

# Domestic Violence: Research and Implications for Batterer Programmes in Europe

Nicola Graham-Kevan

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**Abstract** The European Union is in the early stages of developing policy and practice guidelines for dealing with domestic violence offenders. There is a real danger, however, that that policy and practice is going to be shaped by political lobbyists rather than academic literature and evidence-based practice. Feminist advocates control the curriculum of domestic violence perpetrator programmes in the US and more recently in the UK and proscribe treatments that do not conform to their conceptualisation of domestic violence. Feminist advocates conceptualise domestic violence as unilateral male-to-female violence enacted to control and dominate women, supported by the patriarchal beliefs and systems of the wider society. Academic support for this theory is lacking, however, and scientifically sound evaluations find that programmes based on this philosophy have little or no effect on recidivism. Empirical literature suggests that domestic violence is not a unitary phenomenon and that perpetrators are a heterogeneous group whose treatment should match their crimingenic needs and risk.

**Keywords** Domestic violence · Partner violence · Treatment · Duluth · Europe · Feminism · Typologies

## Introduction

The European Union lacks a cohesive policy on domestic violence; however, this policy vacuum is in danger of being filled by policy and practice that is not driven by academic research and clinical best practice, but instead by political lobbyists. Wilmoth and Fabian (2005) collected information on the growing women's activist network in Europe that is effecting policy changes, and initiating and influencing legislation. They found that the influence of these NGOs has been growing and comment that Europe, particularly post-communist member states have a "...framework that easily lends itself to the influence of NGOs and lobbyists who represent women's interests and place pressure on governments" (Lafayette College 2005:1). Indeed the Women Against Violence Europe (WAVE) Network was awarded funding in 1997 by the European Commission via the Daphne Initiative to

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N. Graham-Kevan (✉)  
University of Central Lancashire, Preston, UK  
e-mail: Ngraham-kevan@uclan.ac.uk

develop their network. Two of WAVE's core aims are "to promote feminist analyses of violence against women" and "to develop and promote criteria and guidelines at the European level in relation to legislation, services and prevention strategies" (WAVE 2006).

Feminist analysis of violence towards women starts with the preposition that men's violence towards women is a result of patriarchal societal and social structures (e.g., Dobash and Dobash 1979; Paglow 1992). Therefore, feminist analysis of domestic violence defines domestic violence as male-to-female, enacted to dominate and control the female partner. Following from this logic, treatment of domestic violence perpetrators should involve men only and should aim to reeducate the offending men by challenging their negative views about women and their beliefs in the right to control their partners. The most widely used and influential of feminist perpetrator programme is based on the Duluth model. Perpetrator programmes in the UK and many other EU member states have largely been based upon this model. Programmes based on Duluth, however, are problematic for a number of reasons and should not be adopted as the European answer to the problem of perpetrator treatment. This paper will first discuss the theoretical assumptions behind Duluth and explore the literature that has empirically investigated it. The lack of efficacy of the Duluth perpetrator treatment model in bringing about change will be discussed. Academic and clinical literature will also be explored that suggests that treatment should be based on perpetrator need and risk factors if we are to be effective in tackling offending behaviour of domestic violence perpetrators. The similarity of domestic violence to other forms of criminal violence will finally be discussed and the implication of this to development of perpetrator programmes explored.

The Duluth model is more than just a perpetrator programme. It was designed in the early 1980s to develop a coordinated community response of law enforcement, the criminal and civil courts, and service providers. Its aims were broad and included (a) perpetrator programmes to prevent future partner assault, (b) lobbying for greater criminal justice intervention in the form of arrests and prosecution in domestic violence cases, (c) providing help and support for female victims of domestic violence, and (d) working with law enforcement, the courts, and advocacy programs to ensure interventions conform to Duluth philosophy and practices (Duluth 2006). The focus of this paper is points (a) and (d) from above.

The Duluth model has risen to worldwide dominance due largely to the work of feminist activists and the willingness of practitioners and policy makers to accept both their conceptualization of and solution to the problem of domestic violence. Feminist sociological theory presents a simple and superficially logical theoretical framework for explaining men's violence towards their female partners (Dobash and Dobash 1979; Yllö 1994). Central to understanding this perspective is the macro-level analysis of feminist political beliefs. At the societal level, Dobash and Dobash comment that "although domestic chastisement of wives is no longer legal, most of the ideologies and social arrangements which formed the underpinnings of this violence still exist.... Wives may no longer be the legitimate victims of marital violence, but in social terms they are still the 'appropriate' victims" (1977: 439). Traditional feminist theory sees society as male dominated (patriarchal), in which men work together to control women. Therefore men, and hence society, are seen as supporting men's aggression towards women, as this serves to subjugate women, all women to all men (Dasgupta 1999; Lloyd and Emery 1994; Saunders 1988; Walker 1984). Historical evidence supports a patriarchal ethos of western society and recent meta-analysis suggests that cross-culturally women's empowerment is related to their victimization and perpetration of partner violence (Archer 2006). However there is little evidence that such a system prevails in most of Europe in the twenty first century (see Archer 2006, for gender empowerment figures for European nations). Even when studying

patriarchy at the individual level, a meta-analysis of patriarchal ideology and wife assault found that only a man's attitude towards violence predicted wife assault (which is consistent with the general aggression literature), with no consistent support for any link with traditional gender attitudes or gender schema and wife assault (Sugarman and Frankel 1996). While it is undoubtedly true that some societies are profoundly patriarchal (e.g., Egypt where the vast majority of men *and* women agreed that a man was justified in beating his wife in some circumstances, El-Zanty et al. 1995), this is not true of most European nations. Further, even in those societies where patriarchy is the norm, the form this takes regarding the treatment of women is not fixed. Patriarchal societies may adopt paternal attitudes towards women that extol chivalry, which may actually protect women from male violence (Felson 2002). Sorenson and Telles (1991) compared Hispanic and non-Hispanic white men on rates of wife assault and found that non-Hispanic men had rates double that of their Hispanic counterparts, in spite of the fact that Hispanic culture is traditionally more patriarchal than American culture. Further evidence suggesting that patriarchal values may actually inhibit aggression towards women was reported by Kantor et al. (1994). They found that more traditional Hispanic men, those that endorse machismo values of dominance, independence and obedience of women and children, were less likely to use physical aggression against a partner than were Anglo American or Americanised Mexican men.

What macro level explanations such as patriarchy also cannot explain is why most men do not physically assault their partners (Dutton 1994). For example in European nations figures (see Archer 2006) show that the majority of men *do not* assault their female partners either during their whole lifetime (e.g., 70% of men in the UK; 67% in Lithuania; 75% in Belgium; 79% in Switzerland; 79% in the Netherlands; 77% in Germany; 87% in Finland; and 82% in Norway) or using past year/current relationship (88% in the UK; 83% in Poland; 97.5% in France; 82% in Russia; 85% in Ireland; 94% in Switzerland; 97% in Finland; and 93% in Sweden). Therefore, feminist explanations of male-to-female domestic violence fail to explain why some men assault while most do not assault their partners.

Feminist ideology also fails to adequately explain why the vast majority of studies using unselected samples find that men and women use similar amounts of physical aggression towards their partners, for a meta-analysis see Archer 2000. Studies (e.g., Chermack et al. 2001; Graham et al. 2002; Hird 2000; Katz et al. 2002), including several longitudinal ones (Capaldi et al. 2004; Ehrensaft et al. 2004; Moffitt et al. 2001; Serbin et al. 2004) published after Archer's (2000) analysis also find the same pattern. Although much of the available data comes from the US, there are some data from European studies. Using community samples from the EU, Archer (2006) reported the following effect sizes (*d*) for sex-differences in partner violence: Germany .07, Poland .00, Ireland -.04, Finland -.06, UK -.08, where figures in the male direction (i.e., men used more partner violence than women) are those that are positive. These figures demonstrate that there are little differences between the prevalence rates of men's and women's use of partner violence. The sheer number of studies finding gender-symmetry in partner violence (see Fiebert 2006, for an annotated bibliography) has necessitated a response from feminist theorists. This explanation takes the form of women's use of partner violence as defensive (in contrast to men's aggression, which is believed to be coercive) aggression (e.g., Dobash et al. 1998). Hemming et al. (2003; 841) state: "...many, if not most of women arrested for intimate partner violence are victims of abuse who may have been acting in self defense". Statements such as these, although common, lack empirical support, indeed research has found that where one sex is the sole perpetrator, and hence self defense cannot be the explanation, this is more likely to be a woman than a man (DeMaris 1987; Gray and Foshee 1997; Morse 1995; O'Leary et al.

1989; Riggs 1993; Roscoe and Callahan 1985). Further, since mandatory arrest policies in the US removed law enforcement discretion, the number of women arrested for domestic violence has risen sharply, with those women arrested being equally likely to be the sole aggressor (Simmons et al. 2004), which does not suggest self defense as a motive. Additionally research that has asked women (and men) why they used physical aggression towards their partners has found that self defense is cited by a minority of women only (Foo and Margolin 1995; Sommer 1994), and that the prevalence of self defense attributions women make are similar to men (Carrado et al. 1996; Harned 2001). In clinical populations, such as perpetrator programmes and women's refuges, self-defense is often cited as the reason for women's use of partner aggression. However, many studies do not elaborate on this and assume that self-defense is an unambiguous term. This is not the case and when questioned about specific incidents, retaliation, retribution and vigilantism are often found to be more appropriate terms (Dasgupta 1999; Dobash and Dobash 1984, 2004; Dunning 2002; Felson 2002). This is to be expected as women from refuge samples who have used partner violence against a male partner report that it only escalated her partners use of violence, so was not an effective means of defense, but instead was used when the women became "angered by their husband's behaviour/or the injustice of the attack" (e.g., Dobash and Dobash 1984: 279). Further most of these women who used violence in self defense quickly discontinue trying to defend themselves in this way (Dobash et al. 1998).

Women and men report using physical aggression towards their partners for a variety of reasons, including control, anger, jealousy and to get through to their partner (Carrado et al. 1996; Dasgupta 1999; Fiebert and Gonzalez 1997; Graham-Kevan and Archer 2005a; Harned 2001). Further evidence against a sex-difference in motivation to use partner violence comes from the literature on beliefs about aggression. This has found that physical aggression is associated with instrumental beliefs in both men and women (Archer and Graham-Kevan 2003; Archer and Haigh 1997a,b; Campbell et al. 1997), and that men and women do not differ in their instrumentality when the type of violence is partner violence (Archer and Haigh 1999). Behavioural measures of instrumentality such as controlling behaviour also show that men and women are similar, and the relationship between using partner violence and controlling behaviours holds for men *and* women (see below). Evidence from longitudinal studies suggests that women, like men, who use partner violence show evidence of personality disorders which predate the onset of dating relationships and so cannot be a consequence of victimization from boyfriends and husbands (Capaldi et al. 2004; Ehrensaft et al. 2004; Giordano et al. 1999; Moffitt et al. 2001; Serbin et al. 2004).

Research such as this seriously undermines a feminist conceptualization of domestic violence, which in turn leads to questions regarding the appropriateness of adopting feminist approaches to the treatment of domestic violence perpetrators. Eadie and Knoight (2002) state that Women's Aid federations, having led the field in raising awareness about the problem of domestic violence in the UK, are now "rightly to be seen as the experts in this field" (p.167). Although the efforts of organizations such as Women's Aid are laudable this does not mean that they are qualified to dictate intervention programmes any more than, for example, burglary victims would be the most appropriate people to design programmes for acquisitivist offenders. Women's advocate groups, however, have been able to largely dictate perpetrator programme philosophy and content. This move from clinician to advocacy developed programmes began when advocacy groups questioned the appropriateness of traditional offender programmes which focused on anger management and alcohol problems for domestic violence perpetrators. These types of intervention were said to fail to address the broader dynamics of power and control, which a feminist

conceptualisation placed as central to re-educating men. Research supports the link between control and partner violence for men (e.g., Dutton and Starzomski 1997; Graham-Kevan and Archer 2003a,b; Follingstad et al. 1990; Shepard and Campbell 1992; Stacey et al. 1994) which may appear to justify a feminist conceptualization; however, this relationship is also found for women's use of partner violence towards men (e.g., Graham-Kevan and Archer 2005b; Molidor 1995; Rouse 1990; Stets 1988; Stets and Pirog-Good 1990), there are generally no sex-differences in their use (e.g., Hamby and Sugarman 1999; Statistics Canada 2000; Stets 1991), and control is an important predictor of physical aggression for men and women (e.g., Follingstad et al. 2002; White et al. 2001). This research suggests that the motive to control may be pivotal to understanding domestic violence, but that an explanation based on patriarchy as its cause, and therefore primary treatment target, is clearly at odds with empirical literature.

The reader may ask 'does this really matter'? As long as treatment is effective then these theoretical arguments are merely moot points to be debated by academics and of no practical importance to those seeking to change perpetrator behaviour? This unfortunately is not the case. A recent meta-analytic review of perpetrator programme efficacy found that current treatment programmes have a minimal impact on post-treatment recidivism at best (Babcock et al. 2004). Babcock et al. (2004) also found that treatment effect size for Duluth-type programmes (which was small at around  $d=.20$ ) was no better than cognitive behaviour therapy (CBT-type programmes) and significantly worse than those found for a 16-week group therapy and a 12-week relationship enhancement skills training group, which showed quite large effect sizes (Babcock et al. 2004). Even evaluations of the Duluth programme found on the Duluth website (<http://www.duluth-model.org/>) do not offer any more concrete support for the Duluth model. To illustrate: The first study cited was conducted by Novak and Galaway (1983) who compared domestic violence offenders subject to mandatory arrest policy or the usual police response. They found no differences between the two groups on rates of recidivism. A slight reduction in recidivism (I calculated an effect size of  $d=.21$ ) for those assailants who were court mandated to participate in the DAIP group program, and completed the programme, compared to those not subject to mandatory arrest was found, however. Whether this is due to the effect of being prosecuted, convicted, attending DAIP, completing the DAIP, or due to differences in offender characteristics is not known. So it is impossible to know whether even this small treatment effect is due to treatment or other confounding variables. The evidence suggests the latter, for example the second study listed on the Duluth website was conducted by Melanie Shepard. She found that once background and intervention variables (such as duration of assault prior to the program, court ordered chemical dependency evaluation, received chemical dependency treatment, child abuse victimization history, and previous convictions for non-assault crimes) were controlled for "[T]he extent to which men participated in the DAIP did not determine whether or not they would recidivate" (Shepard 1992: 2). Finally, the US Department of Justice study into batterer intervention studies (Ashcroft et al. 2003) was commissioned to evaluate the effectiveness of perpetrator programmes for domestic violence offenders. It was felt necessary to conduct this research as previous studies that had found reductions in battering lacked scientific rigour and later more rigorous ones had found little or no reduction. The two studies reported used classical experimental designs, whereby offenders were randomly assigned to a Duluth perpetrator programme or a control group. They found that one of the studies had no effect and the second little effect on re-offending behaviour. Even this small effect of the second programme could be attributed to the differences between offenders who complete a programme and those that do not as Ashcroft et al. 2003 comment "[B]oth programs have low response rates and high dropout

rates - characteristics that can lead to overtly positive estimates of program effects. Those who continue to batter are not likely to participate in intervention programs; if they participate in the beginning, they are likely to dropout. Hence it is not clear if the result found in the Brooklyn [the second study] evaluation is the result of attrition or a true program or a monitoring effect". Studies have found that dropouts have profiles (such as being younger, less educated, unemployed, higher exposure to violence as a child, severe psychopathology, history of non-domestic violence prior arrests, clinical levels of problems with alcohol) when compared to completers which would strongly suggest greater pre-existing risk factors (see Daly et al. 2001; Jones and Gondolf 2001). It would be most usual if two groups were created whereby one had 'high risk' men and the other had 'low risk men' and compared on rates of re-offending and no difference was found. The presence of risk factors presupposes greater recidivism because risk factors have been identified due to their association with increased risk.

Despite 30 years of feminist perpetrator treatment programmes, there is little or no support for their efficacy. Those who espouse treatment curricula based on feminist sociological theory are not unaware of the empirical literature. Indeed the Duluth website goes to great pains in attempting to undermine the US National Criminal Justice (NCJ) evaluation. And yet at the same time has chosen not to apply this obvious methodological expertise to conduct scientifically rigorous evaluations themselves. In the absence of scientifically rigorous studies that show an effect that is *at least* as large as alternative treatment modalities policy makers should refrain from endorsing their implementation. Treatment for domestically violent people should be based on evidence-based practices and be developed from a strong theoretical and scientifically sound base. "The scientifically unsupported and tautological beliefs of profeminist advocates have resulted in substituting advocacy for science. Advocacy's near stranglehold on the field of domestic violence and adamant refusal to allow for alternative explanations as to why men act out violently in their intimate relationships has stilted and stifled the development of the field-possibly putting the victims at more risk of violence" (Cavanaugh and Gelles 2005: 157). The complexities of human behaviour cannot be explained by monolithic theories. The evidence suggests that domestic violence perpetrators are a heterogeneous group who present with a diverse range of criminogenic needs, which should be considered as target for treatment interventions (Gilchrist et al. 2003).

The empirical literature has been investigating the heterogeneity of domestic violence perpetrators. One of the most influential and enduring of typologies is that developed by Holtzworth-Munroe and Stuart (1994). They developed a typology of male partner violence based on a narrative review of the typology literature. They derived a three-category multidimensional typology. The three subtypes were labeled "family only," "dysphoric/borderline," and "generally violent/antisocial." These subtypes were predicted to differ on the severity of violence, psychological aggression, and sexual aggression with the family-only group having lower scores than the other two groups. The family-only group was predicted to be unlikely to use physical aggression outside of the home, whereas the dysphoric group was moderately likely and the generally violent (as the name suggests) very likely to be violent both within and outside the family. The generally violent group was also expected to have criminal records for offenses other than family violence. Psychologically, the family-only group was believed to have no personality disorder or passive/dependent personality disorder and not be impulsive, and they were expected to have low (in relation to the other groups) risks of having substance abuse problems and depression and moderately likely to have anger management problems. The dysphoric group was predicted to present with borderline or schizoid personality disorder, to be



moderately likely to abuse substances, and to be highly likely to suffer from depression and anger management problems. The antisocial group was predicted to present with antisocial personality disorder or psychopathy, was highly likely to have substance abuse problems and be impulsive, and unlikely to suffer from depression, and would be moderately likely to have problems with anger. Developmentally, genetic influences were most strongly suggested for the antisocial group and least for the family only. The same pattern was predicted for exposure to parental violence and child maltreatment, hostile attitudes to women, and attitudes supportive of violence. The antisocial groups were unlikely to be dependent or empathic, the family-only group was moderately likely to be dependent or empathic, and the dysphoric group was expected to be high in dependency but low in empathy. Empirical support for Holtzworth-Munroe and Stuart's (1994) typology has been provided by Hamberger et al. (1996), Babcock et al. (2000), Gilchrist et al. (2003) and a review of the literature from 1994 on by Dixon and Browne (2003). Their typology is also consistent with the findings from Gondolf's (1988) study which was based on reports from 6000 battered women. Further, this typology appears to be robust when classifying different client groups. For example typology research seeking to classify women perpetrators has found some support for Holtzworth-Munroe and Stuart's (1994) classification. Babcock et al. (2003) found that generally violent women (approximately 50% of the sample) arrested for partner violence were more instrumental in their use of violence, reported using more psychological and physical aggression, inflicted more injuries, and reported more traumatic symptomology than partner-only women arrested for partner violence. These results are consistent with "generally violent/antisocial" men (Holtzworth-Munroe and Stuart 1994). Generally, violent women were also more likely to have witnessed their mother's physical aggression, suggesting a genetic and/or socialization explanation for their generally violent behaviour. Henning and Feder (2004) used a large sample of women arrested for partner violence to investigate typologies. They found that women classified as using instrumental aggression were more likely to have suffered child abuse, witnessed parental violence, and had early conduct disorder problems, again consistent with "generally violent/antisocial" male offenders. Simmons et al. (2004) compared men and women arrested for partner violence and found that more than 80% of both men and women arrested for partner violence were the sole aggressor in the relationship. They reported that in comparison to a sample of male domestic violence offenders, women were more likely to have a personality disorder; to be diagnosed as histrionic, narcissistic, and/or compulsive; but less likely to be diagnosed as dependent. On most of the personality traits, men and women did not differ. The women in the sample were also more likely to have prior arrests and to endorse attitudes supportive of violence, although the men were more likely to have a restraining order against them. Men and women were similar on prior non-domestic violence convictions, prior domestic violence treatment, prior drug or alcohol treatment, history of domestic violence-related restraining orders, history of violation(s) of domestic violence restraining orders, weapon use in the commission of a crime, children present during the domestic violence incident, victim separated from the defendant within the past 8 months, and defendant under any form of community supervision (e.g., probation) at the time of the offense. These findings suggest that Simmons et al.'s (2004) sample was predominantly "generally violent/antisocial" offenders; however, no attempt was made to classify the participants.

Monson and Langhinrichsen-Rohling (2002) extended Holtzworth-Munroe and Stuart's (1994) typology to include sexual aggression. As approximately 95% of women victims of partner violence who experience sexual violence also experience nonsexual violence, Monson and Langhinrichsen-Rohling asserted that it is probable that most sexually violent partners are to be found within existing partner violence typologies. They proposed a

four-category typology based on Holtzworth-Munroe and Stuart's (1994) subtypes. The "family only" type is expected to use only nonsexual violence (45% of partner violent offenders), the "dysphoric/borderline" (25%) and the "generally violent" (25%) types are expected to use both nonsexual and sexual violence, and an additional subtype in which only sexual violence is used makes up approximately 5% of domestic violence offender populations.

These differences in types of domestic violence perpetrators are likely to have some biological basis. Research on criminal aggression has found a consistent link between head injury and general aggressiveness (Coccaro 1992). Rosenbaum and colleagues (Rosenbaum and Hoge 1989; Rosenbaum et al. 1994) have also found that domestically violent men can be distinguished from nonviolent men using tests of frontal lobe function. The study by Rosenbaum et al. (1997) suggested that serotonergic deficits may explain this link. This research suggests that the use of selective serotonin reuptake inhibitors may be a useful addition to traditional batterer intervention programs.

Finally, domestically violent relationships are not always ones where there is one aggressor and one victim. Behavioural typologies used to classify domestic violence perpetrators consistently find that the most predominant pattern of aggression in violent relationships is bi-directional. Davies et al. (1995) found that in their sample of conciliation-counseling couples, the majority of couples reported that physical aggression and/or controlling behaviour was used by both partners. Graham et al. (2004) investigated physical aggression in a sample of 2,027 U.K. adults. They found that of those who reported involvement in partner aggression, 52% reported mutual physical aggression (there were no significant differences in men and women reporting mutual aggression), 25% reported being a victim only (with men being significantly more likely to report this than women), and 24% reported being the sole perpetrator of physical aggression (with men being significantly less likely to report this than women). Similarly, Anderson (2002) used data from 7,395 married and cohabiting couples from wave 1 of the National Survey of Families and Households and found that 70% of couples reported mutual violence, 14% reported perpetration, and 16% reported victimization only. Of those couples who reported only unidirectional partner violence, women were twice as likely to be the sole perpetrator using either perpetrator or victim reports. This pattern of mutuality is so common that it led Johnson (1995) to propose a typology based on relative rates of control and violence used by each partner in a relationship. He argued that there were four distinct forms of aggressive relationships: "intimate terrorism", "mutual violent control", "violent resistance" and "common couple violence." Empirical support for Johnson's typology has come from several studies (Graham-Kevan and Archer 2003a,b; Johnson 1999; Johnson and Leone 2005), and there is evidence that there are no sex-differences in perpetrator classification (Graham-Kevan and Archer 2005a). Intimate terrorists and those involved in mutual violent control are perpetrators who use violence in conjunction with frequent and pervasive controlling behaviours. These perpetrators are likely to be classified as either generally violent or borderline batterers. Further psychological evaluation would need to be made before treatment could be matched to the criminogenic needs of these offenders. For those who show a borderline personality organization treatment should target their feelings of powerlessness and dependency, which are believed to be the primary causes of their assaultive behaviour and should also consider pharmacological options in conjunction with psychological interventions. At present neither Duluth nor CBT treatments focus on borderline issues, although they are known to require specific types of intervention (Dutton 2006). Generally violent batterers are likely to show strong psychopathic traits and as such are not suitable for traditional interventions (Dutton 2001; Wong and Hare 2005) and so should not be diverted from custodial options in favour of community based treatment.



Violent resisters are those who use aggression, but low frequency controlling behaviours towards their highly controlling and violent partners. Violent resisters are not believed to be primary perpetrators, but may best be helped by encouraging them to learn conflict resolution skills if their partner is borderline *and* they wish to maintain their relationship. Alternatively if their partner is generally violent, they should be advised to terminate the relationship while the perpetrator is incarcerated. Common couple violence perpetrators are involved in low level partner violence and use low frequency controlling behaviours, and would probably be classed as family only batterers. In community samples (from whence estimates that 1 in 4 women have been or will be a victim of 'battering' are derived) the most frequent type of domestic violence is common couple violence, for which anger management, couples counseling, and communication skill-based interventions may be the most effective option for intervention.

Johnston and Campbell (1993) created a typology based on their sample of couples engaged in child custody disputes. They created a five-category classification based on in-depth interviews and a battery of psychological tests of the men, women, and their children. The first category was "ongoing or episodic male battering," which comprised approximately 14% of the sample and involved unilateral, frequent, and severe male violence perpetrated by men suffering from personality disorder who endorsed negative attitudes toward women. The second category, "female-initiated violence," was also approximately 14% of the sample and was similar (although less injurious) than the ongoing or episodic male batterers. "Male-controlled interactive violence" accounted for 19% of the cases, where the physical aggression was mutual and conflict oriented. The fourth category was "separation and post-divorce violence," which represented almost half of all couples (48%); here, the violence was equally likely to be used by either partner and was infrequent and not part of a previous pattern of behaviour. The final category was the smallest (6%) and occurred when a psychotic episode followed separation. This final category is limited; however, as it does not apply to intact couples and may need to be investigated in ongoing relationships (Hamel 2005).

The present dominance of the sociopolitical/pro-feminist approach to domestic violence intervention programs in the United States (White and Gondolf 2000) and, to a large extent, other Western nations, such as the United Kingdom and the Netherlands, needs to be reconsidered. The large dropout and re-assault rates for perpetrators in such programs may be due to treatment being tailored to the minority of perpetrators who fit the label of "patriarchal men" whereas the majority of perpetrators are failing to get their criminogenic needs met, thus bringing into question the appropriateness of a "one-size-fits-all" philosophy, particularly with the increasing number of women being arrested for domestic assault. The typology research reviewed suggests that perpetrators of partner violence differ on the prevalence of personality disorders. In particular, half of the most violent subgroups consist of individuals who exhibit more antisocial behaviour, are more generally violent, and are generally more resistant to mental health intervention than others (Hare 1993). Huss and Langhinrichsen-Rohling (2000) have identified a parallel literature that contains similar clinical descriptions of violent individuals who have been diagnosed as psychopaths. This literature can act as a bridge between the personality disorder typologies, the physiological typologies, and, to an extent, the gender-based typology in that this literature "describes the violence tendencies, physiological responses, cognitive impairments, interpersonal/affective characteristics, and treatment responsiveness of these individuals in much greater depth and breadth than the current domestic violence literature" (p. 1).

The implications for the diagnosis and treatment of domestic violence perpetrators are that there is clear evidence to suggest that partner aggression is not a unitary phenomenon

and that typologies of partner violence need to adopt a dimensional dyadic approach. Partner violence interventions need to be informed by empirical research, including the general violence literature. This research suggests that interventions must address developmental, psychological, and couple interaction styles to adequately understand and successfully treat partner violence. Therefore existing violence programmes developed for non-domestic violence offenders should be investigated with a view to adapting those practices that are found to be effective with general violence groups for use with domestic violence perpetrators. For policy makers and clinicians current and future interventions should be judged on the following criteria: (1) well-designed programs have a firm and explicit theoretical basis which is supported by empirical research; (2) programs are based on accurate assessment of the 'risk', 'needs' and 'responsivity' of offenders, (3) there is strategic targeting of such risk and need factors through program features, (4) programs are delivered to consistently high standards, using treatment responsivity, (5) there is inclusion of skills-oriented, cognitive-behavioural approaches in the program, and most importantly (6) *only programs which are well-matched to, or modified to meet the needs of the offender and demonstrate treatment or program efficacy have integrity.* (McGuire and Priestly 2000). Europe is right to be concerned about domestic violence, but in order to be able to effectively respond it must 'grasp the nettle' and turn from rhetoric to science in order to face these challenges.

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