The victim's decision is important, since victims are much more likely to report assaults to the police than third parties.

These effects do not depend on the gender of the offender and victim. The evidence does not support the idea that female victims are more reluctant than male victims to report their violent partners. Thus, we see no support for the hypothesis that male violence against female partners is particularly likely to go unreported. In fact, both victims and third parties are *more* likely to report violence if the victim is a woman. Nor do we see any evidence that women are particularly likely to tolerate assaults by intimates. Women are more likely to call the police than men, regardless of their relationship to the offender. Finally, we found no evidence that the reporting of partner assault has increased since the 1960s.

We have also examined the reasons people give for not reporting assaults to the police (Felson et al., 2002). The reasons victims give for nonreporting are not much different when the offender is a partner or someone else they know. For example, victims were no more likely to think an assault by their partner was a private matter than an assault by someone else they know. (Not surprisingly, victims are more likely to think

the incident was a private matter if they know the offender in any way.) Victims rarely mentioned the desire to protect the offender as the reason why they did not call the police, and they were no more likely to have this concern when the offender was a partner than when the offender was some other family member. Victims did not view partner violence as too trivial to be reported, nor did they think the police would take it less seriously or not believe them. In fact, victims of domestic assaults were *more* likely than victims of other assaults to view them as important, and they thought the police did also. Finally, we have observed some evidence in our work (albeit mixed) that female victims of partner violence are more likely than other victims to say that they did not call the police because of fear of reprisal (Felson et al., 2002). However, fear of reprisal is rarely given as a reason for nonreporting in victimization data. Fear of offenders is more likely to lead victims to report the offense than inhibit them from calling.

We have also examined experimentally whether the gender of the victim and offender and whether they were married or not affect whether people think the police should be notified about an assault (Felson & Feld, 2009). Experimental data is useful because it allows greater certainty that differences between incidents are adequately controlled. The data were based on a telephone survey conducted on a representative sample of 800 American adults in 2006. Respondents were presented with a scenario in which the gender of the offender and victim and whether the victim was a spouse or acquaintance were manipulated. The results suggest that Americans are more likely to advocate calling the police when men assault women, regardless of whether they are married or not. Their attitudes reflect stronger moral condemnation of men who assault women, as well as the belief that these women are in greater danger, even when the injuries are the same. The latter involves gender profiling, which is discussed in the next section.

In sum, our findings provide support for the idea that third parties, but not victims, are less likely to report IPV than other violence. They do not support claims that violence against female partners is underreported, however. Women do not have special inhibitions about reporting their male partners. In general the results show that both victims and third parties are *more* likely to report violence if the victim is a woman.[5] This pattern is observed with controls for whether the victim is injured and other measures of seriousness.

The Criminal Justice Response

Suppose the police are called. Are they less likely to arrest offenders who assault their partners than other assault offenders? The victimization data suggest that in incidents involving weapons or injury, the offender's relationship to the victim does not affect whether the police make an arrest (Felson & Ackerman, 2001; Felson & Paré, 2007). In the case of minor assault, on the other hand, there is some leniency shown when the victim knows the offender in any way. The police are less likely to treat a push or a shove as seriously if the parties know each other, and they are less likely to make an arrest.

We do see evidence that the police respond differently to men and women who assault their partners. However, the police are particularly unlikely to arrest women who assault their male partners, but not men who assault their female partners. Violent wives, not violent husbands, are more likely to avoid arrest. Perhaps this pattern reflects the effects of chivalry. Perhaps the police think the men can fend for themselves. Perhaps in many cases they can.

We also find evidence that the likelihood of arrest for assaults on intimate partners increased in the 1990s (Felson & Paré, 2007). These findings suggest that mandatory arrest laws did have an effect on the response of the police to partner violence, at least by the 1990s. After the introduction of mandatory arrest policies, the police were more likely to arrest offenders who assaulted their partners than other offenders. Both violent husbands and violent wives were more likely to be arrested. Thus, our results suggest that the police became more punitive toward men who assaulted their partners, when they had treated them like other offenders earlier. One could argue that mandatory arrest was a response to a reporting problem that did not exist. They continued to be lenient toward women who assaulted their male partners, but not as lenient as before.

We also see some evidence of an increase in the likelihood of conviction for IPV over time. Prior to 1990, offenders who assaulted their partners were less likely to be convicted than other offenders, regardless of gender. Leniency in conviction, however, largely disappeared in the 1990s. The courts got tougher on IPV, whether it was committed by men or women.

One reason the police might not make an arrest is that the victim will not cooperate. Are women less cooperative than other victims in the prosecution of their violent partners? We have already seen that they are not reluctant to call the police on their partners. The evidence from the National Crime Victimization Survey shows similar patterns. Both men and women are more reluctant to sign complaints against people they know than against strangers (Felson & Ackerman, 2001). In addition, women are *more* likely than men to sign complaints against their assailants, particularly if the assailants are their partners. Women are just as likely to sign complaints against their partners as they are to sign complaints against other people they know. In addition, victims generally are more likely to sign complaints against male offenders than female offenders. Thus, our research questions the idea that women are particularly unlikely to cooperate in the prosecution of their assaultive partners. The stereotype of passive or fearful women tolerating their husbands' violence is in direct contradiction to the evidence.

The belief that men's violence against their female partners is underreported and treated leniently when it is reported has had a great impact. Mandatory arrest was a policy instituted because of the belief that the police were not arresting enough violent husbands. In general, the evidence from this research does not support the idea that the police treated violent husbands more leniently than other violent offenders before mandatory arrest was instituted. However, an evaluation of whether police are too lenient in these cases depends on the values we apply. If we use a standard of equal justice, there should be the same treatment of offenders regardless of gender

and social relationship. On the other hand, if there is also an interest in protecting victims, there should perhaps be more harsh response to male offenders. For example, violent husbands tend to be more dangerous than violent wives: they are usually bigger and stronger, they produce more injury, and they tend to assault with greater frequency (Felson & Cares, 2005). Perhaps violent husbands *should* be treated more punitively than other offenders, even when their offense is no more serious, given the vulnerability of their wives. Perhaps it would be prudent to engage in some gender profiling. In sum, it might be useful to view protecting victims and equal justice as competing values that should affect our response to violence by intimate partners.

What about prosecution and conviction? Garner and Maxwell (2009) reviewed studies in five countries that show that prosecution of IPV against women is common. They find that on average, about one-third of the reported offenses and more than three-fifths of arrests result in the filing of charges; more than half of all prosecutions result in a criminal conviction. No comparison to other types of violence was made. In an American study, Kingsnorth and MacIntosh (2007) found that prosecution of IPV was much more likely against male offenders. Finally, Felson and Paré (2007) found that IPV was less likely to result in a conviction than other assaults, but that gender had no effect.

The evidence on sentencing suggests that, in general, male offenders are treated more severely than female offenders by the criminal justice system for the same offenses (Daly & Bordt, 1995). Franklin and Fearn (2008) found that sentencing was most severe when a man killed a woman and least severe when a woman killed a man, controlling for victim provocation. Finally, women are much less likely to receive a death sentence (Bureau of Justice Statistics, 2001). These findings contradict the activists' claim that chivalry is a reward to women for obedience and therefore is not available to women who violate gender roles. We respond more harshly to deviant men than deviant women. Finally, outside the criminal justice, anecdotal evidence suggests that men who violate gender roles are treated more harshly than women who violate gender roles. For example, a man who dresses like a woman is stigmatized more than a woman who dresses like a man.[6]

Victim Satisfaction With the Legal System

Another approach is to examine whether victims of IPV are less satisfied with the response of the criminal justice system than other victims. If victims are being mistreated by the police or the courts, one would expect them to notice it. For example, victims should be dissatisfied with the police if the police are disrespectful or skeptical about their charges. In addition, a subjective approach recognizes that victims may have other interests besides seeing the offender punished. They may want assistance in getting counseling or just sensitivity toward their situation. In our 2008 study we used victimization data to determine whether victims were dissatisfied with the way police handled their cases, and whether they had specific complaints (Felson & Paré, 2008). In the data, approximately one-third of victims were dissatisfied with how they

were treated by the police. This is not surprising since the legal system requires evidence before prosecution and since it is often not punitive enough for angry victims.

We found no evidence that female victims of assaults by partners are more likely to be dissatisfied with the police than male victims of assaults by partners. Nor are victims of intimate partners particularly likely to complain about police leniency, skepticism, insensitivity, or the failure of the police to do enough investigation. These findings do not support the literature criticizing the police for their handling of violence by male partners. In fact, it is male victims of partner violence who are particularly likely to complain about a lack of police investigation. Perhaps the police do not take these offenses as seriously as other offenses, or they believe that husbands can handle themselves.

Our evidence does suggest that victims are more dissatisfied with the police when the offender is someone they know as opposed to a stranger. Victims were much more likely to complain that the police were too lenient or too skeptical of their charges if they knew the offender. This pattern suggests that the literature criticizing the police for their handling of partner violence may be misdirected. If the police are responding inappropriately, they are doing so in response to offenses involving nonstrangers, not just partners or male partners. It may be, however, that dissatisfaction is greater when adversaries know each other, because it is more difficult to determine who is the guilty party. Scholars interested in the police response to IPV should consider police concerns in arrest situations generally.

Respondents on the survey were also asked whether they were dissatisfied with the courts. Approximately one-third of victims expressed dissatisfaction. We found no evidence, however, that female victims of assaults by partners are more dissatisfied with their treatment by the courts than other victims. This evidence is inconsistent with the idea that female victims of intimate violence are critical of the courts because their cases are not prosecuted or because they experience victim blaming. In fact, the evidence supports the idea that it is male victims of partner violence who are particularly critical of the courts. The effect is in the opposite direction to that predicted by the activists.

Our results show, once again, the importance of making comparisons across different offenses. Crime victims are often dissatisfied with the way the police and the courts handle their case. This is not surprising given difficulties in identifying suspects, the requirements of due process, and the measured response of agents of the criminal justice system. Victims are partisans, and they tend to favor severe punishment of offenders. It is necessary to compare responses to intimate partner violence to responses to other types of violence in order to determine whether those responses are unique. Studies of intimate violence in isolation, reliance on anecdotes, and the use of a utopian standard of comparison are misleading.

The Social Construction of a Social Problem

Why is the literature on violence and crime often ignored in the study of IPV? Why are the comparisons described rarely made? One can only speculate about this issue,

but the answer may have to do with ideology and the fact that the goals of activists are different from those of social scientists. One can look to the fairly extensive qualitative literature on the social construction of social problems for an explanation (e.g., Best, 1995; Loseke, 1992). According to this perspective, activists or "moral entrepreneurs" exaggerate the frequency and seriousness of social problems in order to draw attention and build political support for their cause. In the case of IPV, social activists use this method to draw attention to the issue of violence against women, and to obtain more funding for battered women's shelters and social programs. Their larger agenda is to fight sexism in all its forms, and they view violence against women as a part of that struggle. In fact, violence against women is a great issue to gain support for their cause. Conservatives are sympathetic since they tend to be tough on crime. The public hates "wife beaters" and is fascinated by violent crime. The media loves the issue because it gets them good ratings. As a result, violence against women is the poster child of feminist activists.

Thus, activists cite alarming statistics to support their claim that there is an epidemic of violence against women. Their counts are high because they include minor acts of violence that occur with much greater frequency than serious violence. For example, they count pushes and shoves and sometimes emotional abuse. The strong inverse relationship between seriousness and frequency is a well-known pattern observed for violence and crime generally.

To dramatize the problem, activists use language describing the most serious incidents to describe all incidents, even though most of the incidents they count are minor. Their argot is now public discourse. They call the offender a "wife beater" engaged in "continual abuse," even though most violence against women does not involve beatings or continual abuse. They label the victim a "survivor" or a "battered wife," even though the behaviors they study are rarely life-threatening and rarely involve battering. Then they can claim that wife beating is epidemic. In addition, the extreme language demonizes the offender and emphasizes the suffering and heroic struggle of female victims.[7] The media also focus on the worst cases, since they grab attention.

I am not questioning the importance of IPV as a social problem, or suggesting that funding of government programs be reduced. I am not arguing that minor forms of violence or other forms of mistreatment are inconsequential (see, e.g., Hines & Malley-Morrison, 2001). Some scholars may sincerely believe that the consequences of any violence are so negative that extreme language is justified. Others are simply following the standards of the field. I am only suggesting that, as social scientists, we should use clear and accurate language to describe the phenomenon we study. In my opinion, the study of family violence suffers from "language abuse" or "battered language syndrome." In the long run, one loses credibility with bumper sticker terminology.

CONCLUSION

If punches were thrown randomly, then half the bloody noses would belong to women. The questions to be answered are why women are much less likely to

be victimized than men, and why there is gender symmetry in the frequency of IPV. Men's physical advantage should lower their victimization rates relative to women. Perhaps men are more likely to be victimized than women because they are more provocative. Recall the evidence regarding assaults on intoxicated husbands. However, the evidence is clear in showing that there is a strong norm forbidding men from harming women. Every boy learns the lesson: "Don't hit girls." The fact that men sometimes violate the norm does not negate this obvious fact; all norms are violated at times. Chivalry is the elephant in the room that most scholars ignore.

Activists believe that a dark force of oppression—the patriarchy—controls every human activity. An omnipotent gender regime oppresses women and shapes everything we do and think. It explains why men hit women, but it also explains why women hit men, and even same-sex violence. Offenders don't do crime, they do gender. Women don't get angry, they only defend themselves from violent men. These scholars cannot imagine that even in an egalitarian utopia, there would be interpersonal conflict between men and women and people willing to do harm. While some of them recognize that other factors may affect violence against women, most give them minimal attention in their work.

Sexism may play some role in IPV, but that role has not been demonstrated. If the "patriarchal system" has such a strong effect on violence against women or female partners, we should see some evidence of its consequences. We should find that women are more likely to be victimized than men, and wives are more likely to be victimized than husbands. We should find that husbands are more controlling than wives. We should find that men who assault women or wives receive more lenient treatment by the criminal justice system. We should find that it is more permissible to joke about violence against women than about violence against men. We find the opposite.

From a scientific perspective, it is important to use accurate language to describe human behavior. The larger study of violence has a reasonable terminology, and those who study IPV should use it. On grounds of parsimony, we should apply theories of violence and aggression and only posit special theories if the general theories do not work. Finally, we need to make comparisons to find out when special theoretical explanations are needed. Making comparisons leads us to a different understanding of IPV. It also undermines the thesis that violence against women can be attributed to sexism.

NOTES

1. Thrill seeking is a fourth motive, but it is not very relevant to IPV.
2. Wives are not considered property in tribal societies, either (see Harris, 1997).
3. Other studies are either supportive or find no gender difference (see Harris, 2003).
4. The reluctance of third parties to intervene in violent incidents involving intimates has also been demonstrated in experimental research (Shotland & Straw, 1976).

5. Sometimes we also see evidence that violence between men and women is more likely to be reported than same-sex violence.
6. The tendency to respond more harshly to female promiscuity than male promiscuity—the double standard—appears to be an exception to the principle of greater leniency toward women.
7. One can view Johnson's (1995) distinction between intimate (or patriarchal) terrorism and common couple violence as a political compromise between feminist and domestic violence researchers. Calling violent husbands "terrorists" is inflammatory and misleading. Evidence described earlier questions whether producing terror is particularly likely to be the motive of serious offenders.

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viewpoint

Do We Want to Be Politically Correct, or Do We Want to Reduce Partner Violence in Our Communities?

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Due to the valiant efforts of victim advocates, a growing body of laws has been enacted across the United States, including the Violence Against Women Act (VAWA) in 1996, with the purpose of protecting victims of partner violence, holding their perpetrators accountable, and providing education and training to law enforcement, the courts and social service organizations. As a result, many positive changes have been made in society's response to partner violence. The possibility of further advances has been limited, however, because of the *gender paradigm,* the collective set of prevailing beliefs about family violence that have guided policy and intervention over the past twenty five years. In this article, evidence is presented against such paradigmic assumptions that partner violence is perpetrated exclusively or mostly by men, has adverse consequences exclusively or mostly to women, and that intervention ought to be limited to same-sex psychoeducational groups based on feminist ideology. A case is made for promising, evidence-based policy and intervention approaches.

KEYWORDS: abuse; gender paradigm; domestic violence policies; domestic violence treatment

> Let's be clear: promoting science isn't just about providing resources—it is also about protecting free and open inquiry. It is about letting scientists ... do their jobs, free from manipulation or coercion, and listening to what they tell us, even when it's inconvenient—especially when it's inconvenient. It is about ensuring that scientific data is never distorted or concealed to serve a political agenda—and that we make scientific decisions on facts, not ideology.
>
> —*Barack Obama*

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On June 10, 1983, Tracy Thurman called the police once again, begging for protection against her estranged husband, Charles, who was threatening to kill her. Although he had assaulted her many times in the past, her previous pleas for help had usually been ignored. The one officer who was dispatched to her home arrived 25 minutes after she had called and took time to relieve himself on the side of the house before he finally responded to her cries for help. By then Tracy had been repeatedly kicked in the head, and stabbed in the chest, neck, and throat in a vicious attack that left her paralyzed and permanently disfigured. She miraculously survived and later brought a lawsuit against the police and city of Torrington, where she lived.

In response to *Thurman et al. v. City of Torrington*, as well as similar lawsuits and the tireless work of battered women's advocates and other concerned citizens, legislatures across the United States began to address the problem of domestic violence, also known as *partner violence* or *partner abuse*, by enacting laws that would define assaults between dating, cohabitating, or married partners as crimes and hold perpetrators legally accountable for their actions. In 1994, Congress passed and President Clinton signed into law the Violence Against Women Act (VAWA). VAWA dramatically increased the role of the federal government in the effort to stop partner abuse of women by providing funding to state and local governments in implementation of tougher law enforcement responses; providing education to police, prosecutors, and judges; and expanding programs dedicated to helping battered women. VAWA also funded the National Domestic Violence Hotline, a toll-free service to victims that today contains a database of more than 4,000 shelters and service providers throughout the United States. Across the country, states passed additional laws criminalizing spousal rape and strengthening stalking laws; calling for the training of police officers and the creation of written policies on partner abuse; mandating family law judges to consider history of partner violence in child custody cases; requiring health professionals to promptly report domestic violence incidents to law enforcement; and, eventually, making it easier, through mandatory arrest and proarrest policies and restraining orders, for law enforcement to convict perpetrators.

Much has changed since Tracy Thurman lay helpless in her yard, the victim both of her husband's violence and society's failure to protect her. Our citizens are far more aware of this problem, and there is now in place a network of organizations on the national, state, and local level whose mission has been to protect victims, hold perpetrators accountable, and provide the information, expertise, and policies to prevent partner abuse from reoccurring into the next generations. In California, for example, partner assault arrest rates increased significantly after 1994, and, although these rates have subsequently declined, the ratio of offenders arrested per calls made by victims to the police has continued to rise, reaching approximately 25% in 2004 (Sproul, 2003). The number of shelters increased from only a handful in 1993 to about 110 in California currently, and over 1,800 across the United States. And according to at least one major source of domestic violence statistics, the National Crime Victimization Surveys, rates of partner assaults dropped from 5.8 incidents per thousand in 1993 to about 2.2 per thousand in 2005 (Catalano, 2006). We have reason to be proud

of the efforts made by victim advocates, service providers, legislators, and policymakers to stop domestic violence in our communities.

SHORTCOMINGS IN INTERVENTION AND POLICY

Nonetheless, our efforts appear to have fallen short. Despite an increase in the number of shelters over the past two decades, many struggle financially, and victims have to be turned away. Police in some jurisdictions fail to respond swiftly and decisively to domestic violence calls, allowing dangerous repeat offenders to continue battering their victims, sometimes with deadly results; and poor interagency coordination and perennial manpower deficits too often result in the underenforcement of restraining orders (Buzawa & Buzawa, 2002; Seave, 2006). In California, which has among the nation's toughest domestic violence policies, only half of offenders mandated to batterer intervention will actually complete that program as required by law (California State Auditor, 2006). But our efforts have also fallen short in other ways.

Limited Effectiveness and Unintended Consequences of Mandatory Arrest Policies

It is debatable whether mandatory arrest and so-called "no-drop" prosecution policies have been responsible for the decline in partner assaults, given a parallel decline in all violent crimes across the country. Many offenders will cease their violence on their own, regardless of whether or not they are prosecuted. Although these policies are intended to hold a greater number of perpetrators accountable, arrests are 60% less likely to result in conviction in mandatory and proarrest states compared to those with discretionary arrest policies (Hirschel, 2008). Mandatory arrest works primarily for the least dangerous offenders, who typically have jobs to lose and supportive families; it causes unnecessary disruptions to families, does not always serve well our poorest citizens and people of color (Mills, 2003), and sometimes impinges on civil liberties, especially on individuals who lack the financial resources to fight a frivolous or unsubstantiated case and, encouraged by overburdened public defenders, take a plea bargain in order to remain out of jail and return to work to support their families. Furthermore, by taking the choice about arrest and prosecution from victims and giving all the decision-making power to prosecutors, these policies disempower victims, inhibit them from reporting additional acts of violence, and put them at risk of further abuse (Hotaling & Buzawa, 2003). This may be one explanation for the decline in victim calls to police in California since 1994, when diversion, an alternative for low-level first time offenders, was eliminated.

Limited Effectiveness of "One-Size-Fits-All" Batterer Intervention Programs

The psychoeducational, same-gender group treatment mandated by most states—most notably the "Duluth" model based on feminist theories of patriarchy—has been shown by research to be only marginally effective in preventing further acts of

violence against victims (Babcock, Green, & Robie, 2004). One drawback is the lack of adequate training for batterer intervention providers: Many states lack standards, and one may be certified to conduct batterer intervention groups without any mental health background whatsoever (Maiuro & Eberle, 2008). Also problematic is that the standards that do exist are often overly restrictive, view intimate partner violence (IPV) within narrow ideological lenses, and discourage or outright prohibit crucial and relevant areas of inquiry such as child development, couple dynamics and family systems, and the role of anger, substance abuse, trauma, and psychopathology (Dutton & Corvo, 2006). This flies in the face of research finding heterogeneity in victims' experiences of abuse, levels of fear, and likelihood of further violence (Apsler, Cummins, & Carl, 2002), as well as the need for tailoring treatment to offender characteristics and needs (Murphy & Eckhardt, 2005).

Individual counseling is discouraged; and couples counseling, which has been shown to be at least as effective and safe as group treatment (O'Leary & Cohen, 2007), is prohibited in most states, as is family therapy or restorative justice interventions that involve the community (Grauwiler, Pezold, & Mills, 2007; Hamel, 2008). Such prohibitions are extremely misguided, because partner abuse is usually bilateral (e.g., Straus, 1993; Whittaker, Haileyesus, Swahn, & Saltzman, 2007), with reciprocal negative interactions among both partners (e.g., Babcock, Waltz, Jacobsen, & Gottman, 1993; Ridley & Feldman, 2003; or see Noller & Robillard, 2007, for review.) Therefore, when only one person is treated, there is an increased risk that the violence will begin anew.

Cost to Families and Children

Regardless of the perpetrator's gender, children who witness aggression between parents are emotionally impacted and at greater risk of being directly abused (Davies & Sturge-Apple, 2007) and should obviously be shielded from such exposure, through law enforcement and Child Protective Services—or, in divorce cases, the Family Court. Rebuttable presumption custody guidelines, however, are only as good as those who apply them. We assume that child custody mediators, evaluators, and judges are well-informed about partner abuse and rely on up-to-date, empirically sound assessment protocols. Recent research suggests that, on the whole, they do not (Dutton, Corvo, & Hamel, 2009; Hamel, Desmarais, Nicholls, Malley-Morrison, & Aaronson, in press). Thus, some batterers are able to obtain custody of their children, while perfectly capable, nonabusive parents are denied access due to unsubstantiated accusations and frivolous restraining orders. When this happens, it is the children who suffer most.

THE GENDER PARADIGM

On the whole, it can be assumed that most individuals who work in the field of domestic violence are sincere in their desire to reduce the prevalence of partner abuse. The problem is not a lack of good intentions. In addition to society's reluctance to adequately fund prevention and intervention efforts and victim services, and a tendency to overly depend on law-enforcement approaches, we ought to finally admit,

if we are honest with ourselves, that partner abuse intervention and policy have been driven far more by ideology and political considerations than the accumulated body of research data (Dutton & Corvo, 2006; Mills, 2003; Straus, 2007). Evidence of this pervasive *gender paradigm* (Dutton & Nicholls, 2005)—which minimizes female aggression and incorrectly identifies patriarchy as the sole cause of partner violence, but which is rarely questioned due to fear of violating political correctness—has been found among mental health professionals (Follingstad, DeHart, & Green, 2004), domestic violence treatment providers and advocates (Hamel, Desmarais, & Nicholls, 2007), and family court mediators, evaluators, attorneys and judges (Dutton et al., 2009; Hamel, Desmarais, Nicholls, Malley-Morrison, & Aaronson, 2009; Muller, Desmarais, & Hamel, in press). The gender paradigm, as Don Dutton explains elsewhere in this issue, has compromised not only intervention and policy, but sadly, even the research upon which they ought to be based.

Women overall represent the larger share of victims in non-Western countries (Archer, 2006). Furthermore, there is no doubt that women everywhere suffer greater physical injuries than men and have more reason to be in fear of physical harm. However, as early as the 1970s, findings from the first National Family Violence Survey indicated that male and female intimate partners in the United States assault one another at approximately equal rates; and similar results have since been found in representative sample surveys and dating studies from other Western industrialized countries (Archer, 2000; Fiebert, 2008). There is also evidence that worldwide rates of dating violence perpetration are similar between men and women within educated, relatively affluent university student populations (Straus, 2001),

Other research finds that men and women initiate assaults at approximately equal rates; that most domestic violence, by either gender, is *not* in self-defense; and that with the exception of sexual coercion and physical stalking, men and women engage in emotional abuse and controlling behaviors and combine these with physical abuse at comparable rates (e.g., Felson & Outlaw, 2007; Laroche, 2005; also see Graham-Kevan, 2007, and Hamel, 2009, for reviews). Although the psychological harm of physical abuse is generally greater for female victims, there is little difference across gender in the effects of emotional abuse, which is both more frequent and more distressing to victims (Coker et al., 2002; Harned, 2001; Lawrence, Yoon, Langer, & Ro, 2009; Prospero, 2008; Taft et al., 2006; Vivian & Langhinrichsen-Rohling, 1994). It has also become evident that male and female perpetration are similarly motivated and share common etiological roots (Medeiros & Straus, 2007), with patriarchal power far less of a factor, and personal and relationship power of greater importance, in Western industrialized countries such as the United States (Archer, 2006: Felson, 2002). And yet, men currently account for 80% of individuals arrested for domestic violence and 90% of individuals mandated to batterer intervention programs (Price & Rosenbaum, 2007). This disparity cannot be explained away simply by the greater injuries suffered by women, as mandatory and proarrest laws allow for misdemeanor convictions without visible injury. How, then, can we effectively reduce domestic violence if we are focused primarily on one-half of the offending population?

Data from large representational surveys, dating populations, and clinical samples (Dutton, 2006; Hamel & Nicholls, 2007) and law enforcement (Toon & Hart, 2005) indicate that partner aggression tends to be bidirectional, with no clear dominant aggressor and both parties contributing to the cycle of abuse. Among samples drawn from abused women's shelters and men's batterer intervention programs, we find surprisingly high rates of assaults by victims who do not always act in self-defense (McDonald, Jouriles, Tart, & Minze, in press; Pizzey, 1982; Saunders, 1986; Stacey, Hazlewood, & Shupe, 1994). However, because of lobbying efforts by battered women's advocates who object to rising rates of dual arrests and arrests of female offenders, many states have established "dominant aggressor" guidelines. Good in theory, such guidelines are difficult to put in practice. Even if the arresting police officer can reliably identify the dominant aggressor in *that* particular incident, he or she is unlikely to have the training or time to determine which party, if any, is the dominant aggressor in the relationship as a whole. Indeed, when men are arrested, they are not necessarily the more physically and psychologically abusive partners (Capaldi et al., 2009). Rigid distinctions between "perpetrators" and "victims" may be convenient for the judicial system, but they do not serve well the needs of families. When we hold only one party responsible, we misuse limited resources and hinder our efforts to stop the cycle of abuse in that relationship.

Men incur roughly a third of partner violence–related physical injuries, and more than a fourth of assaults leading to serious injuries, hospitalization, or death (see Hamel, 2009, for a review). More recently, a national Center for Disease Control study (N = 11,370) found comparable rates of injury among those young men and women, ages 18–28, who are involved in mutually violent relationships (Whittaker et al., 2007). Still, the overwhelming majority of national and local domestic violence organizations, such as the National Coalition Against Domestic Violence (NCADV) and its state chapters, are focused exclusively on helping abused women, and only a very few shelters in the United States currently offer beds to male victims and their children, typically in the form of hotel vouchers (Hines, 2009). Until the law's reauthorization in 2006, VAWA language limited funding to abused women and their children; it remains to be seen when money will actually be released to assist men. In California, Health and Safety Code 124250 was recently amended to expand funding previously reserved exclusively for heterosexual women to include victims of domestic violence in the gay, lesbian, bisexual and transgender (GLBT) community. Conspicuously absent were services for heterosexual men and their children. Only because of a lawsuit and subsequent court order has the California legislature moved to address this inequity. How serious is our commitment to protect victims, and indeed children, when we exclude such an obviously large segment of the victim population on the basis of gender?

Elsewhere in this issue, the clinical director of one California shelter writes:

> At the foundation, feminism is about the equality of both genders. Feminism does not require or seek greater power but rather a balance of power. To provide a needed service for one gender to the detriment of the other is not in alignment with feminist ideals. To dismiss the larger issue of violence against females as a

> global, political issue would be doing an injustice to females everywhere. However, serving male victims does not deny or exclude the issue of women's rights. Somehow these issues become co-mingled and appear to be exclusionary. Some of the controversy is due to concern over limited funding and various interest groups wanting their primary interest to have the maximum resources available. This conflict turns the issue into a polarizing debate which is not helpful for victims. (Rooney, p. 119)

NEW DIRECTIONS

Three decades have passed since findings from the first National Family Violence Surveys were published, sparking a controversy that continues to be debated within the research community to this day. Many important questions have been raised; some have been answered, some not; but one fundamental question cuts through all of the rhetoric, and how we answer it may determine the success of our collective efforts: *Do we want to be politically correct, or do we want to reduce partner abuse in our communities?* If we are serious about pursuing the latter course, we ought to insist that research be judged and promulgated solely on an empirical basis.

Political issues regarding, for instance, the status of women, will sometimes need to be addressed, but always within a context of scientific inquiry. *Partner Abuse* through publication of original research studies, descriptions of innovative and promising treatment and prevention programs, and the resolute advancement of evidence-based laws and policies, will provide such a context. There is no reason to believe that either/or thinking cannot be overcome, or that disparate views cannot be reconciled. Can we not individually and collectively fight sexism and the oppression of women—*and* commit ourselves to evidence-based, gender-inclusive interventions and policies? Given funding deficiencies, can we not find a way to prioritize victim services on the basis of need rather than gender? Can we not provide protection to abused women and their children—*and* appropriate services to abused men and to victims within the GLBT community? Is it not possible to make sure that victims are protected from the most dangerous, repeat offenders through a vigorous criminal justice response when necessary—*and* that reasonable steps be taken to also protect civil rights and victim choice, and to preserve families?

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programs and practice

Guiding as Practice: Motivational Interviewing and Trauma-Informed Work With Survivors of Intimate Partner Violence

Motivational Interviewing and Intimate Partner Violence Workgroup

Over the last five years, a new paradigm has emerged in social services. Numerous social service providers are now being asked to provide treatment within a framework of trauma-informed care. Trauma-informed services recognize the pervasive impact of current and previous violence on the everyday lives of many clients. Such services prioritize the establishment of a safe, trusting relationship where trauma can be disclosed. Trauma-informed services also account for the potential effects of clients' experiences of violence and trauma on their relationship to treatment and to treatment providers. This article describes trauma-informed services and the potential that Motivational Interviewing (MI), an evidence-based, client-centered, and guiding communication style, holds for utilization within trauma-informed work. A case vignette is provided which demonstrates primary MI skills that can be used to create a climate of safety and trust, and effectively elicit and strengthen clients' motivation for change. A discussion of the case and ethical aspects associated with MI in trauma-informed work is also provided. In addition, suggestions are made as to the potential MI holds for further use with traumatized clients.

KEYWORDS: intimate partner violence; substance use; ethics; practice; motivational interviewing

There is increasing awareness of the necessity to provide trauma-informed services to improve the system of care (including substance use disorder [SUD] treatment, mental health treatment, and domestic violence services) for women who have experienced violence (Elliot, Bjelajac, Fallot, Markoff, & Reed; 2005; Finkelstein et al., 2004; Harris & Fallot, 2001; Salasin, 2005). Trauma-informed services are delivered based on the recognition of how violence impacts individuals' lives and development and they reflect this awareness in all levels of service delivery (Elliot et al., 2005). From the trauma-informed perspective, some client behaviors that have been conceptualized by other approaches as maladaptive and/or representing

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a pathological noncompliance with sound treatment strategies and recommendations are better understood as reactions to unresolved trauma that can become threatening to the client in the change process (Saakvitne, Gamble, Pearlman, & Tabor Lev, 2000).

While the focus of our project and specifically the vignette we provide revolves around female survivors, we acknowledge the fact that men (Archer, 2000; Houry et al., 2008; Próspero & Miseong, 2008) and transgendered people (Zaligson, 2007) also experience intimate partner abuse. The emotional impact of domestic violence on men, while not as severe as the impact on women, is not negligible; and recent research finds that the effects of psychological abuse and control are comparable across gender (Hines & Malley-Morrison, 2001). Motivational Interviewing (MI) has been shown to be effective for both male and female consumers for a variety of behavior changes (Miller & Rollnick, 2002; Rollnick, Miller, & Butler 2008; Rubak, Sandboek, Lauritzen, & Christensen, 2005). Consequently, we propose the MI intervention in this article as applicable to all survivors regardless of gender identity or sexual orientation.

The effects of exposure to trauma and/or intimate partner violence (IPV) may lead to difficulty in establishing trust with providers, caution in what is disclosed, and sensitivity to shame and guilt. Trauma-informed services are those that respect the needs of survivors as affected by their history with traumatic experiences and provide interventions in ways that are safe and quick to build rapport. These are different from trauma-specific services, which are those services designed to specifically address the trauma and its related problems (Harris & Fallott, 2001; Huntington, Moses, & Veysey, 2005). Through collaborative relationships with survivors, the goal of trauma-informed services is to help set the stage for addressing current trauma-based symptoms, as well as the concerns that caused the client to seek help initially.

The purpose of this article is to describe theoretical and practice intersections between trauma-informed IPV practice and MI, a communication method designed to engage clients and help them strengthen their own internal motivators for change. It describes how many of the fundamental components of MI complement trauma-informed work. A brief vignette is also provided to demonstrate the general tone and process of an MI interview with an IPV survivor.

MOTIVATIONAL INTERVIEWING AND TRAUMA-INFORMED WORK

Motivational interviewing is "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Rollnick, 2008) in regards to a targeted or chosen behavior. The purpose of MI is to create a nonjudgmental, supportive environment for survivors as they move through various stages of behavior change, and to guide them in exploring and ultimately strengthening their motivation for health-promoting change. Meta-analyses have found that the use of MI (by itself or in conjunction with other

treatment modalities) improves client adherence to the change process and retention in treatment (Arkowitz & Burke, 2005). Preventing treatment dropout is an important issue when working with trauma survivors, thus making MI a helpful adjunct to other skills service providers might use to engage this client population.

At the heart of the approach rests the spirit of MI (discussed later), which includes a variety of processes to establish a client–helper environment, including collaboration, evocation, and support for the autonomy of the client (Miller & Rollnick, 2002). MI involves practicing specific skills, including assessing motivation, confidence, and readiness for change; asking open-ended questions; using reflective listening and summaries; exploring ambivalence in regards to change (when relevant); avoiding the temptation to confront (and therefore amplify) resistance; and eliciting and responding to client language suggesting desire, ability, reasons, need, and/or commitment to change. Many similarities exist between MI and trauma-informed practice (see Table 1). Both focus on strengths and self-efficacy, while emphasizing collaboration, empowerment, respect for choice, and understanding of the survivor's perspective.

The development and maintenance of collaborative relationships are at the core of MI and trauma-informed work. A key premise of MI is that motivation for change is "formed in the context of relationships" (Rollnick, 2008, p. 6), and that the way in which we communicate can influence motivation for change. When providers try to persuade, shame, or blame people into change, they often evoke all of the individual's reasons *not* to do it. Similarly, in trauma-informed practice, relationships and human connection are central to healing.

MI and trauma-informed practice both seek to empower individuals by supporting their self-efficacy and by enhancing their confidence that change is possible. When negotiating the goals of trauma-informed work and MI, the focus needs to be on behaviors that survivors can control, including but not limited to behaviors associated with self-care, safety planning, health, social supports, addictions, and employment. Wahab (2006) suggests that when considering the use of MI with survivors involved in violent relationships, it is vital to keep in mind that IPV occurs within the context of a relationship. Individuals in abusive relationships have control only over their own behaviors; they cannot control the behaviors of their partners, nor should they be encouraged to do so. Despite taking action and changing one's behaviors, a violence-free life cannot always be secured.

A key concept in MI is that the service provider (SP) needs to resist the "righting reflex"—the desire to make better, fix, or prevent harm (Miller & Rollnick, 2002)—before the client has specifically asked for such assistance or given permission to provide it. When working in the area of IPV, the urgency and pull to protect and persuade survivors to make changes can be heightened, particularly when their life and relationship circumstances are deemed life-threatening by a provider. For example, SPs can inadvertently replicate controlling behaviors that survivors have experienced in the past by pushing for the survivor to leave their abusive partner (Wahab, 2006). Such desire to protect an IPV survivor can have a paradoxical effect in that the more the SP argues the case for change, the more the natural response for the client is to provide

TABLE 1. Relationship of Trauma-Informed Work to Motivational Interviewing

Trauma-Informed Practice	Motivational Interviewing (Miller & Rollnick, 2002)
Emphasis on safety, respect, and acceptance while avoiding treatment that might retraumatize (Elliot et al., 2005; Jennings, 2004).	Emphasis on respect, empathy, and acceptance while avoiding confrontation.
Emphasis on listening to and believing the survivor (Jennings, 2004).	Emphasis on reflective listening to ensure accurate understanding.
Emphasis on understanding the person and her symptoms in the context of her life experience, culture, and society (Elliot et al., 2005; Jennings, 2004).	Emphasis on individuals being the experts in their lives.
Emphasis on collaboration, power sharing, and empowerment (Elliot et al., 2005; Jennings, 2004; Saakvitne et al., 2000).	Emphasis on collaboration, power sharing and empowerment.
Emphasis on suspending judgment through asking "what has happened" to the person rather than "what is wrong" with the person (Harris & Fallot, 2001; Jennings, 2004; Saakvitne et al., 2000).	Emphasis on suspending judgment through exploring experiences and perceptions rather than labeling.
Emphasis on strengths, highlighting adaptations over symptoms, and resilience over pathology (Elliot et al., 2005).	Emphasis on supporting self-efficacy through affirmations that highlight strengths and positive coping skills.
Emphasis that recovery can only take place within the context of relationship (Elliot et al., 2005; Jennings, 2004).	Emphasis on relationship as foundational to the change process.
Emphasis on maximizing choices and survivors' control over recovery (Elliot et al., 2005).	Emphasis on supporting autonomy and increasing perception of choice.

the other side of the argument (Miller & Rollnick, 2002), and to disengage from services (Grauwiler, 2008).

APPLICABILITY OF MI IN TRAUMA-INFORMED HELPING

The "Spirit" of MI

MI creates a collaborative climate[1] in which client motivation for change can emerge and grow by evoking the client's own desire, ability, reasons, and needs for change, and

by supporting both the client's decision-making authority in regards to change, and her or his autonomy in all other aspects of treatment planning. Such is the environment most trauma-informed providers also nurture to maximize the likelihood that clients will engage in the helping process and not feel threatened or controlled by it. Beyond its methods and strategies, however, empirical evidence suggests much of the operant mechanism by which MI works has to do with the therapeutic alliance that is created when the principles that guide provider decision making are strictly adhered to (Moyers, Miller, & Hendrickson, 2005). Several elements of the MI approach with potential for contributing to helpful trauma-informed IPV work are outlined in the following.

Listening and Empathy

Skillful and strategic use of reflective listening to obtain and express empathy is fundamental to MI and trauma-informed work. The purpose of reflective listening in MI is to assist the clients to hear important, change-liberating elements of their thinking (and speech) and to assist the clients to think through what is reflected to them. Listening to survivors can have a powerful impact. In one study using MI in street outreach with female sex workers, researchers found that what participants remembered most was the respectful listening they experienced (Yahne, Miller, Irvin-Vitela, & Tonigan, 2002). They especially noted that they were not labeled or judged.

Affirmations

Reflecting strategic affirmations in MI is a powerful way to build self-efficacy and trust, and to express empathy (Miller & Rollnick, 2002). Identifying key moments to use affirmations in conversations with survivors in genuine ways to mine for experiences that highlight self-worth and self-efficacy is a key skill. Skillful trauma-informed practitioners who also have training in MI are especially competent in identifying "opportunity sightings" for the use of reflections to affirm and reframe thoughts, feelings, behaviors, and circumstances as skills and strengths.

Exploring Ambivalence

Although not always the case, often those affected by IPV are conflicted between their motives for maintaining the status quo and for pursuing change. As long as such motives compete, and as long as a survivor is unable to achieve resolution of such conflict, one will remain stuck. "Ambivalence is a reasonable place to visit, but you wouldn't want to live there" (Miller & Rollnick, 2002, p. 14).

One technique used in MI for working on resolving ambivalence about change is called values clarification (Wagner & Sanchez, as cited in Miller & Rollnick, 2002), whereby the MI practitioner works to highlight discrepancy by exploring with the clients ways in which their current life conditions conflict with their core values or life goals. In this way, MI is well suited for work with survivors, as it allows them to move

in and out of ambivalence, exploring the various and often complicated circumstances in their lives, with the intended goal that the clients arrive at their own desired goals and methods for change.

Focus on Change Talk

A fundamental purpose of MI involves eliciting (from the survivors) their own desires, reasons, abilities, needs, and, ultimately, their commitment to pursuing change, otherwise referred to as "change talk" (Miller & Rollnick, 2002). There are a number of methods by which MI practitioners elicit change talk. Such methods help prevent providers from being enmeshed in the "blaming trap" (Miller & Rollnick, 2002). MI does not concern itself with blame, but rather it emphasizes evoking the survivors' will to change behaviors and circumstances that are within their control. Such a focus is often helpful in working with trauma survivors, who may become stuck in emotional pain and a sense of helplessness, rather than a focus on their capacity for change (Miller & Rollnick, 2002, p. 63).

A BRIEF MI DISCUSSION CONSISTENT WITH THE TRAUMA-INFORMED APPROACH

The following vignette is presented to demonstrate the use of some fundamental MI skills and concepts with an IPV survivor in the context of a nonresidential domestic violence agency.

> **Provider:** Hello Sarah. How have you been doing since we last talked? [Open-ended question]
>
> **Sarah:** Oh pretty good, I guess.
>
> **Provider:** So things have been going well. [Reflection] Tell me a little more about that. [Open-ended question]
>
> **Sarah:** Hmmm well things were okay during the week but the weekend was pretty bad.
>
> **Provider:** It sounds like things have been up and down [Reflection]. I have to say, it's great to see you here today though, despite the weekend you've had. It would be easy to have just avoided coming in today I'm sure. Your perseverance is a good sign that you're able to keep focused on your goals. [Affirmation and support for self-efficacy]
>
> **Sarah:** Well, I've never really thought I had much perseverance.
>
> **Provider:** You sound upset about what happened over the weekend. [Reflection, including affect]
>
> **Sarah:** I was with the kids all day Saturday and Saturday night. We got invited to a party at a neighbors to watch football and the kids could play with their kids I said to my husband "let's go" so we did … I had a few beers.

Provider: You needed a break from everything. [Reflection]

Sarah: Yes, I know I talked about how I should drink less and how drinking seems to make things worse at home but it was just a few beers.

Provider: Thank you for your honesty about what happened. [Affirmation] You went to a neighbors' party and had a few beers. [Reflection]

Sarah: Yeah but one of the guys said some things to me and got my husband upset so when we got home, before I could even get the kids to bed, he started yelling. He had more than a few beers so he was really loud and threatened to hit me … but he didn't.

Provider: Things got out of hand when you got home and it was really frightening. [Reflection, including affect]

Sarah: (crying) I don't know what to do.

Provider: This isn't the kind of marriage or home life you want for yourself and your kids. [Complex reflection, including client's desire for change]

Sarah: Right. But he is a good father and he has a good job. I don't have any money to support myself and my kids.

Provider: You love your kids a lot and want to take good care of them. [Reflection, including affirmation]

Sarah: I really do, but I guess sometimes what they see isn't very good for them. And I started thinking about it after he passed out Saturday night—it was just an innocent party and I was enjoying myself and to have to deal with this. …

Provider: You want to have a life where you can enjoy going to your neighbor's and talking to other people without getting threatened at the end of the night. [Reflection including client's change talk—desire for a better life]

Sarah: Right. He apologized on Monday and said it won't happen again. And then I got upset and he just wants to act like it never happened.

Provider: He wants to forget about it.[Reflection]

Sarah: Yes, but this is how things go. I'm getting pretty tired of always being upset, or worried, or scared.

Provider: This is wearing you out and you wonder how much longer this will go on. [Reflection]

Sarah: Yes, what if it's forever? What if it never changes? I don't want my children to live like this forever. I don't know what to do. I don't know if I could leave him.

Provider: Let me see if I have this right. Your week was going pretty well but then the weekend came and what seemed like a simple get together at a neighbor's turned into your husband getting upset and yelling and then threatening to hit you. You wonder how long this will go on and you wonder

about the impact it might be having on your kids. You also worry some about your drinking. You're not sure if you could leave your husband and at the same time you want to feel safe and you want your kids to feel safe, so you've thought about the possibility of leaving. [Summary, including illumination of ambivalence and reflection of key issues that may serve to strengthen discussion about the desire, ability, reasons, and need for changes in her home/parenting and relationship situation] That's a lot to be dealing with. [Affirmation] So, thinking about all of this: Where does that leave you? [Open-ended key question to elicit change talk]

Sarah: I don't know. (silence) … It's like a cycle, like you told me about. I know something has to change … maybe if I could start saving a little bit of money I could go ahead and get my teaching credential that I've been putting off. I had some courses completed when we got married but I don't know how he will react. I'd like to finish my education. I need to figure this out. I have to figure out what I want.

Provider: You remember that we talked about the cycle of violence and you don't want to be stuck in a situation like that. One possibility you have thought about is saving some money and getting your teaching credential. [Reflection of desire for change/goals] What else do you need at this point? What do you think you'll do next? [open-ended questions to elicit change talk and to focus on the client's autonomy]

DISCUSSION OF THE CASE SCENARIO

Central to MI is the collaborative nature of the working relationship between the provider and survivor. In this brief conversation the SP sets the tone for a collaborative working relationship by recognizing Sarah as the expert on her life and experiences. By using an open-ended question to ask about how she has been doing, the SP invites Sarah to control the initial direction of the session. The SP uses reflections to convey accurate empathy about what Sarah has experienced and therefore facilitates the building of trust and rapport. The use of reflective listening by the SP also serves to help Sarah hear important elements of her thinking, feeling, and experience and to help guide the conversation in the direction of Sarah's desire for change. Trust and rapport are enhanced by offering an affirmation of Sarah's honesty in revealing that she had been drinking alcohol, in spite of previous discussions about the possible negative consequences of this behavior.

As Sarah talks about the violence, the SP does not continue to ask questions or focus on the specifics of what happened. Instead, she reflects the discrepancy between what Sarah was hoping for in the situation ("You want to enjoy going to your neighbor's") and what did happen ("Things got way out of hand and it was really frightening"). In this way, the SP also reflects Sarah's ambivalence about her relationship but does not take a position about what Sarah should do. No arguments for change are made, and this gives Sarah the opportunity to explore and work on

resolving her own ambivalence. By avoiding arguing for change, which would most likely elicit a defensive position from Sarah, the counselor leaves room for Sarah to bring up her own concerns around the need for change. Sarah begins to ask the kinds of questions that can produce change talk. This is a signal to the SP that Sarah is potentially moving in the direction of change. The SP then uses a double-sided reflection to capture both sides of the ambivalence, as she summarizes everything the client has shared. The SP also uses empathy in the summary ("That's a lot to be dealing with"). The summary is followed by an open-ended key question: "So, thinking about all of this: Where does that leave you?"

When Sarah answers the question by stating that she does not know and becomes silent, the SP resists the temptation to give advice or to offer solutions for her. Instead, the SP demonstrates a belief in Sarah's self-efficacy and autonomy and waits for her to expand on her answer. By doing so, new information is revealed. Sarah introduces the possibility of becoming more independent by completing a previous educational goal. The provider reflects this one option back to Sarah, again resisting the urge to tell Sarah what choices she should make, and asks about what else is needed. It is important to note that the interviewer provides guidance in the session, focusing Sarah on specific issues by choosing what content is reflected. At the same time, by using this approach, whatever plan is eventually reached, it will be based on Sarah's goals, abilities, motivations, and values, and not on the SP's "prescription" of what she or he feels may be best.

When working with issues where there is a history of risk for IPV, it is crucial to address safety concerns for both the client and any children involved. In the example, as the provider and Sarah move forward, the SP can ask permission to give Sarah feedback about any concerns for Sarah's safety and ask permission to collaborate on a plan to create a strategy for responding to potential future violence. By asking permission, the provider maintains the collaborative nature of the working relationship and demonstrates respect for the client's autonomy.

A NOTE ON ETHICAL COMPLEXITY AND "ITCHES"

Practitioners of MI are not unaccustomed to wrestling with the potential ethical "itches" that rightfully manifest when there is less than total congruence between the aspirations of a provider in an MI session and those of a client. MI is described as a "guiding" approach to strengthening motivation for positive change toward a (specified) target behavior (Rollnick et al., 2008). Depending on how the concept of "guiding" is understood, and depending on what "target behavior" is identified and by whom, many people who work with trauma survivors are cautious, if not downright leery, about the concept of guiding, especially when guidance may involve conflicting agendas between provider and survivor.

Rollnick et al. (2008) suggest that interviewer aspirations for client behavior change, while perfectly understandable and natural in those who want to be helpful, can be problematic in maintaining the foundational (autonomy-supporting) spirit of

MI. The tendency to want to "rescue" the client contradicts the practice of MI and other ethical approaches to trauma-informed work. Often the concepts of "steering" or "navigating" are used in such a way as to suggest that it is the role of the provider to "keep one eye on the compass" and on the intended destination, in order to know whether the general trajectory of the treatment is "on track" or "on target."

Although guidance-oriented metaphors are helpful for general explanations of the MI method, they may also oversimplify the ethical dilemmas faced by many of those who use MI in a trauma-informed context. An MI provider works to supply direction and movement to the interview by differentially reflecting the survivor's statements and by eliciting specific types of change talk to guide the conversation in the general direction of a goal. The question for many professionals is how to support clients' autonomy without imposing the provider's aspirations for the client. With its emphasis on supporting client autonomy and "gently steering" toward goal-oriented change, MI can be a helpful antidote to the phenomenon of the "privileging leaving" bias (Wahab, 2006) when working with survivors of IPV.

CONCLUSION

Trauma-informed work and MI converge around a number of important principles, theoretical concepts, and skill sets. MI serves as a useful template to guide the ethical practice of those who work with survivors of IPV and other forms of trauma, and we contend that the very heart of the mechanism that drives MI is the free will that is sparked when true collaboration meets with the evocation of clients' desire for change, along with respect for their autonomy in decision making. It is the experience of the authors that MI provides important and useful principles that serve to inform SP guidance of survivors who have trauma backgrounds. It also provides a foundational skill set that can be easily and objectively measured so as to ensure fidelity with the practice and to support legitimacy of research that involves its practice.

As an interviewing style that is both person-centered and guidance-oriented in its practice, MI enables SPs to carry out the intentions and goals of trauma-informed practice. It has been our collective experience, in using MI to inform our work with survivors of IPV and other forms of trauma, that this approach holds much value in preventing the imposition of helper bias and control onto survivors. This is an important contribution to the training of those who work with such populations, given that the "righting reflex" is often alive and well (and well-intentioned) but thwarts progress in those who have experienced victimization.

MI provides a useful framework for how to guide trauma survivors without imposing pressure to conform to externally imposed behavior change requirements that may resemble or contain elements of the abusive and confrontational tactics that have been used against them in the past. The need for working collaboratively with clients ensures that providers are "walking the walk" and not just "talking the talk." So as not to see MI as a technique, or a trick, or a skill that can be "done" to clients to make them do what the SP thinks is best for them, providers who seek to use MI to

work in a trauma-informed manner must be well trained and therefore able to practice the MI approach with fidelity.

Clearly, more research is needed to investigate the effectiveness of this change facilitation approach when used with those affected by IPV and other forms of trauma. Such clients need to be asked how they respond to the approach and followed to determine how MI influences functioning in major life areas of client functioning.

NOTE

1. These three concepts (collaboration, evocation, autonomy), collectively, are often referred to in the literature as the "Spirit" of MI.

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Court-Mandated Group Treatment for a Violent Woman: Roxy

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Significant debate exists in the field about when to respond and how best to intervene when partner violence has occurred. This case study tells the story of a woman who was arrested for partner violence and was court-ordered to a 52-week treatment program. Her childhood was one of ongoing trauma, abuse, and abandonment. As an adult, all of her adult intimate relationships included violence. She was sometimes the victim, sometimes the offender, and often both. The program she attended, NOVA Non-Violent Alternatives, uses a psychotherapeutic approach of cognitive–behavioral strategies grounded in attachment theory, trauma theory, and social learning theory. In addition to learning specific skills for emotional self-regulation, communication, and respectful relationships, clients examine the influences of their family of origin experiences—and how those shaped their beliefs about themselves, their intimate relationships, and how they get their emotional needs met—and share these insights in the group. Roxy's narrative illustrates the generational nature of family trauma and violence. Although despairing because of her ongoing problems, she would not have sought help on her own. It took the authority of the court to require her to get help and then to hold her accountable.

KEYWORDS: women; women's violence; abusive females; female partner violence; domestic violence; intimate partner abuse

I have been a clinical social worker for 36 years, the last 25 in private practice in Santa Rosa, California. Before that, I worked in a variety of private nonprofit settings. In my private practice I work with children, adolescents, families, couples, and individual adults. Although my practice is a general practice, I have worked extensively with issues related to various types of abuse—to self or to others

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(e.g., eating disorders, child physical abuse, childhood molestation, addictions, and domestic violence).

In 1997, two colleagues and I founded NOVA Non-Violent Alternatives, a 52-week certified domestic violence treatment program. I cofacilitated our first group for men and soon recognized that women are equally capable of partner violence as are their male counterparts. I began working more and more with women who were court-ordered to treatment but was frustrated that books, treatment manuals, and trainings for providers with few exceptions (e.g., Koonin, Cabarcas, & Geffner, 2002) focused solely on working with male offenders. My experience was that while both men and women share many characteristics in common, they also have unique differences that have implications for treatment. I eventually wrote the book that I wished had been available when I began working with female offenders: *Domestic Violence Treatment for Abusive Women: A Treatment Manual* (Bowen, 2008).

In my private practice and through NOVA, I work with women and men—both voluntary and court-ordered to treatment. Our program offers same-gender groups using a primarily psychotherapeutic model. While skill training is valuable, I believe the best treatment not only incorporates social learning research and cognitive–behavioral strategies but is also grounded in attachment and trauma theory (Leisring, Dowd, & Rosenbaum, 2003; Sonkin, 2007; Stosny, 2004). What matters most is the *relationship* that the client has with the therapist and, in the case of group treatment, to the other group members (Eckhardt, Murphy, Black, & Suhr, 2006). At NOVA, group facilitators foster and maintain these bonds by acting as a "secure base," teaching and demonstrating empathy and acceptance, encouraging constructive feedback, and tailoring the educational material as much as possible to each client's needs. The following case study is a composite of cases. All identifying information has been changed.

CASE STUDY

If you saw her walking down the street, at the grocery store, or at your child's school, you would probably think "What an attractive, nice young woman!" Roxy was a 30-year-old White woman who was bright, articulate, and friendly. She had earned her GED (General Educational Development) and completed two years at the junior college. Because she was a hard worker and personable, she was always able to find a job—and she had had many.

It would never occur to you what was really going on in her life. Roxy had recently been released from jail and was on probation for assaulting her boyfriend. Terms of her probation required her to attend a 52-week domestic violence treatment program. And so she was referred to NOVA.

Assessment

Because we believe that the client–therapist relationship is the foundation for good treatment and authentic change, all contact that a client has with NOVA is with

the same therapist throughout the time she or he is in our program. This includes everything—all phone calls, assessment, setting and collecting fees, homework, therapy, communication with the probation office, contact with partners, dealing with problems and complaints, and so on.

Initial assessment occurs in an individual one-hour interview. The purpose of this interview is to obtain a psychosocial history, determine the client's appropriateness for the group, and evaluate her attitude and readiness for change (Murphy & Maiuro, 2009). This meeting is also an opportunity to further establish a trusting relationship and define clear boundaries and expectations while she is participating in the group.

Primarily two criteria are used to decide if she is accepted into NOVA: Does she take responsibility for her own behavior? And does she want help? We want to convey our view that, no matter the complexities or circumstances that brought them to NOVA, clients are responsible for their own welfare and direction in life. And we want them to "buy in" to treatment by thinking about how they might benefit from participation in our program.

In her initial assessment, Roxy disclosed that she and her ex-boyfriend, Steve, had a stormy on-and-off relationship over the previous 10 years. They were either together and fighting (both being physically and verbally abusive) or they were in other relationships.

During one particularly intense fight 8 years ago, Steve broke Roxy's nose. He was arrested, jailed, and placed on probation and completed a 52-week program. When they reconciled, she became pregnant with their daughter, Lacee (now age 7 years). In one fight, Steve shoved her against the wall, leaving bruises and scratches on her arms, held her face-down on the ground, and intentionally burned her leg with a cigarette. She broke free, grabbed Lacee (then 3 years old) and left. Neighbors called police. Steve was arrested and again attended a 52-week batterer intervention program.

Roxy obtained a restraining order and full custody of Lacee but had no place to live. So she moved in with an acquaintance, Carl. They quickly developed a romantic relationship that followed patterns similar to her relationship with Steve—intense fights in which both were verbally and physically violent. In one such fight, Roxy reported that Carl fractured her skull. Police were called, again by neighbors, and Carl was arrested, jailed, placed on probation, and ordered to attend a 52-week program. Roxy was taken to the hospital. Lacee went to live with her father, Steve, because Roxy could not care for her. Roxy had no further contact with Carl.

When she was discharged from the hospital, she had no place to go, so she moved in with Steve. They decided to live as roommates and coparent Lacee but also began sleeping together. After about a year, Roxy suspected that Steve was lying to her. She arranged to come home early one day and walked in on Steve—having sex with one of Roxy's best girlfriends, Amber. Roxy became enraged, jumped on top of them and began hitting Steve in the face and arms with her keys. This time Steve did not fight back. He managed to escape and called police. Roxy was arrested, jailed,

and pled guilty to domestic violence. Steve sought and was granted full custody of Lacee.

Roxy was forthright, thoughtful, and reflective as she described all of this. After she was released from jail, she called another acquaintance and lived with him briefly, until she met another man, Rick, with whom she has been living. She said she likes Rick a lot but is unsure she wants to have a committed relationship with him—even though they do have sex.

When asked what she wanted to gain from participating in NOVA, Roxy said her goals were as follows:

> I need peace of mind. I get fed up with people and can't handle the choices they make. I would like to have more verbal control. I get on a roll with how I feel or my expression of a situation because I'm too stubborn to leave a problem alone. I sometimes take things too personally. I want to know how to make better judgment calls when people are expressing themselves and how to communicate better with the rest of the world.

Roxy was accepted into the program.

Treatment Goals

In addition to Roxy's personal goals for the program, NOVA's goals are for a client to:

- Stop violent behavior.
- Take responsibility for her own behavior (without minimization, denial or blame).
- Identify physical, emotional, and behavior cues that signal escalating danger.
- Establish safety—physical and emotional—for herself, her children, and her partner.
- Understand the dynamics and effects of partner abuse. Recognize unhealthy interaction patterns compared to healthy ones.
- Learn skills for respectful communication, problem solving, and conflict resolution.
- Learn emotional self-regulation.
- Overcome the effects of childhood and/or adult trauma so that memories are integrated into a survivor's life story.
- Increase capacity for empathy and compassion for self and others.
- Increase autonomy and self-esteem.

Group Therapy

Roxy joined a group of 10 women, each at various stages throughout the 52 weeks of the group. Each woman introduced herself with a brief statement describing her behavior that landed her in NOVA.

Roxy told the group, "Even though this is the time I was the one arrested and put on probation, every relationship I've had has been violent and I could have been arrested many times before. This just happened to be my turn." She snickered as she told about suspecting something was up, deciding to come home early from work and then finding him in bed with her girlfriend. She continued to laugh as she told about hitting him with her keys and pulling him off the bed by his hair.

The group listened silently and somberly. When she was finished, I said, "I'm curious about your laughing. ... I'm wondering what that means? Are you meaning to say that you think this situation was funny ... or is it something else?" Roxy paused. She took a deep breath and told the group that she did not think what she did or what happened was funny, but that she often laughs when she is uncomfortable, that she was feeling nervous speaking and having everyone pay such close attention to her. She said she was relieved to not be in that situation now but still feels angry about it and doesn't want to cry in front of a room full of strangers. She still has to interact with Steve because she is trying to get increased visitation and shared custody of their daughter. She added, "I've had to accept that Steve is still with Amber—my girlfriend who he cheated with—and now they are going to get married. That is all I ever wanted to have with him, and it really hurts." The other women responded empathically—thanking her for sharing so honestly, reassuring her that they have felt the same hurts, and reassuring her that her pain won't last forever and she will get help here, that crying in group is often a turning point—like a rite of passage.

Homework and Skill Development

Concurrent to group participation, each group member must complete weekly homework that requires them to write about a situation in which they experienced negative emotions. We have found that assigning homework helps maintain therapist–client bonds and increases motivation and the likelihood of successful program completion. The forms we provide give step-by-step instructions for cultivating self-awareness, processing uncomfortable emotions, recognizing both inflammatory and calming self-talk, and choosing behavior that is respectful and nonviolent toward self and others. The therapist reviews homework, writes comments and questions, makes suggestions, and returns the writings to the client. Often, clients will share these same situations in group and ask for group feedback and advice.

Roxy, by her own admission, loved doing homework. She began turning in three to four times the amount of entries that were mandatory and said she was finding this exercise really helpful for calming herself, organizing her thoughts, understanding situations that baffled her, and thinking about how she could respond. Her entries often dealt with ongoing verbal conflicts with Steve about custody and visitation, stress at work (including a supervisor making sexual overtures to her), her relationship with her boyfriend, Rick, and her relationship with her daughter. Roxy revealed herself to be hypersensitive to rejection, terrified of abandonment, and yet at the

same time demanding, angry, and dismissive—characteristics of what she eventually learned was an insecure/disorganized attachment style.

Roxy also began to see the power of what she told herself—how her self-talk (interpretation of situations and others' motives) often led her to devalue her own feelings. She would then lash out and tell herself that she was morally justified. Because she chose partners much like her, this led to mutually escalating cycles of tension and violence.

Roxy's first response to others was usually to assume they had negative motives ("mind-reading"). For example, she often told herself, "He's trying to get a rise out of me!" or "He thinks he can control me by asking me that!" or "They think I'm a bad mom so that's why they're not returning my phone call!" She found that when she was aware of her self-talk, she was able to challenge it and replace it with messages that were more objective and calming (e.g., "It doesn't matter what he is trying to do. *I* choose how I will respond, how I will behave." Or "I can't read his mind. He has a right to his own views and I to mine. I don't have to agree to anything right now. I can think about it and decide later." Or "I don't have to take this personally. They may have other things going on that I don't know about."). Through the insight she gained from her writing and the feedback she obtained in the group, Roxy was able to shift her focus from *others* and their intentions, to *herself*—awareness of her own feelings, emotions, thoughts, experiences, and intentions. In doing so, she also became assertive when in the past she had been hostile and violent.

She began to learn to breathe, calm herself, and develop boundaries. When other women appeared to not be taking the group seriously, she spoke up. One woman told the group she'd been having nightmares, precipitated by her distress that another group member was making excuses for her husband having molested their daughter (because he gave the mother money, jewelry, gifts, etc.). Roxy was compassionate and supportive to the woman with nightmares. She then told the mother she felt angry and frustrated with her. She told about the deep psychological impact on her of not being protected when she was a child, how it still hurts her now and she doesn't really let anyone get close to her. She then questioned how this woman could not do more to protect her daughter.

Other group members grew to admire and respect Roxy as someone who listened carefully to them and gave thoughtful, sensible feedback. When they were in crisis, they often called her for advice.

The Next Arrest

Roxy maintained that her relationship with Rick was the healthiest one she'd ever had. She confided in him more than she ever had in any other partner. She told him about her experiences with violence, and he told her, "What you did was not OK but I'm glad you're getting help … everything happens for a reason." He also told her he wanted to take care of her. Sometimes he criticized how she described interactions with Steve. Roxy told Rick that he didn't know enough about her relationship with Steve to say the things he did.

Steve told Roxy that his girlfriend, Amber, was better than her and that he'd spent the child support payment Roxy gave him on an engagement ring for Amber. Roxy said, "I told him he went through an anger management program twice and knows when it's time for a time-out … and I hung up!" She shared this in group, crying, and listened to the other women respond.

One evening, when Roxy had been in the program approximately 12 weeks, she called Steve regarding logistics of the upcoming exchange of their daughter. Steve was drunk. Roxy said, "He told me I was a piece of shit, he was going to punk me, that I'd bend over and he'd stick it to me." Roxy hung up the phone and told Rick what he'd said. Rick called back Steve and yelled at him. Steve yelled back, hung up … and back and forth it went, each insulting and threatening the other. Roxy told Rick not to interfere. He apologized to her but objected that it was not all right for anyone to treat her like Steve did.

A few days later, she left a phone message at my office, crying hysterically. Everything had blown up, she had called 911, and the police were on their way. When I called a half hour later, Roxy had been arrested and taken to jail.

What had happened was that when Steve had earlier come to pick up their daughter, Lacee, all of her things were packed and by the door. Steve wanted to talk to Rick "man on man," but Roxy told him to leave with Lacee. He refused and got chest-to-chest with Rick. Roxy grabbed Lacee with her things and took her out to the car where Amber was waiting. Amber got out of the car and told Roxy she was a pathetic excuse of a mother. Roxy slapped her. Amber pushed Roxy … and a fight ensued. Roxy grabbed Lacee and ran back inside the house, calling the police. When the police arrived, neighbors told them they'd seen Roxy push Amber and slap Steve.

By then, Steve and Amber had Lacee in their car but didn't leave. As the police put handcuffs on Roxy, Lacee bolted from the car toward her mom. Roxy was crying, screaming, and cussing at the officer. "The officer said he was going to taze me if I didn't knock it off … because I was mouthy and wouldn't shut up. I'd forgotten everything I've learned so far in NOVA. When I feel helpless, I get emotional."

Roxy was released from jail a few days later. I had her meet me at my office to discuss what happened. She said that the worst part of all was when her daughter called after her release and wanted to know if she was safe. Lacee had seen the officer pull out a gun and was worried that Roxy had been shot.

When the group met the next week, Roxy processed the experience with the other women. She had been thinking all week of each step in what had happened and told the group each thing she thought she could have done differently.

> I didn't follow through with the agreement we'd had about doing exchanges at the police station. … I wish I hadn't let Rick call Steve. … I have to remember to not even talk to Steve when he's been drinking. … I need to stay calm. I could've stayed inside the house when Steve and Amber arrived. … I didn't need to say anything to Amber.

Roxy also disclosed that she and Rick had argued about the part each played in what happened. She thought he wasn't taking enough responsibility for his part and worried that it could happen again.

Family of Origin

How did this happen? How can a woman who is bright and motivated, who often demonstrates impressive skills for respectful, nonviolent communication, suddenly forget what she has been taught—and then respond with violence? Having good relationship skills is helpful, but it is not enough. She needs to understand how she got to where she now is: a treatment program because of her violent or abusive behavior. She needs to be honest with herself about her early relationships with parents (or other caregivers) and how those informed her beliefs about herself, her choices in adult attachments, and how her emotional needs can be met. In NOVA, every participant has a turn at sharing her family of origin in the group. To provide a foundation, we first spend significant time in group talking about attunement, attachment theory and attachment styles, family dynamics, and the impact of trauma and the brain.

From before she could remember, Roxy did not believe she was worthy of love. She was born into a chaotic, violent family that was overwhelmed with many problems. Adults were inconsistent and inattentive, consumed with their own interests. Her efforts to connect were met with rejection, abandonment, and abuse. These early traumas left her desperate to be loved and yet terrified of intimacy.

Like her childhood relationships, her adult intimate relationships were also unstable, inconsistent, and violent. She was desperate for attachment but anticipated she would not be loved. And so she chose partners who were incapable of forming loving, stable, committed relationships. Her terror at perceived and real abandonment alternated with defending against the vulnerability she experienced with closeness. There was so resolution for her. This was expressed in rage and violence toward *and* with partners.

Roxy told the group the following about herself:

> I was the youngest of eight kids. I never knew my biological father because he was married to someone else when my mom had an affair with him. She thought he'd leave his wife and marry her … but he never did.
>
> We kids lived off and on with mom's parents. I was really attached to them. With all of mom's problems, she was always getting us taken away. She was a raging alcoholic and speed freak, abusive to us and always seemed to be with men who beat her or beat us. The police were always coming out to wherever we were. We were always moving and often homeless. From birth to age eight, I was in 26 foster homes.
>
> My grandparents said they were too old to raise us, so mom signed over adoption papers. My adoptive parents promised to let me keep in contact with

my grandparents, but they didn't follow through with that promise because mom kept going back to their house … my adoptive parents didn't want mom's influence around me.

My adoptive parents were very responsible and stable. They provided a lot of structure and enforced my education. I tried hard in school but it was never enough. They were also very religious and conservative. I wanted more freedom than they allowed. I think the way they disciplined me was more with criticism than with reassurance. I have no idea what love is.

I got into fights at school all the time. I spoke my mind, my piece. My adoptive parents didn't like that I had boyfriends and that I dated older guys. So, when I was 15, I started running away and lost my virginity. I was tired of hearing from my adoptive parents that I was going to turn out like my biological mom—a loser, a nothing, a drug addicted alcoholic who abandoned her kids and sold her body to survive. I was tired of criticism. I fought with my adoptive mom one time and she pushed me to the ground. She pressed charges and I went to juvenile hall. I got sent to group homes, ran away, lived with different relatives, was homeless a lot, and finally got to live with my older brother who made me get my GED and get a job. He was in a gang but he watched out for me. My grandparents each died and my brother went to prison.

So, I was on my own. I always worked—mostly fast food places or retail. I met Steve and soon moved in with him. I got pregnant with Lacee and then he broke my nose. I moved out and rented a room in a big old house. Steve said he was sorry and promised to never do it again. I told myself that I needed a family so I got back together with him. He was heavily into cocaine.

This is the first time I've had a chance to really think about how I've come to the life I have. My life has always been challenging. It takes a lot of work to be a survivor and somehow that's all that I've managed … to just survive. My lifestyle has been crazy unstable … shameful. I really remember what it was like to be afraid of my mom. I don't trust anyone. I don't want to open up. I'm afraid of rejection. I don't want to be close … but really I do. I want my daughter to have a secure attachment with me, but I know I've been too messed up to be there for her like she needs.

Going around the group, each woman in turn responded to Roxy. Many wept as she spoke. They were horrified and saddened to think of all of the tragedy she had experienced and how alone she had been. They suggested that her violence seemed to happen when she was frantic and terrified of being rejected or abandoned.

Consistently, women remark that the experience of sharing such intimate information about oneself in group is transformative, particularly when the group is as cohesive and accepting as Roxy's. She told the group, "I think I've never had a close relationship until coming to NOVA. … I guess you all are what 'close relationship' means to me."

Outcome and Conclusions

As Roxy approached the end of 52 weeks, she came to me tentatively. She said she was feeling nervous about leaving and saw her connection to me and the group as something that has helped her stay stable and manage her life. We discussed her options (continuing voluntarily in group, individual therapy, couples therapy with Rick).

Roxy felt that she had accomplished the program's goals, as well as her original personal goals. I agreed. She saw herself again and again able to recognize her physical cues when starting to feel angry. She was able to stop herself, breathe slowly, and, if necessary, take a time-out. She was able to calm herself and think through how she wanted to respond.

For example, she and Rick had made plans to celebrate their dating anniversary. She bought expensive steaks to barbeque, set the table with candles, and wore her prettiest dress. When he called an hour after he was supposed to be home and said he'd forgotten about the date because he'd been at a friend's house playing video games, she said she felt hurt that he had forgotten and was glad he was OK and thanked him for calling. After she hung up the phone, she cried, called a girlfriend, and then took a hot bath to relax. When Rick arrived home, he expected to be ripped apart. Instead, Roxy told him she wasn't ready to talk and asked if they could wait until the next day. He was surprised but agreed. When they sat down the next day, Roxy told Rick that she realized she was falling in love with him and when he didn't show up, she felt really hurt and thought he didn't care about her and never would. Rick was taken aback by Roxy's vulnerability with him. He apologized profusely and told her that he really did love her. Both of them saw this interaction as a positive turning point in their relationship.

In contrast to her relationship with Rick, Roxy had learned to be cautious about interacting with people whom she found difficult. She was able to be nonreactive to people who used to annoy her. And in the process, she guarded her safety and was better able to protect her daughter. She said:

> Steve is who he is. I can't do anything to change him. I don't have to like him. I don't have to agree with him but I also don't have to get into arguments with him. I can be civil with him because he's my daughter's father—and I love *her*.

This was a significant epiphany for Roxy and helped her to define and maintain strong boundaries.

She ultimately decided to not continue any therapy and said she wanted to see how she would do on her own. She commented that she felt "the torch of the strong voice in group" was passed to her from former members when she was new, and now she was passing the torch to other, newer women.

In Roxy's final group session, she told about the original incident that led her to NOVA. The longer clients are in the group, the more likely they are to reveal additional

details about past violent behavior. At this last group session, Roxy disclosed that she and Steve had been using meth together in the period of time before her first arrest. She said:

> When I saw him in bed with Amber, I freaked. I was so desperate. I actually went for Amber but Steve grabbed me … that's when I punctured him with my keys. I knew the police were coming. When Steve and Amber were running out to meet them, I went crazy. I cut holes in his pants and underwear. I thought "He'll have to go days with holes in his underwear! That's what he gets for being a cheat!" The cops knocked on the door and arrested me. The worst part of all was that Lacee saw it all. I will never forget—she looked so little and so alone.
>
> Now my relationships are based on what I see, not what I want to believe. Now, I have words, I can leave. I've always looked for someone to love me, care for me, someone who wants to be with me. Now, I'm a lot more careful. I'm embarrassed by the choices I made but those mistakes have taught me a lot. I'll never put hands on anyone again.

It has been several years since Roxy completed NOVA. She usually calls or sends a card about once a year to check in with me. She goes to Narcotics Anonymous meetings once in a while. She still lives with Rick and shares custody of Lacee with Steve, now married to Amber. Roxy has not been violent again.

Was treatment successful? This is a more difficult question to answer than it may seem. On the surface, Roxy successfully completed court-ordered treatment and has not reoffended with partner violence. However, on a deeper level, she has only begun the journey she will travel the rest of her life—acknowledging her own past trauma, honoring her experiences, yet refusing to pass the violence and trauma on to the next generation.

Roxy would not have sought help on her own. Although distressing to her, violence was an accepted part of her life. It took the authority of the court to require her to get help and then hold her accountable.

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The Evolution of Services for Male Domestic Violence Victims at WEAVE

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Domestic violence victim service providers are challenged to create programs that are responsive to a broad range of clients who are diverse in gender and sexual orientation and present with a spectrum of abuse histories and complex co-occurring conditions. The scope of victim services needs to be examined and adjusted in order to better address the complicated issues that these clients present. This necessitates expanding beyond the feminist-based peer-counselor model that most domestic violence agencies are founded upon and integrating a gender-inclusive clinical approach that addresses the relational dynamics of the abuse and underlying psychotherapeutic issues. WEAVE, Sacramento County's primary provider of domestic violence services, is successfully modifying its culture and programs to be more responsive to clients of both genders accessing services with various trauma histories.

KEYWORDS: domestic violence; gender inclusive programs; male victim services; co-occurring disorders; shelter services

At a recent community presentation, three domestic violence survivors, graduates of WEAVE's counseling program, discussed their past experiences. One client was a Middle Eastern woman in her twenties who had experienced abuse in an arranged marriage after she migrated to the United States; the second was an African American woman, a hair stylist who had been married for 30 years; and the third was a White man with a Ph.D. who was recently retired from government work. Their stories, like their ages, genders, and ethnicities, were varied. There were, however, common themes, such as their experience of being abused by their intimate partners and the help they received from WEAVE. Five years ago, this panel would not have occurred at WEAVE. Male victims lacked access to the programs and services needed to

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address the violence they were experiencing. A female panelist articulated the reality of domestic violence succinctly: "Domestic violence is not a gender thing, it is a people thing." Reconciling this reality with the feminist-based philosophy on which most domestic violence programs are founded creates an ongoing dialogue and tension.

WEAVE is the primary provider of domestic violence services in Sacramento County and has been a well-respected nonprofit in the area for over 30 years. WEAVE's origins follow a path similar to most domestic violence programs. WEAVE originated when three Hispanic women brought female victims of domestic violence into their homes. In 1978 they started the organization, which at that time was called Women Escaping a Violent Environment. Today, WEAVE serves over 20,000 domestic violence and sexual assault survivors through a support and information line, shelter, emergency response, and counseling and legal services. While women represent the majority of primary victims seeking WEAVE services, 328 men received assistance from WEAVE through one or more of these services in 2008.

I am writing this article on services for male victims of domestic violence from the perspective of being a feminist, a Licensed Marriage and Family Therapist, and the Director of Programs at WEAVE. My understanding of how to address the issue of serving males in this movement has evolved over the last 10 years and I am sure will continue to do so as more research is completed and experience is gained.

The dilemma that many of us face regarding providing appropriate services to male clients is how to honor the global gender inequities that exist for women and, at the same time, recognize that males also are victims of domestic violence needing assistance. These issues somehow mirror another convergence in the field, which is the grass-roots feminist foundation of many domestic violence agencies that are based on a peer-counseling model, in contrast to professional psychotherapeutic models, which are based in family system theory and clinical research.

When I first started working at WEAVE in 2003, it was apparent from the peer-counselor training model that domestic violence was a societal and political issue exclusively based on gender power differentials. The crisis intervention approach was presented as a one-size-fits-all response. The curriculum was taught through a single lens of (1) women as victims; (2) men as perpetrators; and (3) little hope of perpetrator rehabilitation or family reunification.

The gray areas between perpetrator and victim were not addressed (McDonald, Jouriles, Tart, & Minze, in press). The contributing factors to violence in relationships, like addiction and mental health issues, were discarded as excuses for the violence. The model does not allow for the consideration of contributing factors as directly relevant conditions that, if treated successfully, could positively impact the relationship dynamics.

The issue of lesbian and gay violence was mentioned, but it did not fit the framework of the gender-based philosophy. Because violence in same sex-relations created disparity with the singular focus, it was downplayed.

The absence of a comprehensive approach that considered multiple contributing factors and options did not resonate with what I knew to be true clinically. Coming

from a systems-based, clinical background, this did not make sense, knowing the complexity of relationship dynamics. As a victim services provider, we were only getting half the story and seeing half of the picture, which did not allow us to assess the whole family and possibly intervene in a more productive manner.

After working in the field for a time, the simplistic view of gender-based violence was found even more inadequate, because some clients were coming in with stories of mutually combative relationships. Other clients were the victim in their first relationships and now were the primary aggressor. Many times Child Protective Services would refer both parties in a domestic violence dispute. Both partners were victimized and both had perpetrated violence, so both the male and the female were mandated to both victim and perpetrator services. If reunification therapy was the goal, it was rare that the domestic violence counselor was part of that process, because victim services providers were not viewed as marriage counselors.

In order to address safety concerns and stay within funding stipulations, we were forced to create a first-come, first-served policy that resulted in the first "victim" in a couple who received counseling needing to complete services prior to the second "victim" receiving his or her services. There were too many variables to have the simple theories set forth in the peer training be clinically useful for the diversity in our clients' experiences.

Victim services are presently intertwined with the issue of gender, but, as the complexity unravels, it is apparent that either party in a couple, either heterosexual or gay, can experience a power differential that ignites violence. The abuse is not necessarily related to gender but can be. In order to welcome and serve lesbian, gay, bisexual, transgendered, and queer (LGBTQ) victims, a philosophy other than one that is gender-based needs to evolve. The question is how to acknowledge the aspects that are related to gender and serve all victims regardless of gender in the most effective way. In the last five years we have worked to create a program that acknowledges the gender issues that arise without creating an unfair bias toward one or the other.

How to evolve from being a grass-roots, feminist-based organization to a professional, clinically sound model while honoring the best of both worlds is a challenge with which we have struggled. The internal conflict has created an opportunity to develop a new paradigm. There are strengths and drawbacks to each modality. The underlying question that must be asked is: Does serving male victims exclude feminist theory?

At the foundation, feminism is about the equality of both genders. Feminism does not require or seek greater power but rather a balance of power. To provide a needed service for one gender to the detriment of the other is not in alignment with feminist ideals. To dismiss the larger issue of violence against females as a global, political issue would be doing an injustice to females everywhere. However, serving male victims does not deny or exclude the issue of women's rights. Somehow these issues become comingled and appear to be exclusionary. Some of the controversy is due to concern over limited funding and various interest groups wanting their primary interest to have the maximum resources available. This conflict turns the issue into a polarizing debate, which is not helpful for victims.

Depending on what research is done by what interest group, the case is made in their favor. Between 600,000 and 6 million women are victims of domestic violence each year, and between 100,000 and 6 million men, depending on the type of survey used to obtain the data (Rennison, 2003; Straus & Gelles, 1990; Tjaden & Thoennes, 2000). The debate over whether female aggression is exclusively linked to self-defensive behavior is being disputed, based on national representative sample surveys that indicate that mutual combat is the norm in violent households (Morse, 1995; Straus, 1993; Whittaker, Haileyesus, Swahn, & Saltzman 2007). Crime studies and shelter surveys support the traditional feminist view, while clinical data and national surveys support a gender-inclusive approach.

It is still widely agreed that female victims in domestic violence situations are in greater danger of serious injury or death. In 2002, 76% of intimate partner violence homicide victims were female and 24% were male (Fox & Zawits, 2004). Also due to pay disparities and traditional gender roles in which the woman is responsible for the home and child care, female victims have less monetary resources to become financially independent of their abusers. According to the U.S. Census Bureau in 2004, women earned 23.5% less than men earned (Longley, 2004). These factors should not invalidate the need for domestic violence services for men who are victimized by their partners, who are at risk of injuries, and who need assistance in creating a safe, violence-free life for themselves and their children.

Traditionally, domestic violence victim services have been designed to address the needs of a female victim in a patriarchal relationship. This approach only addresses a portion of relationships in which domestic violence occurs, to the exclusion of all the other types of abuse dynamics that happen between intimate partners. The opportunity for feminist-based domestic violence victim services providers is to create programs that take the multifaceted dynamics into account without losing sight of the larger women's rights issues. The issue of treating abuse in a specific relationship does not need to be linked to an ideology that is gender-based. We lose sight of the human element whenever we categorize clients and attempt to intervene based on our preconceived understanding of their experience.

The fathers' and men's rights movements are gaining momentum in response to concern over some men being abused not only by their partners, but also by the system that was created to protect women. They are advocating for men to have equal services and to be recognized as victims. The barriers to leaving an abusive relationship for men include fear of failure, fear for the children, few resources, shame, stigma, and discrimination. Men are often reluctant to report abuse because of gender conditioning and concern about being ridiculed (Cook, 1997; Hamel, 2007; Hines, Brown, & Dunning, 2007.)

Unfortunately, either partner in a couple, of either gender, can attempt to manipulate the system in their favor or have the children used as pawns in their struggle to maintain control in a relationship. The key for service providers is to assist victims, regardless of gender, based on what is known today according to research and best practice. It is important to recognize and address the many complexities in

relationships, including cocombative violence, severity of abuse, and the risk factors that contribute to domestic violence.

What is known about trauma in either gender is that it can create issues that require long-term therapeutic intervention:

> The experience of violence and trauma can cause neurological damage and can result in serious negative consequences for an individual's health, mental health, self esteem, potential for misuse of substances, and involvement with the criminal justice system. Indeed, trauma survivors are the least well served by the mental health system, as they are sometimes referred to as difficult to treat—they often have co-occurring mental health and substance abuse disorders, can be suicidal or self-injuring and are frequent users of emergency and in-patient services. (National Association of State Mental Health Program Directors, 2005, as cited in Akers, Schwartz, & Abramson, 2007, p. 44)

Forty hours of peer-counseling training is not sufficient to assess and address the level of trauma experienced by most clients who access domestic violence victim services.

In order to bridge the divide between the feminist-based peer-counseling approach and the gender-inclusive psychotherapeutic model, services at WEAVE have evolved to include training at the peer level about the continuum of violence that defines a range of abuse from unilateral to mutual. The possible contributing factors in domestic violence, such as unemployment, addiction, immigration status, and mental health issues are acknowledged, not as specific causes, but as correlative factors that cannot be ignored in the broader objective of sustainable wellness for the clients.

The following is a discussion of the barriers to receiving services for male and female victims and how to serve both effectively. Our 15-week group curriculum has been modified to be gender-inclusive, including teaching about how gender socialization for some men can contribute to their staying in abusive relationships and being reluctant to seek help (Cook, 1997; Hamel, 2007). We have offered male-only groups and coeducation groups using the modified curriculum, both with positive results. One male client recently stated,

> Although I was the only man in group at times, it was valuable to hear the women's stories because they reflected my own experience. I hope it was valuable for them to hear my perspective, to know that not all men are violent and abusive.

We also provide continuing education units (CEU) training to professionals regarding clinically relevant aspects of domestic violence, including assessment of couples, mental health diagnoses for victims and perpetrators, and treatment options based on the severity and types of abuse.

We recognize that the peer-based, crisis-intervention model that we are funded to provide is a start in helping to provide victim safety, but it is rarely enough to be the

solution for creating a lifetime free from violence. Peer counselors at WEAVE work on the support and information line and provide triage assessments and some shelter services. These are enhanced by master's level staff and field-study students who provide therapy; and all are supervised by a licensed professional.

We now offer private-pay mental health services by licensed and prelicensed therapists who can address the larger issues of complex trauma, addiction, and mental health that many of our clients need. This new model allows us to assess and treat couples and families when it is safe and appropriate to do so. We can address issues that may be precursors to domestic violence and educate about healthy relationship dynamics.

Our literature and outreach materials have been revised to be gender inclusive, and we are more aware of how we articulate the issue, so we are not assuming a heterosexual couple or a female victim. Men are welcome to seek assistance in our orientation workshop, counseling sessions, and legal services. We are researching how we can provide more equal opportunities for male shelter services. In 2008 we provided shelter for 13 men. They are presently sheltered in a hotel for three nights. We know that there are men who would benefit from a more comprehensive shelter services program (Ensign & Jones, 2007), and we are exploring possibilities of how we can provide that to them.

Because of the complexity of family dynamics, effective interventions for offender treatment should also be the purview of victim services providers. If the goal is to reduce domestic violence in families and secure victim safety, the one-size-fits-all approach needs to be replaced with a more responsive approach to the needs of the clients who are presenting for treatment.

The present model is a risk to victims, because batterers' treatment has proved itself of only limited effectiveness in curbing the recidivism of abuse. Sometimes victims feel a false sense of security because their partner has completed a batterers' treatment program, but research on repeat violence finds that subsequent violence is often more severe. Placing all abusers into one category does not serve them or the family. Assessment to determine what type of abuse is happening, responding by holding perpetrators accountable, and treating those who are motivated to change will decrease safety risks and allow for the possibility of family reunification if it is safe to do so.

When both partners are engaged, therapists can explore emotional build-ups that lead to domestic violence and develop strategies to diffuse the explosions before they happen (Goldner, 1998). This approach requires therapists to move treatment out of the blame mentality and work with proven methods for nonviolent conflict resolution with those clients for whom that model is appropriate. When looking at relationship dynamics, therapists must make the distinction between understanding and condoning the behavior. When there is no compelling safety concern, conjoint counseling has a place. Alternative intervention programs like the restorative justice circle model are presently being implemented to offer options for abuser accountability and systemic intervention. It is too early to draw conclusions on the effectiveness of these alternative programs; however, the need for new solutions is apparent.

Due to the current funding, which is directed toward victim services, we are limited in how we can intervene in the family system. But while these funding models may affect specific service provision with particular funds, the models do not restrict organizations from exploring more inclusive program models, if the organization is willing. The vision of a more expanded scope in which clients can access systemic assessment and intervention is a possibility. The model would include private intakes with each partner, clinical assessments administered, and treatment recommendations made based on the findings.

We know that more outreach and education to male victims is necessary to reduce the stigma and the barriers for them to access services in a predominately female-oriented field (Hines et al., 2007). More relevant, unbiased research is also needed regarding effective practices for reducing domestic violence and creating safe, healthy families.

In 1978 when WEAVE was founded, the study of domestic violence was just beginning. We now have more information based on years of practice, research, and case studies. We have done our best to integrate the best of the foundations of the feminist-based domestic violence movement with what is known to be clinically and statistically relevant today. This is not a stagnant picture but rather a work in process.

As to the question of whether domestic violence is a people thing or a gender thing—it is both. Domestic violence is an issue for both genders for different reasons. To be part of reducing domestic violence in families and communities, a new approach that is clinically relevant to the specific dynamics within the relationship is necessary.

The political cause of violence against women is an important one that must be recognized on a cultural level but may not have significant clinical relevance to treating a relationship that does not include patriarchal issues. A new paradigm that honors the challenges of gender socialization in specific clients, offers diverse treatment options, and supports systemic change in families will ultimately have the desired effect of social change.

Not long ago, a WEAVE educator was in a fourth-grade classroom presenting on healthy families. She asked the students what they thought WEAVE should stand for since we serve women, men, and children. A child responded, "When Everyone Acts Violence Ends." This is the spirit with which we progress. We continue to mobilize the motivation in all people to put an end to domestic violence. This includes gender equity in services, so that the solution to the violence is addressed to the best of our ability. It allows us to evolve and grow based on the lessons learned over the past 31 years and challenges the community to learn from the past while creating new paradigms that are relevant to the broad spectrum of clients who are seeking assistance.

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book review

Domestic Violence Treatment for Abusive Women: A Treatment Manual. Ellen L. Bowen. New York: Routledge, 2009, 214 pp., $39.95 (softcover)

Many research studies find that women perpetrate domestic violence as often, or more often, than men do (Archer, 2000), and as more states implement mandatory arrest laws women are being increasingly arrested for domestic assault (Martin, 1997). Many of these women are mandated to attend treatment as a stipulation of their probation. Ellen Bowen, a licensed clinical social worker and a board-certified diplomat, sets out to provide a manual for clinicians who are providing treatment for abusive women. She clearly achieves her goal. Clinicians will have a treatment plan, handouts, forms, and necessary background information for treating abusive women after reading Bowen's manual.

Bowen's book is divided into two parts. The first part, comprising 41 pages, provides a detailed list of relevant issues for clinicians to consider, such as mental health issues, reasons for abusive behavior, and similarities and differences between abusive men and women, as well as theoretical considerations such as family-of-origin issues. Many of the issues mentioned are ones commonly cited in the literature on abusive women, such as trauma symptoms and substance abuse. Interestingly, Bowen mentions methamphetamine abuse, which has not been highlighted previously in the literature. She likely should have also explicitly mentioned mood disorders as common psychiatric problems among abusive women.

The second part of Bowen's book is a detailed description of the 52-week program that she runs in California. She describes the program as both psychoeducational and psychotherapeutic, and she bases her work around central themes related to power and control, family-of-origin issues, social learning theory, attachment theory, and the effects of trauma on brain functioning. She provides information about doing an initial assessment, and information about how to facilitate a group, as well as many useful handouts that can be used with patients. Bowen's book is well-written overall. Because some of her handouts are long and contain vocabulary that may be too advanced for some group members, some handouts may need to be adapted for groups, depending on the education level and learning styles of group members. Still, they provide an excellent starting point, as the content of the handouts is very useful. The record-keeping and administrative forms provided are excellent and will be extremely useful for clinicians starting new group programs for domestically violent women. Bowen's many years of clinical experience shine through the pages, as she acknowledges the importance of cultural competence, ethical and safety considerations, and

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relevant issues for therapeutic work with abusive lesbian, bisexual, and transgender clients.

Bowen's treatment focuses on anger management, emotion regulation, relationship and communication skills, problem solving, and family-of-origin issues. She does not cite any of the previously published material describing treatment programs for abusive women, despite the similarities between her work and the work of others. Koonin, Cabarcas, and Geffner (2002) have published a treatment manual for a 34-week program, and Lynn Dowd has published several articles describing a 20-week program (Dowd, 2001; Dowd & Leisring, 2008; Leisring, Dowd, & Rosenbaum, 2003). Carney and Buttell (2004) have published a pilot study evaluating a 16-week program. Bowen's program and the others are all very similar in content, but Bowen's program is 52 weeks in length to comply with California state law and is thus considerably longer than the others. In Bowen's program, after teaching various psychoeducational skills, she spends several months covering family-of-origin issues. Future research needs to test Bowen's hypothesis about longer treatment being better than shorter treatment. Bowen does suggest cutting the family-of-origin section of treatment if an intervention program for abusive women is not longer than 26 weeks.

Bowen has been a clinician for over 35 years and has been running domestic violence groups since 1997. She claims that she could not have worked with abusive women when she was younger. Having run treatment groups for abusive women when I was in my late 20s, I hope Bowen's sentiment does not dissuade young, competent therapists from engaging in this line of work. While treating abusive women is difficult and does require training and solid therapeutic skills, I hope interested therapists will join the efforts to combat domestic violence by helping women and men to take responsibility for their actions and to make changes to their behavior.

Academics and clinicians will be left wanting references for many facts and for justification of the treatment methods throughout Bowen's book. However, I highly recommend Bowen's manual for clinicians treating abusive women. They will be pleased to have such explicit information about conducting treatment. Clinicians treating abusive men may also find the book useful. In addition, I recommend the book for students who want an understanding of the treatment needs of abusive women. Academics and clinicians alike will anxiously wait for Bowen to conduct and disseminate treatment outcome data for her program.

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