

**THEORY-DERIVED EXPLANATIONS OF MALE VIOLENCE AGAINST
FEMALE PARTNERS: LITERATURE UPDATE AND RELATED
IMPLICATIONS FOR TREATMENT AND EVALUATION**

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EXECUTIVE SUMMARY

The task at hand was to review the literature on the causes of family violence to determine the current level of empirical support for the various theory-derived explanations and, by extension, the treatment programs derived from them. Focus was on material published since 1994, to update the findings of previous reviews. There has been a great volume of literature generated in this time period, generally with greater methodological sophistication than previously observed. At this point in time, however, the majority of available empirical studies are correlational in nature and many key questions remain unanswered. We are seeing what hopefully is the beginning of a trend toward experimental designs, fuelled by the demands of funders to have clear evidence of program effectiveness. The next generation of studies may well extend beyond the “does it work?” debate to provide answers to many outstanding questions of relevance to treatment providers, perhaps based on one of the many typologies of batterers now being tested.

Theories of causation inform our understanding of prevention, prediction and treatment. Where *prevention* is concerned, evidence strongly points to the need to intervene early with infants and children who experience or are exposed to violence in their homes. Framed in terms of CSC’s mandate, this body of knowledge underlines the imperative of intervening with parents and future parents to break the cycle of intergenerational transmission of violence. In terms of *prediction*, the literature can aid in identifying factors associated with varying degrees of risk: who needs treatment, how much do they need, was risk attenuated by the intervention, will they offend in the community? This review focuses primarily on the third role of theory: definition of *treatment* targets and approaches. We organized the many explanations for family violence into five groups: biological/organic, psychopathological, family systems, social learning, and feminist.

Biological theories of criminal behaviour have existed for over a century, cycling in and out of fashion. Where family violence is concerned, two dominant explanations are observed in the recent literature. The first is that head injury in men can or could cause them to be violent to family members. The second approach, a gene-based explanation, focuses on sexual jealousy and male efforts to ensure sexual propriety over their partners. Woman abuse is seen as a “mate retention tactic” which will be used only under the right set of circumstances, such as when a man senses his wife could attract and keep a better partner. Empirical evidence for these controversial ideas is not strong but most researchers would acknowledge that biological factors can play a role in some cases. Frontal-lobe epilepsy might be an example. However, their applicability to the field of family violence is probably far more limited than their proponents would argue. Attempts to predict violence using biological variables will only be valid when a host of other non-biological factors are added, indicating that the perspective is too reductionistic. Treatment implications, mostly centring on pharmacology and other medical interventions, are limited and unlikely to be effective in isolation from other efforts. However, some researchers are attempting to devise a typology of batterers based upon physiological arousal so neurological assessments may one day be used on a more routine basis.

Psychopathology, the second category of explanation for family violence, focuses as with the

last on individual factors but with greater emphasis given to psychodynamic than organic variables. Many researchers and practitioners who adopt this perspective focus on childhood and other experiential events that have shaped men to become batterers. In this view, family violence may co-exist in a constellation of other interpersonal problems and functional deficits could be evident in non-family settings such as the workplace. Empirical evidence in support of this view takes the form of surveys of populations of batterers that find high levels of certain psychiatric diagnoses, specifically borderline and anti-social personality disorders. In this view, violent reactions and patterns are long standing and firmly entrenched and treatment must be intensive and individualized. The assumption is that psychoeducational approaches will be insufficient. At least some time must be spent exploring the historical origins of current behaviour by responding to past shame, guilt and traumas. Through experimentation and follow-up, the specific treatment techniques are now being refined. Some critics believe this approach erodes years of advancements in seeing male violence as a power and control technique reinforced by society. Others argue that these disorders among batterers are over diagnosed. Another problem is that treatment of personality disorders is not always associated with high levels of success so risk management may be the best approach for some men.

In the **systems** approach, the family is a dynamic organization made up of interdependent components. The behaviour of one member and the probability of a reoccurrence of that behaviour are affected by the responses and feedback of other members. Family violence researchers using this perspective look at the communication, relationship and problem solving skills of couples where violence occurs. Because both partners play some (not necessarily equal) role, any intervention must involve both of them. Research examines relationship variables in violent compared with non-violent couples. Treatment takes the form of marital or family counselling sometimes preceded by a period of gender-specific groups. A strength of this approach is that it can readily accommodate female-to-male violence and child abuse. Control is an important but non-gendered variable. Criticisms are many. Women are blamed for their own victimization, minimizing the degree of responsibility of the man and potentially placing them at risk for further abuse. While systems theorists often look at the multiple and nested systems in which individuals live -- beyond the family to culture, religion, neighbourhood, community standards, etc. -- the work reviewed here did not. Moreover, the significant power imbalances that typically exist in violent relationships may not be attended to by all therapists.

From the **social learning** perspective, children observe the consequences of the behaviour of significant others and learn which behaviours, even socially inappropriate ones, achieve desired results without drawing a negative sanction. When inappropriate behaviours are modelled for young children — especially if reinforced elsewhere such as in the media — these patterns of interaction can become entrenched and will be replicated in other social interactions. Interventions based upon the social learning perspective are, therefore, rooted in efforts to prevent the exposure of children to negative role models and the promotion of skill development in those who have been so exposed. Empirical support for this view takes two forms: evaluation of cognitive-behavioural batterers programs; and research, first retrospective and now prospective, that finds high rates of family violence perpetrated by men exposed to violence in their childhood. Further support can be found in the literature on criminal behaviour in general where cognitive-behavioural interventions have received widespread endorsement. However, social learning in isolation from other theories does not explain why the intergenerational transmission of violence is not universal and, conversely, why some batterers do not report histories of exposure to violence in their families of origin.

While there is no one **feminist** approach to family violence, most theoreticians in this field look to the power imbalances that create and perpetuate violence against women. These imbalances exist at a societal level in patriarchal societies where structural factors prevent equal participation of women in the social, economic and political systems. Societal level imbalances are reproduced within the family when men exercise power and control over women, one form of which is violence. Interventions are targeted at a broad range of factors including day care, pay equity, suffrage, social resources, and law reforms. Interventions with women focus on empowerment and the recognition of power and control dynamics. Empirical support of this view takes three forms. First, qualitative documentation of women's experiences is used to develop models such as the cycle of violence and the power and control wheel. In turn, these models have utility when applied to advocacy and clinical work with women. Second, cross-cultural research examines the prevalence of family violence across cultures with different levels of patriarchy. The third technique is to evaluate batterers programs designed using feminist principles. Feminist-inspired programs may be the most common type of batterer treatment, typically using a group format with education in the dynamics of power and control and on egalitarian relationships. Critics believe the confrontation of abused men with the inappropriateness of their actions will not necessarily translate into changes in behaviour. In the group approach, the idiosyncratic characteristics of the men such as their own abuse histories are not necessarily dealt with.

Each theory provides, by definition, a logical explanation of its proposed determinants of family violence and each one has some empirical support. However, no one theory emerged as having unequivocal support. Instead, calls were found for integrative approaches that incorporated aspects of each. We are reminded that human behaviour is a complex phenomenon and there are no quick and easy ways to explain it. The richness of different perspectives also underscores the need to avoid simplistic responses and to work against family violence on many fronts, with individuals at risk -- including child welfare interventions, treatment programs for children, advocacy with abused women and treatment of abusive men -- as well as on a broader plain with public education, zero-tolerance policies in public institutions, preventative work with school children, efforts to control violence in the media, and measures overcome the structural obstacles that prevent the participation of women as equal players in society.

In summary, several key trends and observations were noted in the theoretical literature:

- < explanations of family violence typically focus on societal factors, or family variables or the characteristics of individuals
- < long vilified as too reductionistic and apolitical, interpersonal and intrapersonal explanations of family violence lay behind several new treatment approaches
- < no one theoretical approach has sufficient empirical support to distinguish it as having the greatest explanatory power but each contributes a valuable perspective, underlining the complexity of the issue and the absence of easy solutions
- < an increasing number of theoreticians are attempting to provide explanations that integrate variables measured at the societal, family and individual levels
- < perceived differences between the different theoretical approaches may be exaggerated and we

need to focus on the commonalities

Each theoretical orientation has implications for intervention with men who are violent to family members, including the site of intervention and the target variables for intervention (see Table 1). In general, this is a field where the link between theory and practice is usually quite explicit. As can be inferred from this table, some explanations of family violence are more amenable to correctional practice than others. Probably because the empirical testing of batterer treatments is still at an early stage, it is not possible to isolate one program type that distinguished itself from all others. Rather, the trend we observed in the literature is toward eclectic approaches that address the issue of male violence from a broad understanding of the multiple determinants of the behaviour. This trend makes it difficult to find experimental studies of programs drawn purely from one theory. The issue of “does treatment work for batterers?” is still on the agenda, because statistically significant differences between treated men and controls are not necessarily reflected in meaningfully high rates of improvement among treated men.

TABLE 1
Implications for Intervention of Five Explanations of Family Violence

THEORY GROUP	SITE(S) OF INTERVENTION	TARGETS
Biological	Individual men	organic factors
Psychopathology	Individual men	psychiatric symptomatology
Systems	Couple and/or family	interpersonal skills
Social Learning	Groups, media, social norms, individuals	thinking styles, behaviours, interpersonal skills
Feminist	Social norms and attitudes, laws and policies, structural obstacles to women’s equality, men, etc.	attitudes to women, power and control dynamics of relationships, gender inequalities (economic, political, etc.)

While evidence indicates that programs based on the power and control model of battering predominate in practice, the eclectic approach is clearly a trend found in the literature, reflecting program refinements made in response to previous evaluations. However, a great deal more evaluation is required before we can safely answer the question “what works?” and the newer more relevant question of “what works for whom?” The second question arises in the context of efforts to develop a typology of batterers, to divide this heterogeneous group into categories useful for program planning. The one-size-fits-all approach to batterer treatment may partially explain the lack of overwhelming success in treatment outcomes. The key points emerging from the program review were:

- < most programs are structurally similar (intake/assessment, victim contact, group treatment) but can vary in terms of content and the approach to intervention depending upon whether they conceptualize the causes of family violence as lying predominantly in society, or the family, or the individual

- < newly emerging programs are adopting an eclectic approach by incorporating techniques derived from the three categories of explanations about family violence
- < an eclectic approach might involve intake assessment for treatment needs, individual treatment plans, and sequenced treatment stages involving a combination of individual, group and couple work
- < it continues to be the case that non-directive, insight oriented techniques are not favoured
- < programs based on the power and control model of battering probably predominate in practice, in great measure because of the clinical relevancy of the model
- < most studies are not methodologically rigorous enough to make firm conclusions about program efficacy
- < it follows that there is no reliable data yet available on how variations in program characteristics (e.g., duration) will impact outcome for which type of participants
- < the few studies with sufficiently rigorous methodologies have found that treated men show modest but statistically significant improvements in outcome over controls
- < with the move toward eclectic approaches and the paucity of methodologically sophisticated program evaluations, it is not yet possible to identify one approach that distinguishes itself (empirically) as being more effective than the others
- < the diversity of batterers as a group is being studied and researchers are attempting to find a valid typology (based on physiological factors, offence characteristics, psychological characteristics, or a combination)
- < if found, a valid typology of batterers could be used to match different types of men to different programs
- < it is hoped that such program matching may increase success rates as measured by reductions in violence and abuse
- < key features of batterers (such as race and intelligence) may be expected to impact both program completion and successful outcomes as measured by reduction in violence and abuse but the evidence of this in batterers programs is preliminary
- < another approach is to determine which types of men are least amenable to drop out and focus resources on them
- < substance abuse interventions based upon cognitive-behavioural principles would be most harmonious with batterer treatment because the underlying assumptions about etiology and responsibility of the batterer/user are the same

- < the development of program standards is one example of recent attempts to achieve and maintain treatment integrity, now recognized as a key feature of effective programs

In summary, the legion of methodological problems that characterized virtually all research into batterer programs has given way to a few experimental studies that suggest at least some treated men will fair better than some who are not treated. While the difference in outcomes between treated men and controls is not great, it is important to emphasize the nascent developmental stage of efforts to remedy battering. The literature does not reveal a magic bullet. Efforts to change the attitudes and behaviour of violent men may not always succeed to the extent envisioned by program designers and implementers. But the pursuit is worthwhile. However, in many American states, women are cautioned not to rely on the treatment of their partners to eliminate violence and to consider other safety planning techniques. This seems to be a sensible measure.

The criminal justice system is one player in the spectrum of institutions that play a role in responding to this important issue. A timely American review of the issue (Healy *et al.*, 1998) reminds us that criminal justice efforts should:

- < gather broad-based offender information quickly
- < take advantage of culturally competent or specialized interventions for other risk factor areas (mental illness, etc.)
- < coordinate batterer intervention with substance abuse treatment
- < be alert to the risk to children in domestically abusive households
- < create a continuum of supports and protection for victims
- < encourage interagency cooperation

These program features are consistent with all orientations to family violence causation and batterer treatment. Placing male treatment programs under the purview of the criminal justice system permits external control and surveillance tied to specific consequences for relapse. These may well be important factors in changing an offender's behaviour in the short-term. While it is conventionally thought that behaviour change must be preceded by attitude change, the converse may also be true. Non-violent and non-abusive behaviour may become so reinforced by the advantages that the attitude change could come later. This is one of the many unanswered questions in the field.

In addition, the general "what works" literature provides these points characteristics of effective correctional programming, all of which can apply here. It is generally true that correctional treatment programs have the greatest likelihood of success when these things are true:

- < treatment integrity is monitored to avoid program drift and ensure that service providers are adequately trained in the technique
- < treatment targets are dynamic factors related to risk (in this case attitudes and skills with due attention to substance abuse)
- < the interventions employ active and participatory approaches such as role playing rather than passive didactic instruction

- < attention is placed not only on highlighting the problem behaviour for the clients but also in assisting them to replace it with pro-social behaviour
- < institution-based programs are bridged to community-based programs after release
- < follow up is accomplished using behavioural indicators of desired outcomes
- < information learned from post-treatment follow up is used to modify the program if needed

Another feature often delineated for effective correctional programs is that of risk classification and matching of intervention intensity to risk level. However, in relation to this topic, due consideration should be given to making the psycho-educational aspects of batterers programs, specifically the power and control and egalitarian wheels, part of core programming. Theoretically, from what we know about effective correctional programming, cognitive-behavioural interventions would be expected to shape the best outcomes for most but not all batterers.

The theoretical and program review undertaken for this paper led to one clear conclusion: *there is much unknown, but knowable, information about treating male batterers.* While primary preventative efforts with young children are generally associated with the greatest long-term success in reducing crime and violence, there is clearly enough evidence to indicate that success with at least some adult batterers is possible. *Methodologically rigorous research is the key to refining intervention techniques and increasing success rates.*

Most currently available evaluations suffer from methodological deficiencies that compromise their ability to advance the discipline, including:

- < lack of control to eliminate rival plausible hypotheses for findings
- < small samples
- < biased samples (e.g., volunteers) not characteristic of the target population
- < high rates of dropout/attrition
- < little or no attention to treatment adherence/fidelity
- < no measure of treatment dosage
- < invalid outcome measures
- < short follow-ups

It follows, therefore, that evaluations should use control groups or other techniques to eliminate rival plausible hypotheses, use large samples, use representative samples, attend to (or at least measure the impact of) attrition, measure treatment adherence, measure treatment dosage, and engage in long-term follow-up. It is suggested that difficulties in creating control groups can be remedied by the use of comparison groups (e.g., comparing different intervention strategies, or the same program under different conditions) or by using statistical designs such as discriminant analysis and survival analysis with rigorous follow-up. The program audit approach is also discussed.

Dependent variables of success are typically either attitudes, behaviours or symptoms. The problem of measuring “success” in achieving any type of change will always be problematic in the context of corrections because honest disclosure may have negative consequences. The three primary

techniques are official records, male self-report and female report. Because each has its own validity problems, use of all three is recommended. Even combined, results will be an underestimate of the target. For example, social desirability works for both men and women asked to report violence. However, techniques such as control or comparison groups equalize the error factor across the groups permitting conclusions about relative efficacy of the independent variable, if not about absolute success.

Operational definitions of success vary widely in scope, from cessation of physical violence through to working in community-based anti-violence programs. Many researchers wisely recognize that cessation of violence can be accompanied with escalation of other abusive behaviours such as verbal insults. Success can be measured in the short term (as at program discharge or shortly thereafter) or it can be measured at intervals over time. It would appear that no satisfactory and non-reactive pre/post instrument has yet been devised. However, violence and abusive behaviours in the community over the long term is the most ecologically valid way to define success and should be the priority. The longest follow up now available is eleven years. It is especially important that follow-ups extend beyond the period of conditional release because the external surveillance and consequences afforded by supervision may itself, the absence of any treatment effect, suppress violence. This factor may partially explain the high rate of non-offending in non-treated groups. Other possibilities for this finding are serious flaws in the validity of outcome measures or that selection of treatment candidates is over-inclusive.

In summary, the literature in this area is plentiful but the field is still developing and many key questions remain unanswered. As is typically the case with any new area of enquiry, the methodological sophistication of studies has advanced from case studies, through prevalence studies now to those that test theories both in their pure and applied forms. The experimental studies in the literature have been preoccupied with determining if anything can “work” with batterers and, while success rates are not great, some men do seem to benefit from treatment. This conclusion mirrors rehabilitative efforts generally where recidivism is reduced in some but not all offenders. It is possible that success rates can be increased if batterers are more closely matched with program types. A valid typology of batterers, probably one not based solely on the concept of risk, should emerge in the next few years. It will likely use a combination of behavioural and psychological variables and each category will have different implications for treatment. At this point in time, efforts would seem to be best expended with cognitive-behavioural interventions that teach relationship skills in the context of the power and control model of family violence. The intervention should begin in the institution and continue in the community. The clear attribution of guilt and consequences for relapse make the correctional system an ideal context for batterers treatment. It is also an ideal context in which to carry out experimental studies of treatment efficacy, focusing more on long-term incidence of violence as a measure of success rather than pre/post changes in attitudes or symptomatology.

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THEORY-DERIVED EXPLANATIONS OF MALE VIOLENCE AGAINST FEMALE PARTNERS: LITERATURE UPDATE AND RELATED IMPLICATIONS FOR TREATMENT AND EVALUATION

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The Correctional Service of Canada (CSC), with jurisdiction over offenders serving prison sentences of two years or more, has a demonstrable need to develop and maintain expertise in prevention, assessment, treatment and prediction of family violence. It has been demonstrated that a significant portion of the male offender population has a history of abuse against female partners. In the Pacific Region, Dutton and Hart (1993), using file reviews, found evidence that 29.6% of male inmates had sexually or physically assaulted or threatened a family member. In a national study, a review of the files of newly admitted male federal inmates found evidence of past partner abuse by 29% of those who had ever been married or in a common law relationship (Robinson and Taylor, 1995). More than half had been assaultive to more than one partner. The authors, acknowledging the limitations of their methodology, suggested that the true incidence would be higher had they not been reliant on convictions as an indicator of this typically covert behaviour.

CSC's legal mandate, defined chiefly in the *Corrections and Conditional Release Act*, necessitates prediction of risk for re-offending while in the community on conditional release including temporary absences, parole and statutory release. In practice, this involves front-end assessment and periodic re-assessment, case management and planning, risk assessment for conditional release, and treatment to address risk factors. As of June 1997, as part of the intake assessment in all CSC regions, all newly admitted offenders are screened against four standard risk factors for family violence. It is important to note that this screening is undertaken on a universal basis so an inmate may be identified as a risk for family violence even in the absence of a conviction for a related offence.

If the offender meets one or more of these four risk factors, they are assessed further using the Spousal Assault Risk Assessment (SARA). The SARA assessment provides case management staff with a tool for assessing whether an offender is a low, moderate or high risk for family violence. The assessment aids case management planning. It can be repeated at key junctures, such as when an inmate has applied for a private family visit. It is suspected that some women are at risk during private family visits on penitentiary grounds (Toepell, 1995) and a visit may be denied if there is sufficient evidence to indicate imminent or distal risk in a particular case.

CSC participation in the federal Family Violence Initiative (1990/91 to 1994/95) was reviewed and summarized by Vanderburg and Knoll (1996). As part of the federal Family Violence Initiative, CSC was committed to developing prevention and treatment interventions for offenders, conducting research and evaluation studies and developing and implementing a national staff training strategy. CSC actively sought community involvement in the development of offenders intervention programs. In addition to the six treatment demonstration projects, a number of other prevention and treatment interventions were

developed at both institutional and community sites, based on local needs. All demonstration projects included a partner outreach component, although with varying levels of success. The intervention approach chosen by CSC to guide its men's programs involves a pro-feminist cognitive-behavioural orientation.

The purpose of this document is to review the literature, focusing principally on material published since 1994, to determine the degree of empirical support for the various theories of family violence and, by extension, the programs derived from them. The emphasis is on male violence toward intimate female partners for four reasons: 90 percent of family violence reported to authorities involves woman abuse; male abuse of children often occurs within the context of woman abuse; efforts to treat men who batter their wives can be expected to reduce abuse of their children; and, the literature on the causes of child abuse is less well developed. Current research on batterer's programs is reviewed and evaluation issues addressed.

THE ROLE OF THEORY IN FAMILY VIOLENCE TREATMENT

What *causes* family violence? This is an important question for those who seek to prevent, predict, or intervene to avert re-occurrence of violence within the family. Where *prevention* is concerned, current evidence strongly points to the need to intervene early with infants and children who experience or are exposed to violence in their homes. Framed in terms of CSC's mandate, this body of knowledge underlines the imperative of intervening with parents and future parents to break the cycle of intergenerational transmission of violence. In terms of *prediction*, the literature can aid in identifying factors associated with varying degrees of risk: who needs treatment, how much do they need, was risk attenuated by the intervention, will they offend in the community? This review focuses primarily on the third role of theory: definition of *treatment* targets and approaches.

Notions about causation define both the level of analysis (molecular, individual, couple, family, neighbourhood, community, culture, economic system, or historical epoch), and the variables to target (such as hormones, genes, psychiatric symptoms, individual attitudes, thinking styles, anger management skills, societal attitudes, media images, and legislation). Specific interventions can range from psychopharmacology with individuals, at the lowest level of analysis, through to measures that focus on societal attitude changes and political-level reforms to laws, funding structures and programs. In essence, family violence interventions are designed to be targeted at individuals, families or society and its institutions. Put another way, these theories examine intrapersonal factors, interpersonal factors and societal factors.

To make sense of the body of empirical research that is available, the discussion here will be organized into categories of theories. Theories of criminal behaviour in general have evolved, in the last 150 years, from those which focus on biology as destiny, through psychological explanations to sociological explanations, to the present time when multi-factor orientations are emerging (e.g., Vold and Bernard, 1986). Indeed, the need for integrative analysis is one of the main conclusions drawn in this paper. There are almost as many typologies of theories as there are theories. Here we will target those prevalent in the family violence literature, except those studies that focus exclusively on situational

factors.

Family violence directed against children was of acute concern in the 19th century, the cause assumed to lie in a moral, intellectual or psychological defect of the perpetrator. Victorians were convinced, for example, that child abuse and neglect was inexorably linked to delinquency and criminality and, therefore, vigorous state intervention was warranted. Policies derived from this orientation focused on removal of children from the home and the creation of surrogate family models. Abuse of women by male partners was not itself an area of study until much later. The practice of domestic violence was socially acceptable and it was assumed that the severe forms of violence that did contravene acceptable standards were extremely rare.

The methodologies for studying family violence have evolved to match the expansion of knowledge about the topic. While we focus here on studies that point to causal relationships, it is important to note that methodologies to support this type of analysis have emerged only recently. Study of this topic started, not so long ago, with case studies and qualitative investigations of small convenience samples. The goal at that time was to document the features of a phenomenon few knew existed (e.g., Dobash and Dobash, 1979; Pagelow, 1981). The response by some observers to these findings was to dismiss such cases as aberrant and extremely rare. The next phase of study involved surveys to determine incidence and prevalence in the general population. Canada's Violence Against Women Survey is arguably the best of these (see Holly Johnson, 1996; Statistics Canada, 1993). Such descriptive studies were followed by correlational studies which, for example, attempt to determine how abusive men differ from non-abusive men (e.g., Hanson, Cadsky, Harris and Lalonde, 1997), sometimes as part of prospective longitudinal studies of general population samples (e.g., Moffit, 1997).

The next step in this progression of methodologies is to take the descriptive and correlational data and advance and test causal propositions and theories. A computer search was conducted of the PsychInfo, SocioFile and Medline data bases to locate empirical studies on this topic. While there have been advances in terms of methodological sophistication, our review confirms that the majority of empirical research continue to be descriptive or correlational. Indeed, Margolin, Gordis, Oliver and Raine (1995) posit that there has not been sufficient correspondence between theory and empirical work. The first section of this report summarizes the five predominant perspectives which purport to advance causal explanations of family violence, reviews the empirical support found in the current literature, and describes the strengths and weaknesses of the treatment implications associated with each.

BIOLOGICAL AND ORGANIC APPROACHES

Biological theories of aggression and violence focus on the genetic, congenital or organic roots of behaviour. Specifically, researchers may focus on genetics, neuropathology, brain infections and other medical illnesses, impulsivity, changes in the structure or function of the brain due to trauma, or endocrinological factors (Harriette Johnson, 1996). Initial assumptions that biology is destiny have been replaced, modern proponents would agree, by the perspective that social factors work as intermediate variables to modify or trigger behaviour, so-called socio-biology (e.g., Raine, 1993).

This perspective first emerged in the mid-19th century, aided in great measure by Darwin's ideas about evolution and survival of the fittest. The 19th century theories often focused on physical appearance as indicators of behavioural propensity. These ideas have resurfaced periodically since, at about two decade intervals. Where criminal behaviour is concerned, Wilson and Herrnstein (1985) is one recent example of a revival of interest in biological theories. These theories, and the associated implications for practice, are intensely controversial. They are also difficult to test empirically. However, this review of recent literature on family violence reveals two predominant streams of thought associated with this perspective. The first is the view that head injury is a cause of aggression within the family. The second involves the neo-Darwinian ideas about the evolutionary adaptations that cause male violence against women.

Head Injury

Gearan and Rosenbaum (1996) observed that the data linking aggression and biology are rarely extended into the area of family violence. In the late 1980s and early 1990s, however, Rosenbaum and his colleagues published a series of articles that linked marital aggression to head injury (Rosenbaum and Hoge, 1989; Rosenbaum, 1991; Rosenbaum *et al.*, 1994). As evidence, they found that many abusive men disclose histories of head trauma when asked and, in later work, that many men with head injury had been violent to family members. They extended this correlation into a possible causal link in that brain dysfunction and neurological impairment consequent of head trauma can reduce impulse control, distort judgment, cause communication difficulties and create hypersensitivity to alcohol. In addition, the personality and behavioural changes associated with traumatic head injury can increase stress levels within the family. Profiles of head injured men closely parallel profiles of abusive men, and profiles of families of head injured men parallel profiles of families where there is abuse.

These researchers note that finding such a link would not be popular, in part because it could absolve violent men of responsibility for their actions. Indeed, recent years have seen a softening of their assertions on the subject, both in terms of scope and the extent to which they see the connection as causal. They acknowledge several methodological limitations of the research, one being that head injuries can be caused by child abuse, in which case the correlation between spouse abuse and head injury could well be spurious. Later research also showed that head-injured men were not more physically aggressive at home than other men (Warnken, Rosenbaum, Fletcher, Hoge and Adelman, 1994).

While they recommend that tests of neuropsychological functioning should be conducted on batterers at intake, they offer little in the way of intervention strategies beyond the possibility that drug therapy (e.g., beta blockers) may be useful in the acquisition of coping techniques (Gearan and Rosenbaum; 1996) or even in reducing the violence directly (Maiuro and Avery, 1996). This perspective, accordingly, offers little assistance except in two respects. First, when joined with emerging research about the neurological damage caused by early childhood abuse and neglect (e.g., Perry, 1997), it adds to the weight of evidence that primary prevention efforts are crucial. Second, it is suggestive of the possibility that a segment of the population of abusive men may not respond to psycho-educational or cognitive-based interventions offered in isolation.

Gene-Based Evolutionary Theories of Male Violence Towards Female Partners

Neo-Darwinian (gene-based evolutionary theory) and evolutionary psychological explanations of

male aggression against intimate female partners emphasize the influence of genetics on behaviour. These explanations assume that "our social interactions are influenced by heritable predispositions (that is, tendencies) to act in ways that were adaptive in our ancestral past" (Emlen, 1997: 565). If a particular type of behaviour is prevalent within a population, it is argued, that behaviour probably promoted the reproduction of the ancestors of individuals displaying that behaviour (Ellis, 1998:64). In other words, behaviours that help organisms respond successfully to environmental and other problems, and thereby reproduce well, are likely to be genetically heritable.

According to these theories, all behaviour is a product of internal psychological mechanisms, developed through natural selection to solve some sort of adaptive problem. Input (external or internal from other mechanisms) is operated on using decision rules to produce some sort of output, such as physiological activity or behaviour (Buss and Shackelford, 1997a: 607-608). Genetic influence is not seen as pure determinism, however, in that it does not determine behaviour. Rather, it influences behaviour within specific contexts and in response to specific cues or triggers (Brannigan, 1997; Ellis and Walsh, 1997; Ellis, 1998).

These theories posit that evolutionary forces favour organisms that are able to reproduce successfully and pass along their genes. Therefore, males will attempt to obtain and retain young, fertile mates who can produce healthy offspring. It is suggested that male aggression and assaultiveness towards partners may have evolved as a specific tactic to maintain the sexual fidelity of a female mate, thereby retaining reproductive control over that female and avoiding cuckoldry. It is highly undesirable, genetically speaking, for a man to invest long-term parental care in offspring not carrying his genes.

Females, on the other hand, will be inclined towards high status mates who can provide shelter and care for the offspring they produce. If males perceive themselves to be of a lower status than their mates (e.g., for humans, if they cannot find a job or if they suddenly lose their job), or if they perceive their mate to be very attractive to other males and therefore likely to be unfaithful or leave them altogether, gene-based internal mechanisms can trigger the use of mate retention tactics to ensure females do not leave or become impregnated by another male.

These tactics, it is argued, can range from benign attempts to win back the favour of the female, to threats of violence, to physical assaults and homicide (Wilson and Daly, 1996; Buss and Shackelford, 1997b). Killing a female partner may seem counterproductive as an attempt to retain a mate and her reproductive abilities. However, Wilson and Daly (1996: 5) argue that occasional female partner homicide allows threats of aggression to remain effective. Threats lose effectiveness if they are not occasionally followed through by some men and their actions assist the others in their efforts to retain mates. In sum, sexual jealousy and suspicions about a female partner's infidelity, real or imagined, will be the basis for many spousal assaults and homicides (Ellis, 1998; Ellis and Walsh, 1997; Buss and Shackelford, 1997a & 1997b; Wilson and Daly, 1996).

Empirical support for the majority of these theories is typically based upon animal studies due to the difficulty in implementing human studies (e.g., ethically, researchers cannot attempt to breed more or less aggressive human males in order to test their hypotheses about the heritability of behaviour). Although future studies, such as DNA research, may be able to empirically substantiate gene-based evolutionary hypotheses for male aggression towards female partners, currently there is little empirical evidence available to support these theories. One study that attempted to test evolutionary-based

hypotheses regarding mate retention tactics used by married couples (Buss and Shackelford, 1997b) confirmed that these couples did use many of the tactics hypothesized, but the study did not attempt to test any plausible rival (e.g., socio- or culturally based) hypotheses for the use of these tactics.

These theories attempt to provide some insight into male sexual jealousy and violence towards female partners. Indeed, it is a common finding that abusive men are inordinately suspicious about perceived infidelities. However, they provide no suggestions for treatment or intervention. Since gene-based evolutionary theory argues that internal mechanisms can remain dormant an entire lifetime unless triggered by relevant contexts, and those relevant contexts can consist entirely of a male's *perception* of a threat to the sexual exclusivity of his relationship with his female partner, it is difficult to envision how a treatment or prevention program could incorporate these theories in any meaningful way (see Mullen, 1996).

PSYCHOPATHOLOGY

This approach to family violence focuses on the individual personality traits of identified batterers, either those who present at community-based treatment settings or those in prison. While some literature in this area was available prior to 1994 (e.g., Bersani *et al.*, 1992), this is an approach that has become far more prevalent in recent years. Proponents of this view would suggest that efforts to address family violence over the past two decades, largely using a feminist analysis, have created a dilemma for clinicians attempting to develop effective treatment programs for men who batter. While not discounting the role of social factors as precursors to violence (Dutton and Starzomski, 1997), efforts to ameliorate long-entrenched social attitudes and structural inequalities will not impact the behaviour of the batterers of today. As well, gender-based power analyses fail to explain several issues: abusive behaviours in lesbian relationships; why only some but not all men who are exposed to the very same social attitudes beliefs and practices are assaultive in their intimate relationships; and, finally, given the social power and status that is granted men in a patriarchal society, why some men continue to describe feelings of powerlessness in intimate relationships (Dutton, 1995a).

The need to develop a treatment approach for abusive men has led some researchers, such as psychologist Donald Dutton, to focus on the individual level of analysis by undertaking psychological assessment of the profiles of male batterers. Adherents of this approach argue that intervention efforts cannot be totally preoccupied with macro-system issues, such as rectifying public attitudes, but must instead take into account the unique characteristics of the batterer. While as a society we need to remain committed to societal-level measures to combat violence against women, from a clinical perspective, it is argued, we need to develop more individualized treatment plans for the perpetrators of violence. Treatment can be effective only when relevant to the special needs of the individual being treated (Saunders, 1996; Coleman, 1994).

A number of studies of the psychological profiles of battering men, either court-referred or self-referred to community-based treatment groups for batterers, have indicated that certain personality profiles, such as antisocial and borderline personalities, are greatly over represented in this particular population (Greene, Coles and Johnson, 1994; Dutton, Saunders and Starzomski, 1994; Else *et al.* 1993;

Hamberger and Hastings, 1991). All of these studies have involved a comparatively large number of participants (21 to 140), comprised of confirmed batterers as well as controls with no known history of violent behaviours, who could be described as fairly representative of the population of North American men including batterers. The participants were administered a battery of psychological tests that included the Minnesota Multiphasic Personality Inventory (Greene *et al.* 1994; Else *et al.* 1993), Millon Clinical Multiaxial Inventory (MCMI) (Hamberger and Hastings, 1991; Dutton and Starzomski, 1994), Borderline Personality Organization (Dutton, 1994), and the Conflict Tactics Scale (Saunders, 1996).

The most significant outcome of these studies, especially from a treatment perspective, seems to be that borderline personality organization, which is considered to be prevalent at the rate of about 11 to 15 percent in the general population (Dutton and Golant, 1995), is grossly over-represented amongst male batterers. Dutton and Starzomski's (1994) study involving 78 self-referred and court-referred men in treatment for wife assault concluded that over 79% of the entire sample had clinically significant personality disorders, with borderline personalities identified in 37% of the men. This finding parallels those of Else *et al.* (1993), who reported that 33% of their subjects met the criteria for borderline personality disorder.

Dutton and Golant (1995) postulated that many features of borderline personality organization (BPO) and its more severe form, borderline personality disorder (BPD), can be identified in male batterers using clinically validated psychological instruments such as the MCMI and Oldham's BPO self-report scale. Moreover, patterns of behaviour typical of BPOs show several parallels with Walker's (1984) concept of the cycle of violence. This work is also in harmony with those who focus on problems in early childhood attachment as the source of relationship violence (Kesner, Julian and McKenry, 1997). In these respects, Dutton's analysis offers more than the traditional psychiatric perspective where labels such as anti-social personality are put forward in the place of explanation (Dutton, 1988).

Dutton and Golant (1995) suggest that individuals with BPO have a fragile, highly distrustful sense of self that can often be traced back to early childhood experiences of real or imagined loss, abandonment, and ambivalent or angry attachments. This early childhood experience creates an angry and detached adolescent plagued by a general feeling of inferiority. Such an adolescent, if he is then exposed to a social environment that models and/or condones abusive behaviours towards women and promotes the stereotypical attitude that demands "masculine" denial of feelings and the inner self, either at home or in the broader community, is considered to be at high risk of becoming assaultive in his intimate relationships. He then fails to develop a more age-appropriate sense of responsibility and begins the process of projecting blame on to others.

From a BPO's perspective, the world that the child failed to integrate successfully as being both good *and* bad becomes a polarity, or split. They see everything as either good *or* bad. Women in this world view are either madonnas or whores. This is further complicated by the BPO's at times hostile dependency needs which he is unable to fully recognize and express. The BPO then looks to those around him to meet these unnamed needs all the while resenting the underlying dependency. This resentment is projected as an inability in the "other" to meet those needs. This situation creates what is described as a "dysphoric stalemate" and which Dutton effectively compares to the first phase of the cycle of violence (Walker, 1984) as both these states involve a build up of tension and unexpressed anger. The BPO is now afraid of needing another because he perceives a potential of being abandoned yet again. He will act to reduce the likelihood of experiencing the pain of abandonment. In psychiatric terms,

these behaviours are often referred to as the means of avoiding “narcissistic injury.” In the cycle of violence, these behaviours would match the second phase of the cycle involving an enraged outburst, the function of which is to release the tension built up in the first phase.

The BPO who has succeeded in avoiding the imagined threat of abandonment, by rejecting the other, is then faced with strong feelings of anxiety which he associates with being alone and uncared for. BPOs at this stage are prone to engaging in highly self-destructive behaviours, such as substance abuse and promiscuity, in an attempt to avoid the feeling of emptiness that the departure (physical or emotional) of the object of their anxious attachment has created for them. Dutton postulates that this third, and last phase, of a BPO’s coping style can mirror the third phase of the cycle of violence during which a batterer is known to seek out his victim in an attempt to win her back with promises which often include assurances of a “violence free” relationship. A BPO who makes such promises is highly unlikely to be able to keep it because BPOs lack the ability to learn appropriately from life experiences. They also fear the very outcome a positive response to their promises could achieve for them: intimate attachment to another. And so the BPO proceeds to the first phase of the state and begin the process of experiencing “dysphoria stalemate,” just as the batterer eventually leaves the third phase of the cycle of violence and begins the process of tension building.

For another group identified by Dutton and Golant (1995), antisocial or psychopathic personalities, the outlook is considerably more bleak. There is little information available about the prevalence of “vagal reactors,” men who become calmer and more focused while they batter. Gottman, Jacobson, Rushe, Shortt, Babcock, La Taillade and Waltz (1995) call them Type 1 batterers. From a psychological perspective it would follow that such men are exceedingly poor candidates for treatment as they fail to experience any psychological discomfort either during or following their assaultive behaviours. The absence of any such psychological discomfort, coupled with the presence of a perverse “psychological reward” in the form of a positive feeling of calmness, makes it difficult to imagine how, or even why, vagal reactors would succumb to treatment. Moreover, some research suggests possible negative consequences from treatment. One explanation is that anti-social personalities may learn to feign empathy and other signs of therapeutic progress (Rice, 1997).

Implications for Treatment

Proponents of this view would suggest that treatment is unlikely to be effective if it is not reasonably and appropriately individualized and responsive (i.e., not one size fits all). While these men share similar socially unacceptable behaviour patterns, they are, nevertheless, fundamentally different from one another. One immediate operational issue involves the accurate identification of these two groups. A number of instruments, previously listed, have been used to identify psychological profiles which, in turn, may aid in treatment planning.

While there is little outcome data available on the treatment of BPOs for battering behaviours, there is a great deal of information on effective treatment and management approaches for borderline personalities in general. One major issue that needs to be taken into account, for example, is that treatment of borderline personalities should include on-going, supportive therapy on an individual or group basis. They are unlikely to develop sufficient psychological insight to significantly change their simplistic, anxiety-ridden view of the world and their roles in it. It follows then that treatment for this group needs to occur both within correctional facilities and following release in a manner that continuously supports and

encourages the BPO to develop more appropriate coping strategies. American researcher Marsha Linehan has registered some success using behavioural interventions with women diagnosed with borderline personality disorder (Linehan, 1993; Heard and Linehan, 1994; see also Beck and Freeman, 1990) although this work has not been tested with male batterers.

Given the fragile sense of self of a BPO, it may become necessary for a group program for male batterers to proceed at a slower, non-confrontive pace in order to avoid the BPO's propensity for labelling the process as "hostile" and avoiding it altogether. It may also prove more useful to run concurrent groups for men identified as BPO or BPD and men with no particularly significant and pathological personality profile. The former group should be considered far more difficult to treat and engage in the therapeutic process, while the latter group may have the capacity to participate in and benefit from more psycho-educationally oriented groups.

Where anti-social personalities are concerned, the challenge for care providers lies in the clinical need to identify this particular group and ensure that their presence in treatment groups does not interfere with the treatment needs of other members of the group. For this group, as with criminal psychopaths, treatment may take the form of a risk management strategy such as relapse prevention (Serrin, 1995).

Limitations of the Perspective

Many are dismayed by the recent proliferation of research that uses this perspective. Viewing the cause of male battering as lying in a small number of mentally ill men diverts attention from societal-level factors such as attitudes toward women, structural inequalities, and the pervasiveness of violence in our society. In fact, the psychopathological explanation has been so vilified in recent years that many theoretical reviews omit it altogether (e.g., Holly Johnson, 1996). The fear is that defining the problem as the mental illness of men could be followed by an erosion of existing services for women.

A key problem with the BPO perspective lies in the limited research that suggests either a high reliability of diagnosis or any valid predictors about treatment outcomes. Even if treatments were successful, the intense level of individual psychotherapy and long-term therapeutic intervention are considered out-moded not only by most practitioners but also by the reality of limited institutional and community resources. This theory of family violence may be most helpful in understanding the development of batterers and respecting the challenge for change rather than in identifying any specific therapeutic technique. In emphasizing the destructive course of early childhood rejections and traumatic experiences, it underscores the need for primary prevention and early intervention programs. However, being a new area, treatment approaches are underdevelopment and only experimental evaluation will determine effectiveness.

SYSTEMS THEORY

A computer search of recent literature yielded an emerging area in the counselling literature. The focus is on the role of interpersonal factors characterizing violent couples. This approach is grounded in systems theory. Proponents of systems theory explain violence against intimates as a product of the

family system. Within this model, the family is viewed as a dynamic organization of interdependent components (e.g., individual members) that continually interact with one another. An aggressive action by a man towards his wife, from this theoretical perspective, results in a reaction by another family member (e.g., calling police, taking refuge in a women's shelter). This, in turn, affects the probability of aggressive behaviour in the future. Violence is thought to be maintained through the roles, relations and feedback mechanisms that regulate and stabilize the system. If violence is rewarded by the system, it is more likely to re-occur. Over time, the dynamic may become so established that it is challenging to interrupt. This causal explanation assumes that the unit of analysis for assessment and intervention is the family, or a subsystem within the family (e.g. the adult couple), rather than one or more individuals in isolation. For example, Wileman and Wileman (1995) found that reductions in violence were associated with the man assuming responsibility for the change but even more so with the woman's decreasing her vulnerability and taking an active role in balancing the power in the relationship.

Patterns of interrelating within couples may better differentiate aggressive and nonaggressive relationships than intrapersonal or demographic characteristics (Lloyd and Emery, 1994; Stets, 1992). Interpersonal correlates of physical aggression towards intimates include increased levels of rigidity, hostility, verbal aggression and conflict and, conversely, decreased levels of constructive arguing, constructive communication and problem-solving skills (Babcock, Waltz, Jacobson and Gottman, 1993; Burman, John and Margolin, 1992; Cordova, Jacobson, Gottman, Rushe and Cox, 1993; Else *et al.*, 1993; Sabourin, Infante and Rudd, 1993). These findings have contributed to the conceptualization of aggression against intimates as a communicative act (Cahn and Lloyd, 1996).

Within a systems perspective, the emphasis on interaction enables the identification of behaviour patterns associated with relationship violence. Evidence that romance and violence coexist at some points in some relationships, combined with the complexity of interactions between partners, suggests that relationship characteristics may mediate the significance and interpretation given to violence both by the aggressor and the victim. Marital satisfaction appears to be an example of such a mediating variable (Rogers, Castleton and Lloyd, 1996; Sabourin, 1995). This research shows that couples who report physical aggression and low or moderate marital satisfaction display higher levels of non-support messages and competitive symmetry, a communication pattern where both individuals attempt to exert control within the relationship. The co-existence of physical aggression and marital dissatisfaction in couples was associated with high levels of aversiveness, reciprocity of negative behaviour and anger responses, overt hostility, defensiveness, poor problem-solving skills and patterns of "demand-withdraw" on the parts of both individuals.

Any causal explanation of violence against women must address the differential effects of witnessing violence on sons and daughters and their increased probability of being a victim or perpetrator of family violence in adulthood (Johnson, 1995). Research clearly demonstrates the emotional trauma and risk of injury to children who witness violent attacks other family members (Peled, Jaffe and Edleson, 1995). The holistic approach resulting from a systems perspective is appealing in its potential to increase an understanding of the links between violence against women and particular styles of family processes that involve the child (Margolin, John, Ghosh and Gordes, 1996). Moreover, it affords a theoretical framework for integrating what have historically been relatively distinct areas of study — child abuse, violence against women, marital interaction, parent-child attachment and parenting styles.

The research of Margolin and her colleagues (1996), into whether aggression in the marriage is

associated with specific parent-child communication patterns, represents an attempt to identify mechanisms linking family subsystems (i.e., couple and parent-child). Their findings indicate that male physical aggression toward women is associated with patterns of impaired parenting that appear to be gender specific. Moreover, during play tasks, the affect and behaviours of exposed children and their victimized mothers were more contingent on the affect and behaviour of the aggressive adult male (as compared to non-exposed children and non-victimized women).

Implications for Treatment

Systemic treatment of domestic violence, which typically involves couple and family therapies, has been highly controversial. Two key criticisms involve, first, the implication that co-responsibility for the violence is “victim blaming” and, second, the safety concerns in conjoint modalities where the perpetrator and victim are in therapy together (Hansen, 1993). In fact, standards in 20 U.S. states prohibit the use of couple counselling in state-funded batterers treatment (Healy *et al.*, 1998) and the British Columbia standards (Browning *et al.*, 1996) dictate that couple counselling is contra-indicated as an initial intervention but may be appropriate at a later stage of treatment under very specific circumstances. In many states with standards that permit it, the man must have completed a batterers programs and been violence-free for one year before couple counselling is seen as appropriate (Austin and Dankwort, 1998).

Recent conjoint interventions for violence treatment have been enhanced and modified to address concerns raised in critiques of this approach (Trute, 1998). First, systemic interventions with couples or families where violence has been present are contingent on the women (and secondarily the man) wanting to preserve the relationship. The woman’s decision to remain with the perpetrator, however, is viewed as a necessary but not a sufficient rationale for proceeding with couple or family therapy. A stringent pre-treatment assessment to determine risk levels, as well as ongoing monitoring of safety concerns, is used to screen out couples who are not appropriate candidates for systemic interventions (Heyman and Neidig, 1997; Trute, 1998). Families in which there is severe risk are immediately ruled out as candidates for relationship therapies. Often, but not exclusively, the women and children in these families have needed to seek refuge in shelters from what Johnson (1995) terms “patriarchal terrorism.” The more that fear dominates the relationship, the less appropriate may be the use of conjoint therapies even when severity of past abuse and perpetrator characteristics (e.g., psychopathology, substance addiction, motives for treatment) are not viewed to pose severe risk (Heyman and Neidig, 1997; Trute, 1998). Couples not assessed as suitable for conjoint therapy are typically referred to gender-specific treatment programs.

Research findings indicating problematic and impoverished communication skills in aggressive couples have lead to treatments aimed at stopping violence by increasing competence in relationship skills. Heyman and Neidig (1997) provide a detailed description of a prototype program that has emerged from this theoretical perspective. Physical Aggression Couples Treatment (PACT) is a group program the purpose of which is to stop the violence in families where the couples want to preserve their relationship. As described above, candidates are screened in or out based on a thorough individual assessment (i.e., conducted separately) of each partner. The first half of the fourteen sessions focuses on assuming responsibility for one’s violent behaviour and on anger management skills. The second half focuses on increasing relationship skills to reduce conflict that may lead to violence. The clinical experience of these authors suggests that interventions with couples lead to more accurate monitoring of aggression and less projection of responsibility for male aggression onto women than is evidenced in gender-specific

treatments. They also suggest that the potential provocation and escalation that can result from prescribed withdrawal from conflict by husbands is viewed to be safer when wives are part of the planning sessions.

Heyman and Neidig (1997) report that PACT can be adapted for use with individual couples. They suggest that the advantage of group therapy is that couples benefit from the experiences of other participants, whereas the advantage to working with a couple on an individual basis is the opportunity to personally contextualize their experience. A sequenced format that combines gender-specific treatment and PACT is currently being designed to complement the couples-only and gender-specific treatment options.

Trute (1998) advocates a pro-feminist, sequenced approach to violence treatment. He proposes that the first phase of treatment be gender-specific interventions. Couples not screened out because of safety or other counter indications would then participate in the second phase of treatment — systemic interventions. Individual or group methods can be used during both phases of treatment. Unlike the current PACT intervention (Heyman and Neidig, 1997), Trute (1998) stresses that feminist-informed couples therapy for domestic violence uses systemic interventions not to stop violence but to improve relationship style and interpersonal behaviours (Edleson and Tolman, 1992; Goldner, 1992; Karpel, 1994). Conjoint therapy should challenge “patriarchal rationalizations that justify the use of abusive behavior and diminish perpetrator responsibility for abusive behavior. Further, positive methods of couple problem resolution should be facilitated that include gender respect and exclude individual exploitation” (Trute, 1998: 11).

Empirical Support

In a review of pro-feminist models for couple treatment, Trute (1998) reports that outcome information is sparse. He describes preliminary findings as encouraging with approximate success rates of 65 to 80 percent. He cautions, however, that this research is characterized by the same methodological limitations found in most treatment outcome studies in the area of family violence including limited follow-up and lack of randomized assignment to treatment conditions. In general, an earlier finding of Brannen and Rubin (1996) has held true in subsequent studies: outcomes as measured did not vary between participants of gender-specific versus couples treatment.

Heyman and Neidig (1997) reported preliminary findings from a rigorous, empirical evaluation of the relative efficacy of Physical Aggression Couples Treatment (PACT) and gender-specific treatment (i.e., men’s groups and women’s groups). Couples were screened out if a stringent assessment conducted separately with each partner revealed concerns for the woman’s safety or other counter indications for conjoint treatment. If couples met the screen-in criteria, they were randomly assigned to PACT (N=23 couples) or gender-specific treatment groups (N=16 couples) comprised of a men’s group and a women’s group.

Results at the end of group showed significant positive gains for both gender-specific and couples interventions with no significant differences between these treatment modalities. More specifically, significant findings for both treatment modalities included reductions in men’s and women’s reports of physical aggression (both mild and severe); increased marital adjustment; decreased psychological aggression and maladaptive beliefs; increased ownership by the men for their aggression; decreased

projection of blame for aggression by men onto women; and decreased responsibility felt by women for their partners' aggression.

Findings at the end of the first year of a four-year follow-up design revealed that post-treatment benefits were largely maintained. Participants in gender-specific and couples treatment were highly satisfied with their respective programs, though the majority (67 percent) of gender-specific participants indicated that they would like to receive attention to their couple issues following the 14 sessions of gender-specific treatment.

There was a 48 percent drop-out rate for couples who attended one session. Analysis indicates that drop-out was best predicted by psychological aggression and the man's lack of empathy. Nonaggression in women was correlated with dropping out of treatment. Although these findings do not suggest a preference for one treatment modality over another, the drop-out rate attests to the fact that a sizable proportion of violent couples will not complete treatment on a voluntary basis. Interestingly, the authors report that 80 percent of the drop-outs gave incompatibility between their needs and the program goals as their reason for terminating.

Reports by both men and women suggest that aggression occurred at the same low rate in both the PACT and gender-specific groups. Moreover, the researchers found that wives reported significantly fewer episodes of aggression during conjoint therapy (14 weeks) than they did during the 14 week period immediately prior to treatment. These findings appear to refute criticisms of reduced safety in systemic interventions (Edleson and Tolman, 1992), at least when adequate assessment and screening occurs to eliminate inappropriate candidates because of safety concerns. However, the data do not reveal whether participation in conjoint groups served as a social control against violence, or whether group norms and expectations caused couples to under report actual incidents of violence, or whether, to some extent, neither or both of the preceding were true.

Limitations of the Perspective

Systems explanations and interventions to treat violence against intimates have been highly controversial (Hansen, 1993). Major criticisms of the model have centered on the following issues:

- < clinician neutrality inherent in conjoint interventions conveys abuse and gender neutrality, which in turn, implicitly condones violence;
- < systemic explanations assign co-responsibility for violence which contributes to perpetrator justifications for aggression and victim blaming;
- < modalities where men and women are treated together increase safety concerns; and,
- < systemic therapies fail to address the gender issues that contribute to domestic violence and the differential effects of violence (Trute, 1998).

Indeed, Heyman and Neidig (1997) characterize their results with PACT only as promising. They acknowledge that this systemic intervention does not address gender issues and does not challenge the patriarchal belief systems that are often used to justify violence against women. They also concede that,

at times, safety may be compromised (e.g., group issues become the content of conflict for some couples; occasional anger outbursts can occur in group).

The feminist-informed, sequential treatment model described by Trute (1998), appears to address most criticisms of systemic treatment of violence by incorporating gender-specific treatment and a stringent screening assessment before conjoint interventions are considered. This “hybrid” approach to the treatment of violence may be a promising direction for the treatment of mild to moderate domestic violence where the woman wants to preserve the relationship. However, the sizeable number of reconciling couples who would be screened-out of the systemic phase of treatment because of safety concerns suggests that conjoint interventions continue to be limited in their general applicability to violence treatment.

Another criticism is that acceptance of this type of intervention may be a slippery slope if the rigorous screening criteria become relaxed over time. Even now, not all researchers and practitioners may be sufficiently rigorous in their screening. Schlee, Heyman and O’Leary (1998) studied 84 couples seeking treatment for marital conflict, half of whom were randomly assigned to PACT. In 27 cases, the female partners presented with clinically significant PTSD symptoms and yet were considered appropriate for conjoint groups. The authors concluded that PTSD should not disqualify women from conjoint groups and found that treatment *reduced* expressed levels of fear of their husbands. The clinical way in which they correlated avoidance symptomatology with treatment drop out constitutes a chilling reminder of the dangers of decontextualized analysis of intimate violence.

SOCIOLOGICAL APPROACHES

Sociological theories broaden the analysis to examine the individual within the larger social context in which he or she is situated. This series of theories, for example, consider general attitudes and norms in social groups. Accordingly, family violence can be studied as a phenomenon that exists because there is no strong societal prohibition against it or because there are functional reasons for its existence in a particular setting. Cross-cultural research examines how rates of partner abuse vary among countries according to features such as norms around violence as a means of conflict resolution and the general patterns of violence in the society (Levinson, 1989; Erchak and Rosenfeld, 1994). Where violence within the family is not sanctioned as appropriate in a culture, sociological theories examine the process whereby certain individuals come to act in a way that deviates from the norm. This may involve techniques of rationalization and neutralization which are learned from and supported by peers. Sociological theories of violence consider gender as a key variable not because of inherent differences between the sexes but because of structural factors that create differential access to economic and political power.

There are more sociological theories of criminal behaviour than it is possible to delineate in this report (see Vold and Bernard, 1986, for an excellent review of crime causation theories). However, where batterers’ treatment programs are concerned, most work is conducted from the social learning approach. Indeed, this perspective is one of the most popular explanatory theories in the spousal abuse literature (Mihalic and Elliott, 1997). This view sees the root of behaviour in the person’s environment, specifically the behaviour of significant others, mediated by cognition. Through observation of the

outcomes of the behaviour of others, an individual learns which behaviours, even socially inappropriate ones, achieve desired results without drawing a negative sanction. When inappropriate behaviours are modelled for young children, these patterns of interaction may become entrenched and can be replicated in other social interactions. In other words, cognitive deficits are learned, not inherent in the individual, and these deficits can translate into inappropriate behaviour. Also as important is the fact that pro-social behaviours are less likely in individuals for whom effective communication, problem solving and interpersonal skills have been modelled. Interventions based upon the social learning perspective are, therefore, rooted in efforts to prevent the exposure of children to negative role models (both in their own lives and in the media) and the promotion of skill development in those who have been so exposed.

Social Learning and Family Violence

The social learning theory (Bandura, 1977) and the social cognitive theory (Bandura, 1986), when applied to the family, provide a conceptual basis for the view that childhood experiences in the family of origin contribute to the risk or vulnerability to commit wife abuse during adulthood. In other words, this perspective postulates a causal link between two variables found to be highly correlated among men: exposure to violence in family of origin and violence toward intimate partners in adulthood. For example, high levels of childhood exposure to or experience of abuse have been found among federal offenders in general and specifically among that portion of the federal population that is abusive to family members (e.g., Alksnis and Robinson, 1995; Dutton and Hart, 1993; Robinson and Taylor, 1995).

The theory postulates that we attend to the modelled behaviour of significant others, encode this behaviour and integrate it through motor reproduction (Bandura, 1977). During childhood and adolescence, observations of how parents behave toward each other provides the earliest learning of behaviour options which are subsequently viewed as acceptable for these relationships. A child who grows up in a home environment where annoyance and anger were exhibited in aggressive behaviours is at greater risk for exhibiting the same aggressive behaviours in adulthood. The experience of adverse parenting behaviour, the absence of healthy parenting behaviour, and the observation of spouse abuse are believed to contribute to wife abuse. From a social learning theory perspective, therefore, violence is viewed as a learned behaviour. The amount and type of observational learning that take place is dependent on a number of factors including:

- < observed or experienced rewarding or deterring consequences of the behaviour;
- < the characteristics of the observer and the individual modelling the behaviour (e.g., whether or not the characteristics are valued or appealing); and,
- < the associational patterns (e.g., the exposure to aggressive behaviour depends on the individuals one associates with).

Bandura (1977) suggests that the source of the observational learning extends beyond the family of origin to include the subculture in which the family lives and the exposure to television violence. The notion that television violence or video game violence teaches children to be aggressive is a contentious issue. Some researchers (e.g., Freedman, 1984 & 1986) have concluded that there is no substantive evidence that indicates a direct link between watching violent television and increased aggressive

behaviour. However, other researchers (e.g., Eron, Gentry, and Schlegel, 1994) have concluded that there is an association, even after controlling for other variables such as level of education, aggressive attitude and parental behaviour. More recently, researchers in the field are examining the possibility that exposure to television and video game violence acts as a mediating influence rather than a direct causal link to aggressive behaviour. According to the social learning theory, over time, repeated exposure to violence through television, movies, sports, video games and music videos would result in desensitization. This, in combination with an overall prevalence of violence in society, provides a justification for an individual's use of violence. Corporal punishment is an example of this (Straus and Kantor, 1994).

Implications for Treatment

Treatment programs based on the social learning theory emphasize the teaching of new ways of behaving, thinking, and feeling, in a two stage process. First, the "thinking errors" are identified for the individual. Where male batterers are concerned, the feminist models of treatment often use the concepts of power and control to convey this material. Second, the abusive patterns of behaviour are replaced with non-aggressive, pro-social ways of interacting. Skill development — in areas such as communication, problem solving, anger management, conflict resolution, and effective listening — is of primary importance.

The cognitive-behavioural approach is distinguishing itself as an effective intervention technique for correctional programs in general (e.g., Sherman *et al.*, 1997) but many existing batterers' programs also use this orientation. For example, a Scottish program for violent adult offenders, reported by Dobash *et al.* (1996), was based on a cognitive-behavioural approach. The weekly group sessions, held over a six to seven month period, focused on new ways of thinking and acting using a range of behavioural and cognitive techniques such as:

- < teaching cognitive ways of recognizing the sequence of events and feelings that proceed the onset of violence;
- < using self-monitoring and self-assessment work to reinforce the skills being taught in the group;
- < using role playing to practice the new ways of behaving; and,
- < using didactic methods to assist the batterer with understanding the nature of violence against women.

Empirical Support

We find in the literature two approaches to testing the validity of social learning explanations of family violence. The first involves evaluation of the effectiveness of intervention programs based on the model. For example, Dobash *et al.* (1996) compared the outcomes of 41 men who participated in treatment against 71 men who received other court dispositions. The results were encouraging despite the small sample size. One third of the treated men committed a violent act against a partner within one year compared with 75 percent of those who received some other criminal justice sanction. Blackburn (1995), reviewing the use of cognitive and behavioural techniques with violent offenders, concluded that anger management training can reduce aggression, at least in the short term. Evidence for long-term

success was seen as more equivocal and it was suggested that many outstanding issues remain to be addressed before we can completely understand which treatment components are effective for which offenders in what dosage. Other reviewers are stronger in their endorsement of this type of intervention for criminal behaviour in general (e.g., Vennard, Sugg and Hedderman, 1997; Sherman *et al.*, 1997) while acknowledging that it is not successful in every case. Indeed, cognitive behaviour approaches are perhaps the most commonly endorsed type of intervention for serious criminal behaviour in these final years of the 20th century.

The second approach to studying the validity of social learning involves looking at the intergenerational transmission of abusive behavior. The notion that violence begets violence from one generation to another is commonplace, becoming an accepted idea in the general population (Cappell and Heiner, 1990). Correlational studies of the intergenerational transmission of family violence have lent substantial empirical support to social learning theory and, over the years, refinement. Methodologies have advanced too, as prospective, longitudinal studies have been undertaken on individuals identified in childhood as abuse victims. As yet, however, longitudinal studies of children who have been exposed to marital violence, as opposed to those who were themselves abused, have yet to be carried out. In general, the literature on the effects of observing wife assault indicates that children who witness parental aggression have elevated probabilities of becoming perpetrators and/or victims of aggression. However, not all children so-exposed will have these outcomes and not all adults who are abusive to family members report childhood abuse or exposure.

The National Family Violence Surveys (Straus, 1990a; Straus, Gelles and Steinmetz, 1980) constitute an important source of correlational data. Men who had witnessed wife assault in their families of origin had rates of battering three times greater than those who did not. Males and females who were subjected to physical punishment as children also had higher rates of marital violence as adults. Further, they reported higher rates of corporal punishment and child abuse towards their own children if they had been subjected to physical abuse as children. For those subjects in their study who experienced both abuse as a child and had witnessed parental violence, there was a one in three chance of encountering marital violence during the study year. This was double the overall annual rate for marital violence. Similar findings were observed in Canada with the Violence Against Women Survey using women's retrospective reports of their experiences (Holly Johnson, 1996).

More recent empirical research has focused on potential mediating factors and the variables that could act as intervening processes between experiencing and/or observing violence in childhood and later perpetration. In addition, more advanced statistical methods have been applied such that predictive models rather than simple associations are being explored.

One area that has received considerable attention is the method of marital conflict resolution. These studies provide evidence that men who witnessed parental violence in their family of origin may have learned an ineffective model of conflict resolution and that men who batter may have less effective conflict resolution strategies than non-batterers. In a study conducted by Choice, Lamke and Pittman (1995), data from the Second Family Violence Survey were used to examine the mediating effects of men's ineffective conflict resolution strategies and marital stress on the intergenerational transmission of wife abuse. The sample of men (n=1,836) responded to a telephone survey and were currently married or living with the woman at the time they completed the survey. The subjects ranged in age from 18 to 90, with the mean age of 42. The results of this research supported a mediation effect. Both ineffective

conflict resolution strategies and marital distress mediated between men's witnessing interpersonal violence in their family of origin and their later involvement in wife battering. Specifically, men who witnessed interpersonal violence were more likely to use ineffective conflict resolution strategies, which increased the likelihood of encountering marital distress and engaging in wife assault. Ineffective conflict resolution strategies and marital distress, however, were more strongly related to wife battering than was witnessing interparental violence.

Straus and Yodanis (1996) tested a theoretical model that incorporated three components — normative approval of violence, depression and marital conflict (which was used as a proxy for deficits in conflict-resolution skills) — to explain why corporal punishment increases the risk later in life of assaulting a spouse. The results of logistical regression analyses of data from a nationally representative sample of husbands and wives were largely consistent with the model. Corporal punishment in adolescence was associated with increased probability of condoning violence against one's spouse, suffering from depression as an adult, and increasing levels of marital conflict. In turn each of these components was associated with an increased likelihood of physically assaulting one's spouse. Importantly, these associations remained significant despite controlling for age, socio-economic status, ethnic group, and witnessing violence between parents.

Other researchers have advanced that, in addition to learning how and when to use aggression, children who have witnessed spousal violence and/or are frequent viewers of media violence also learn attitudes which are consistent with aggression and violence. Spaccarelli, Coatsworth and Bowden (1995) studied 213 delinquent males, who were divided into four groups: violent offenders, undetected violent offenders, violent deniers, and controls. The study examined three variables that previous theory and research suggested may be important in mediating the relationship between exposure to family violence and later perpetration. The potential mediation processes examined were: developmental deficits in social and intellectual functioning; the specific cognitions that justify aggression; and, the maladaptive patterns of coping with stress. The results indicated that violent offenders and undetected violent offenders were much more likely to report exposure to serious physical abuse and weapons violence between adults. Further, exposure to violence in the family of origin was associated with lower reported competence, attitudes endorsing the use of aggression, and use of aggressive control as a form of coping. In general, the results provide clear support for the hypothesis that exposure to serious family violence is associated with the commission of serious acts of interpersonal violence.

Stith and Farley (1993) devised a predictive model of severe marital violence using the variables of approval of marital violence, marital stress, sex-role egalitarianism, alcoholism and self-esteem. The results of their study, based on a sample size of 91 men (39 in batterer treatment and 52 in alcohol treatment), suggested an indirect path between observing violence as a child and later severe marital violence via low levels of sex role egalitarianism and approval of marital violence. Witnessing spousal battering in the family of origin directly influenced both egalitarianism and approval of marital violence which both directly influenced the use of severe violence. Using a prospective, longitudinal sample of 360 men and 290 women who were interviewed seven times over 13 years, Mihalic and Elliott (1997) found a gender difference in how exposed children are impacted. Path analysis supported the social learning perspective but, because never more than 30 percent of the variance was explained by any of their models, it was clear that other factors were operating to mediate the relationship. The effect of witnessing violence in childhood was more dramatic for women than men, mediated by marital satisfaction. Witnessing violence in the family of origin was the best predictor of violence by the women

in adulthood.

Lastly, in a dissertation study by Reitzel-Jaffe (1997), a structural equation model analysis was used to predict relationship abuse. The results provided support for the social learning theory of men's violence. Results indicated that violence in one's family of origin (observation of spousal abuse or suffering child abuse) was associated with negative beliefs regarding one gender or the other and the acceptance of interpersonal violence. In turn, these beliefs were associated with having friends who were abusive in their relationships. Associating with abusive friends was then linked with the subjects own level of violence in their relationships. Experiencing violence in the family of origin was also found to have a direct, but small, effect on levels of violence present in the subject's intimate relationship. In addition, the model indicated a direct effect of negative beliefs regarding gender and interpersonal violence on the use of violence in relationships.

In summary, there has been a great deal of empirical exploration and support for the social learning theory explanation of wife battering. Analyses have become more advanced; studies which are prospective and longitudinal are now conducted; potential mediating variables are being examined; and, more complex models are being considered (such as the accumulative effect of various childhood experiences). We are far from understanding the precise dynamics which contribute to one's susceptibility to perpetrate violence and conversely what variables "inoculate" one from committing violent acts; however, we are beginning to appreciate the true complexity of the issue. Although there are many unanswered and unasked questions that remain, the social learning theory clearly has significant promise in furthering our understanding of why men batter.

Limitations of the Perspective

Despite the growing number of empirical studies which support the intergenerational transmission of violence, some critics suggest that too much emphasis is placed on the association between witnessing parental violence or experiencing child abuse and later violent behavior towards their own spouse and children. The notion that experiencing childhood abuse or witnessing interparental violence will irrevocably lead to abusing one's own children or spouse is not supported by the literature. Compounding the problem, some studies have not found an association between the childhood observation of spousal abuse and the risk for future violence (e.g., Dumas, Margolin and John 1994). Further, some researchers (e.g., Langhinrichsen-Rohling, Neidig and Thorn, 1995) have pointed out that many studies have failed to distinguish between experiencing childhood abuse and witnessing spousal abuse, and that few have taken both into consideration.

In addition, many of the studies in this area have tended to be retrospective in nature, use clinical samples rather than general population samples and not examine the role of childhood abuse (either observed or experienced) on female perpetration of violence and male victimization. While retrospective studies of batterers find high rates of childhood exposure, prospective studies of abused and exposed children demonstrate that most do not grow up to be violent within their families. Kaufman and Zigler (1987) reviewed the literature supporting the intergenerational theory and found that the best estimate of the rate of intergenerational transmission appeared to be 30 percent, plus or minus five percent.

Witnessing spousal abuse in one's family of origin does not by itself explain a substantial proportion of batterers. Not all men who had abusive experiences in childhood will go on to be batterers

and, conversely, not all batterers have had abusive childhoods. Kaufman and Zigler (1987) suggested that intergenerational transmission was less likely to occur if the child had the love and support of one of his/her parents; experienced an adult relationship that was supportive and loving; acknowledged their past experiences of abuse and were committed to not repeating the cycle. More work needs to be done on the combinations of protective and risk factors and how they contribute to outcomes. As the research in this field evolves, it is clear that there may be many intervening variables that could help to predict which children are adversely affected by witnessing their parents' violence and which children appear to be resilient (e.g., Holden *et al.*, 1998; O'Keefe, 1998).

FEMINIST APPROACHES

Feminism incorporates diversity in terms of its approaches to domestic violence. Feminist theory is not homogeneous. It represents a broad range of often contradictory viewpoints and political affiliations and, as such, is dynamic and pragmatic (Featherstone, 1997). Despite diversity and debate, however, feminism holds some central convictions about the position of men and women in Western society (Renzetti, 1994). All who espouse a feminist understanding would accept a fundamental tenet of the feminist movement: that society is structured in patriarchy. Within a patriarchal social order, men maintain a privileged position through their domination of women, and their monopoly of social institutions. Women are relatively disadvantaged in a social system that ensures and perpetuates their subordination by men and predominately male institutions. Feminists look to the historical roots of these inequities to explain the deeply gendered division of power in contemporary society (Yllö, 1993). Laws relating to property and inheritance, divorce and child custody, and the franchise, traditionally reinforced male privilege. Historically, laws relating to interpersonal violence did not directly address the issue of domestic violence and gave tacit support to husbands who "chastised" their wives through the use of physical force, within the privacy of their own homes.

Patriarchy is seen as a pervasive influence in the formation and maintenance of all our primary institutions in contemporary society (Holly Johnson, 1996) from the legal system, through health and education, on the macro level, to the nuclear family, on the micro level. Feminists contend that our language, our knowledge base, and our definition of social problems are all constructed within a patriarchal paradigm. Thus, what is given importance and what is not, what is heard and what is not, and what is silenced and what is not is filtered through the lens of male privilege (Olson, 1997).

In the late 1960s and early 1970s, feminist activists and advocates started to speak out on behalf of the many silenced and fearful battered women with whom they were working. Their efforts served to challenge prevailing beliefs that woman abuse was rare and that, when it did occur, within the context of marriage or cohabitation, it was attributable to the psychopathology of the participants. Even in the face of women's reports of horrendous violence, conventional wisdom held that the problem lay in the couple dynamic. Within these dyadic-individual explanations, there were no victims and perpetrators, only sadists and masochists. Even those who had an uneasy feeling that women were not enjoying the victimization they reported were silenced by the weight of orthodoxy.

The courage of a vanguard of feminist activists and advocates served to break this societal

“conspiracy of silence” and to raise the issue, as a social problem, to public consciousness. Their revelations were met with fear, derision, condemnation, hostility, and, for some, a measure of recognition as they received public validation for their own previously held private beliefs.

These pioneers within the feminist movement worked with dedication and conviction, on many levels, to address the previously invisible issue of domestic violence. On an individual level they worked with abused women (and their children) to develop safety plans and to access refuge. It soon became apparent that there were few places of safety to which a battered woman and her children had recourse. The next level of feminist action therefore gave rise to the shelter movement. Shelter workers were instrumental in developing a knowledge base that delineated both the parameters of victimization and the impact on children of witnessing violence. Feminist counsellors and advocates who listened to the stories of female victims of domestic violence, and their children, started to recognize the need to hold the perpetrators accountable.

The next level of advocacy involved the development of treatment programs for men coupled with attempts to obtain recognition, action and change within the criminal justice system. More recently, feminist advocates have worked closely with those running men’s programs in an effort to ensure that their participants are held accountable to female victims. They have also attempted to combat the lingering mythologies that continue to attach to victims of domestic violence by supporting abused women to work collectively on a political level to address systemic inequities.

In the past three decades, largely through the endeavours of feminist activists and advocates, the issue of domestic violence has been raised to public consciousness as a serious societal problem. We know that woman abuse is more common than originally thought and that only a small percentage of abused women seek refuge in shelters. Yet demand consistently outstrips resources, as applicants are turned away, relocated to other shelters or housed in motels. Government funding for shelters and second stage housing facilities is undependable. Conservative and traditionalist agendas lead to cuts, and the erosion of resources. Those running the facilities are thus compelled to spend a disproportionate amount of time and energy raising alternative sources of funding in order to maintain these services for women and children.

Despite the multi-faceted, and often fragmented, nature of the work undertaken by women’s advocates, the need for ongoing surveillance is vital to ensure that gains made are not eroded (Dworkin, 1997). From a feminist perspective, ongoing advocacy on the multiple levels already delineated needs to continue to affirm the centrality of patriarchy to the issue of domestic violence, both in terms of victim/perpetrator “dynamics” and societal and systemic inequities. Theoretical and explanatory models of domestic violence that ignore the patriarchal context in which domestic violence occurs are flawed, and meaningless. The ensuing debate between feminist activists and scholars, on the one hand, and sociologists and psychologists, on the other, has been both heated and acrimonious. The either/or position that has emerged has become both divisive and polarized. Competing theoretical approaches and explanations have served to ignite animosities and to remove the debate to an academic forum.

Within academia, departments of women’s studies are a relatively new phenomena and command a small percentage of university budgets. Those working within established university departments would appear to have a multiplicity of research resources upon which to draw in comparison with their feminist counterparts. Some members of the former group, and their work and opinions, are disproportionately

represented in the literature. When the views they express challenge or refute the feminist perspective on domestic violence, a response, from the feminist perspective, is called for. The concern, amongst feminist academics and activists, is that inaction may be misconstrued as acquiescence. Feminists feel compelled to respond to their critics out of fear that their silence would serve to erode the hard-won gains that have been made on behalf of female victims of domestic violence (Dworkin, 1997). Specifically, they fear that the published findings of those who undermine feminist explanations and approaches, if unchallenged, could be used as justification for governments to divert funding and resources away from services for victims (Kurz, 1993). Despite these valid concerns, there are feminists who urge a more reasoned debate in which both “sides” come together in an effort to learn from each other and enhance our understanding of domestic violence (Holly Johnson, 1996).

The initial impetus to develop “treatment” modalities and methods of intervention to address the needs and issues of domestic violence victims came from those working directly with battered women and their children. Initially the focus was on providing physical safety, comfort, acceptance and medical care when necessary. As feminist advocates worked with police and the judiciary to increase awareness of the issues, women were encouraged to report their injuries to the police. It was widely believed that holding perpetrators accountable through criminal justice system intervention was desirable (Murphy, 1997). Battered women who resolved to separate from their abusers needed information about: the law and their legal rights (regarding separation agreements, restraining orders, division of assets, exclusive possession orders, and custody and access), housing and financial matters.

As feminist activists and advocates listened to the stories of women in crisis, often those fleeing to shelters with their children, some common themes emerged from their collective narratives. Theories of violence and abuse started to emerge as battered women dialogued with their helpers, many of whom, in the early days of the shelter movement, were themselves survivors of domestic violence. The victims, most of whom had been silenced and isolated, were encouraged to start talking, often for the first time, of their experiences. It became clear that they tended to minimize their victimization, both in terms of the severity and frequency of incidents, and to accept their abusers’ admonishments that they were responsible for the violence. Those who had attempted to seek help from professionals in traditional settings (church, police, health, social services, etc.) generally reported negative experiences where they felt that their concerns were unheard and trivialized and/or they were blamed for the abuse they had suffered. Counsellor-advocates were confused and concerned by the ambivalent feelings many women expressed towards their abusive partners. All reported that they wanted the violence to stop, but some continued to express affection for and/or fears that they would be unable to cope (practically, economically and emotionally) without their partners. Some of these women returned to live with their perpetrators, and some of these women returned to shelters on more than one occasion following further violent incidents.

Based on what was learned from battered women in dialogue with their counsellor/advocates, methods to assist them, that were consistent with feminist principles, were developed. The term “treatment” was actively avoided in that it was considered to be hierarchically constructed within traditional patriarchal medical models of intervention. The primary tenet of feminist counselling and advocacy is to reduce the power differential between the provider and consumer of service by emphasizing their shared experiences as women rather than focusing on their differences. Within this model, counselling/advocacy is provided on an individual and group basis although the latter model is generally preferred. Groups provide a particularly rich forum for women who have been silenced and

isolated in abusive relationships to start to share their experiences, feelings, fears and hopes. For the first time many realize that they are not alone and not responsible for the violence. Individual counselling, particularly when it is prolonged, is seen by some feminists as reinforcing more traditional approaches which blame and pathologizes women.

Whether feminist counselling/advocacy is provided in one-to-one sessions or in groups the primary goals and objectives are the same, namely: to focus on safety and safety plans; to challenge the societal mythologies about abusive relationships which blame women for their victimization and thereby reinforce their feelings of shame, responsibility, hopelessness and isolation; to provide information about a broad range of community agencies and resources; to share experiences and feelings, and to explore options and alternatives to living with violence; to identify and build upon women's collective and personal strengths and resources; to empower women to make informed and self-directed choices; to increase awareness of the patriarchal nature of our society, institutions and domestic arrangements; and, where appropriate, to support women in their collective efforts to address societal and systemic inequities.

Two explanatory models of domestic violence have emerged from the advocacy and counselling work undertaken with abused women: the Cycle Theory of Violence, and the Power and Control Wheel. The cycle of violence identifies three phases that characterize many incidents of domestic violence: the tension building period, the acute battering incident, and the loving contrition or absence of tension period (Walker, 1984; 1993). Some feminist counsellor/advocates have raised concerns about the use of "the cycle" claiming that it could be construed to implicate women in their victimization and as suggesting that women have some degree of control over the abusive behaviour of their partners. Perhaps the most problematic aspect of the cycle for many is the concept of "learned helplessness," which is said to grow out of the woman's inability to predict outcomes in their partners' behaviour, based on their own actions and reactions (Walker, 1993). This process should not, Walker cautions, be construed as inherent helplessness or weakness in the battered woman. Psychotherapists who work with abused women advocate that these developmentally determined feelings of helplessness be addressed with the goal of therapy being empowerment (Hattendorf and Tollerud, 1997). However, the second explanatory model, the power and control wheel, has emerged as the most commonly used model for the treatment of both men and women.

Implications for Treatment and Intervention

The feminist approach has implications for the treatment of men by informing our understanding of the power and control dynamics of family violence and the ways in which abuse affects women. By focusing our attention at the historical, political, societal and institutional levels of analysis, it reminds us that efforts need to be aimed broadly. Through on-going work with women, it reminds us that their voices should not be lost when we intervene with men. Maintaining the safety of women and children should always be the paramount concern. Feminists demand that men's programs maintain accountability to women. For example, treatment staff need to understand how reductions in overt violence among male participants can be accompanied by increases in other forms of coercive control. Most of all, accountability means that men's programs should be evaluated to ensure the expenditure is justified in terms of meaningful improvements for women.

Treatment programs for abusive men that are consistent with a feminist analysis and understanding of the causes of domestic violence are based on an implicit assumption that patriarchally

constructed inequities characterize all our social institutions. For treatment programs to conform to a feminist perspective these inequities have to be made explicit. The group format that is used for treating violent men, within a feminist modality, encourages members to confront one another's use and abuse of power to dominate and control their partners.

The most widely adopted explanatory and utilitarian feminist model of domestic violence is "The Power and Control Wheel" developed in Duluth, Minnesota. It is used extensively in counselling/advocacy with battered women, both individually and in groups, in groups for men who are abusive, and in training and educational programs. The model places physical violence within the context of other forms of abuse (emotional/psychological, economic and sexual). The model is consistent with the feminist perspective that places male domination at the centre of any consideration of abusive and battering relationships. The eight pieces of the "pie" — intimidation; emotional abuse; isolation; minimizing, denying and blaming; using children; male privilege; economic abuse; and, using coercion and threats — represent "control tactics" used by abusers as methods of "coercive control" which, in combination with the use of violence, both physical and sexual, enable them to maintain power and control over their partners (Yllö, 1993).

The model speaks to women's lived experiences and frequently elicits responses of recognition when female victims of domestic violence are shown it for the first time. Our clinical experience and contacts with community programs indicate that batterers who are attempting to change also acknowledge the efficacy of the power and control wheel in terms of describing their behaviours. In addition to such qualitative endorsements of its utility, Dutton and Starzmonski (1997) found the eight categories of the power and control wheel to be intercorrelated and likely to be found among battering men, suggesting to them a syndrome of abuse of power and control.

A survey of state standards for batterers programs in the U.S. indicates that feminist ideas are clearly the greatest influence on current practice in the field. Where standards exist (some voluntary and some mandatory), the majority conceptualize violence against women as part of a pattern of coercive control that is solely the responsibility of the perpetrator and never the victim (Austin and Dankwort, 1998). Group intervention is the format cited in 90 percent of the standards, typically co-facilitated with a male/female team, and the dynamics of power and control are to be included in the program content also in 90 percent of standards. Individual intervention, except in special circumstances, is regarded as inappropriate in 65 percent of those states with standards.

The 1996 Certification Procedures and Minimum Standards for Batterers Intervention Programs of the Florida Department of Corrections is one typical example of an intervention approach consistent with feminist principles. Safety for victims of domestic violence and their children is primary and service providers are required to develop procedures to assess the safety of the woman; provide regular contact to verify her safety; ensure she is offered referrals or assistance and informed about her partner's status in the group; ensure that her records are kept separate and secure from her partner's files; demonstrate cooperation and communication with local family violence services to stay advised on common issues; comply with procedures for reporting non-compliance to the referral source (e.g., correctional agency); and hold batterers accountable to the fullest extent possible to victims and the community for their use of violence by paying costs associated with attending the intervention program. Staff must be knowledgeable of the laws and the legal system including criminal and civil remedies; demonstrate cooperation with other victim service agencies that work with victims of domestic violence; and offer to

assist local domestic violence centres in the training and education of justice system personnel.

The Florida standards require group sessions of at least 24 weeks that address the definition of domestic violence; the power and control wheel; the equality wheel; safety plans for women; the effects of domestic violence on children; and, gender roles, socialization, and the nature of the violence. The standards also define which methods are not appropriate:

1. Any intervention approach that blames or intimidates the victim or places the victim in any danger is not allowed. There is no behavior on the part of the victim which causes or excuses abuse. Batterers bear sole responsibility for their actions.
2. Any approach that coerces, mandates, or otherwise requires victim participation is inappropriate. Couples, marriage, or family therapy is prohibited during the psycho-educational intervention phase. Such therapy may be used only when the batterer has completed the intervention program, violence has ceased, the victim is making decisions independent from the abuser, and the victim is in agreement.
3. Psychodynamic interventions which link causes of the violence to past experiences and unconscious motivations are not allowed.
4. Communication enhancement or anger management techniques which lay primary causality on anger are prohibited.
5. Systems theory approaches which treat the violence as a mutually circular process, blaming the victim are inappropriate.
6. Addiction counseling models which identify the violence as an addiction and the victim and children as enabling or codependent in the violence are not allowed.
7. Any approach that encourages gradual containment and de-escalation of violence is prohibited.
8. Theories or techniques which identify poor impulse control as the primary cause of the violence are inappropriate.
9. Methods which identify psychopathology on the part of either party as a primary cause of violence are not allowed.
10. Teaching fair fighting techniques is prohibited.

A major initiative of the Violence Against Women Grants Office of the U.S. Department of Justice recently recommended that actions of all criminal justice sectors — including law enforcement, prosecution and the judiciary — be grounded in an understanding of violence against women as an expression of male power and control (Littel *et al.*, 1998).

It should also be noted that men who become involved in treatment represent only a very small percentage of batterers and that their participation is rarely voluntary. Men are either mandated to enter

group treatment programs for batterers through the courts or they are persuaded to attend by their partners who threaten to leave them if they do not get help. Studies of men in treatment that extrapolate their findings to abusive men in the general population should be interpreted with caution.

Empirical Support

Studies of the causes, dynamics and responses in relationships characterized by violence are problematic from a feminist perspective. When couples participate in research that focuses on this violence there are fears that the intervention could lead to an escalation of violence. Some feminists argue that couple counselling and research should not be undertaken under these circumstances. There are other reasons that feminist arguments do not easily lend themselves to empirical study using the traditional scientific method. Lack of consensus on the operational definitions of key concepts is one. Some feminists would in fact claim that conventional methods of analysis are patriarchally constructed and, as such, are antithetical to a feminist approach.

Feminist models for explaining and addressing domestic violence have evolved primarily from counselling and advocacy work with female victims and survivors. The main body of literature and even recent study (e.g., Canadian Panel on Violence Against Women, 1993) is based on the narrative and anecdotal accounts of women. Theories and interventions have developed inductively from “clinical” or “case” studies. These methods have contributed to a body of knowledge that, while receiving extensive face validity on a qualitative and descriptive level, does not lend itself to the scrutiny of traditional scientific study (Poulin and Ross, 1997).

Some studies seek to uncover the power and control dynamics by looking at the instrumental nature of male aggression. Men may use violence, because of their size and strength, to compensate for their perceived inadequacies. For example, women may be at risk of partner violence when they are better educated or better paid than their mates. McCloskey (1996) examined the effect of socio-economic factors on the use of coercive control within the family. Although occupational disparity was unrelated to domestic violence, when women’s economic resources approached or exceeded their partner’s they were more likely to be abused. Anderson (1997), studying data from the National Survey of Families and Households, came to a similar conclusion. In examining the effects of development and modernization in Mexico, Oropesa (1997) found that expanding educational opportunities for women correlates with a lower risk for domestic violence.

Education differences and reward power were found to contribute to severe violence by Claes and Rosenthal (1990). They found that educational disparities are a more powerful predictor of violence than power, and that men who have a higher level of education perpetrated more severe violence on their partners. They also found a correlation between a batterer’s perception of his partner’s high ability to provide rewards and the severity of violent acts. The authors suggest that their study indicates the need to understand more about power in relationships. Power may interact with other variables (educational disparity and reward ability of partners) to explain acts of severe violence.

Control issues and self-esteem were studied in 72 married men of whom 27 were reported to be abusive and 47 were non-abusive (Prince and Arias, 1994). The study found two subgroups of respondents at high risk for domestic violence, namely: 1) those men who were low on self-esteem, low on desirability of control and low on perceived personal control; and 2) those subjects who scored high on

self-esteem and desirability of control but low on perceived personal control. The authors suggest that their findings indicate the need for different treatment modalities for the two groups. Men in the first group may show characteristics of dependency, helplessness and powerlessness, where their violence may be an expressive response to frustration. It is suggested that anger control training may be more effective for men in this group than in the second group, coupled with techniques to increase their self-esteem. Significantly, the authors suggest that anger control might not be as effective for men in the second group because their use of violence does not appear to be related to “lack of control over the experience or expression of negative arousal” (1994: 133). Working from the hypothesis that men in this group may use violence to force the environment to conform to their expectations, the authors advocate marital therapy as a means of treatment.

In a meta-analytic review of 29 studies of domestic violence (Sugarman and Frankel, 1996), the authors concluded that their findings offered “limited support for the ideological component of the patriarchal theory of wife assault” (1996: 1). In examining attitudes towards violence, gender roles and gender schema only two of the five predicted effects received support. Assaultive husbands were more likely to perceive use of marital violence as acceptable than were non-assaultive husbands. Assaulted wives were more likely to be classified as having a “traditional” feminine gender schema than were their non-assaulted counterparts. Contrary to the initial predictions, violent husbands were found to have more “undifferentiated” gender schema than non-assaultive husbands; assaulted women were found, unexpectedly, to hold more liberal attitudes to gender roles than their non-assaulted counterparts; and violent husbands held similar attitudes towards women as did non-violent husbands (1996: 33).

Recent studies of sexual and domestic violence in societies and cultures other than those which fall within the mainstream of North American and Western analysis have been illuminating. Western sociologists have sometimes blamed industrialization, modernization and urbanization for an increase in domestic violence. They claim that the breakdown in community and kinship ties has contributed to the isolation of the modern nuclear family and the concomitant stresses that correlate with family violence.

Studies of domestic violence within extended family systems in traditionally patriarchal societies tend to challenge these hypotheses. They also raise important questions and unique issues. Studies conducted in India (Prasad, 1994; Fernandez, 1997; Rao, 1997), although relatively small scale, demonstrate that domestic violence occurs within traditional extended family systems, and that it occurs within the context of institutionalized patriarchy. Abuse can take the forms of violence, economic dependency, and female sterilization. It may be legitimized as dowry inadequacy or failure to produce male children and female members such as mothers-in-law may be coopted to inflict abuse as well. Solutions, within a specifically Indian context, are seen in providing women with the means to obtain economic autonomy and security and independence from the families into which they marry. These studies show that when an Indian woman is abused she has almost no alternatives, either structurally or informally, than to remain with her violent husband and his family.

Morley’s extensive study of domestic violence in Papua New Guinea also serves to support a feminist perspective and largely refutes the claim that woman abuse is a product of modernization (Morley, 1994). She found that “men’s right to control their wives through beating them has a long history in most Papua New Guinean social structures, predating contact with Westerners” (Morley, 1994: 47). Morley found that, although wife abuse has about twice the prevalence in the urban Papua New Guinean context as in industrialized countries, it does not appear to be more prevalent in urban than in rural Papua

New Guinea. Her survey data suggests, however, that victims may experience more severe and frequent violence in the urban context.

Morley suggests a variety of reasons for these changes as provided by her urban respondents: the relative isolation of the privatized nuclear family, a breakdown in traditional kinship ties, changing roles and expectations, increased independence of women and a corresponding increase in sexual jealousy on the part of their husbands, increased access to and use of alcohol by men, stresses involving money and increased awareness of the issue of domestic violence and a corresponding lack of social structures to address the needs of victims. Morley identifies these changing “explanations” as justifications and asserts that, whether in rural or urban Papua New Guinea, violence against women would compare with other “developing” and industrialized societies, with men’s motivation to control their wives, and social structures that permit them to do so, as common unifying themes.

In a study of two northern Native arctic communities, Durst also concluded that domestic violence was not a product of development, but had been present in the communities studied prior to the modernization brought about by oil and gas development (Durst, 1991). Durst found that these communities had traditionally taken a community-based approach to domestic violence. Durst’s study suggests that “interventions” should be respectful of and consistent with traditional solutions.

A study of wife abuse in urban China examined the impact of political change on the incidence of domestic violence (Xu, 1997) by documenting changes wife assault rates over three historical periods. Xu argued that the “patriarchal family system and gender inequality within the family are largely responsible for the prevalence of wife abuse” when women “occupy powerless and subordinate positions in the family” (1997: 298). The incidence of wife abuse declined significantly following the Chinese socialist revolution (1949), possibly because of laws and policies which improved the socio-economic position of women and addressing legally instituted inequities that discriminated against women. The incidence of wife abuse increased significantly during the cultural revolution (1966-1976), however, a period when state violence was used to “reinforce ideological hegemony and social control” (1997: 297). During the post-Mao reform period, “trends in wife abuse tended to decrease or levelled off” (1997: 291). The author predicts that the Deng reforms (which have seen the rise of the market economy, the weakening of centralist policies and an increase in discrimination against women) may lead to increased wife abuse.

In a study of Chinese immigrant brides to the United States, explanations of domestic violence suggest that pre-existing “patriarchal values and norms” are compounded by “structural constructs (immigration, social isolation)” (Chin, 1994: 64). The author acknowledges the legal and societal injustices to which women have been subjected in traditional Chinese society, in a culture where girls are enjoined to obey their fathers, their husbands, after marriage, and their eldest sons, if they are widowed. Chin urges an integrated model of marital violence is best suited to the experience of Chinese immigrant families. The author suggests that this model incorporate theories relating to power inequality, family disharmony and husband’s suspicion of infidelity (social and sexual) as intervening variables with independent variables of differential expectations and value conflict.

Domestic violence affects women in countries throughout the world. In many countries governments do not have the will or resources to provide protections for abused women. Some of these women flee their original countries to seek asylum in the United States, where the Immigration and Naturalization Service has established guidelines to assist adjudicators to deal with gender-related asylum

claims (Seith, 1997). Since these guidelines were established, officers have recognized such claims when they relate to female genital mutilation and rape. The author uses extensive political and legal material to urge that these precedents be extended, in practice, to include victims of domestic violence.

Feminists claim that patriarchy is supported by social and political institutions. A study that compares sexual coercion reported by university students in Sweden and the United States provides empirical support for the feminist perspective (Lottes and Weinberg, 1997). In Sweden, where levels of violence and interpersonal violence are lower than in the U.S., students reported lower rates of both physical and non-physical sexual coercion than did their U.S. counterparts. The lower rates reported by Swedish students were attributed to a weaker double standard of sexuality, and the fact that women in Sweden have more institutional power and social benefits.

In a study of wife abuse amongst Hispanic and Anglo Americans in the U.S. (Kantor, Jasinski and Aldarondo, 1994) the authors noted that, although only a relatively small number of Cuban families was studied, they found “wife assaults among Cuban families are virtually non-existent” (1994: 218). They observe that this may be attributed to less male domination and segregated gender roles within these Cuban-American families than in their counterparts in Cuba. In view of their finding, further study of Cuban and Cuban-American families may prove fruitful to our understanding of domestic violence from a cross-cultural perspective, particularly in the light of Cuba’s political history. Overall, the authors did not find that a cultural mechanism was responsible for the transmission of domestic violence. Their study suggests that unemployment, alienation and cultural marginality form the “underpinnings of abuse” in the populations studied (1994: 218).

Within Canada (and perhaps the world), the most extensive examination of violence against women was conducted by a federally appointed committee (Canadian Panel on Violence Against Women, 1993) which visited 139 communities, spoke to over 4,000 individuals, and received hundreds of submissions. The major conclusion published in the final report, titled *Changing the Landscape ~ Achieving Equality*, concluded that the feminist analysis provided the most comprehensive understanding of the problem. There was seen to be a direct link between women’s inequality and their victimization by violence. Violence against women was widely reported to be tolerated and condoned, especially in intimate relationships. Institutions such as the police, hospitals and churches were seen to re-victimize abused women who sought assistance. Certain groups of women such as the poor, disabled, visible minorities and rural/isolated individuals were described as the most vulnerable with the least power and access to services. The Panel made sweeping recommendations on individual and societal-level changes.

Limitations of the Perspective

Critics of a feminist analysis argue that patriarchy and a strictly gendered view of power and control do not provide a framework within which to understand other forms of violence (Featherstone, 1997). Child abuse, for example, appears to present challenges to feminist perspectives on the use of violence within families. The power and control model may well apply to child abuse but, it is argued, the use of these tactics are not limited to men. Both men and women can victimize their children. And women can victimize women in lesbian relationships and, as a growing body of survey data show, women can abuse their male partners.

An extensive body of work produced by Murray Straus and his colleagues pertains to the power

theory of violence, a non-gendered conception of power and control tactics in the family. Broadly speaking, this theory examines violence within the family system in which the stresses and strains of everyday interaction produce accommodation, conflict and sometimes violence (see Straus and Kurz, 1997, for the full debate). Lenton (1995a) used data from the Statistics Canada Violence Against Women Survey to test the power and feminist explanatory theories of wife abuse. While supporting the centrality of male dominance in the etiology of wife abuse, she concluded that the interpersonal power model provides a more comprehensive explanation of wife abuse and family violence than do feminist models and explanations (Lenton, 1995b).

The emerging family violence literature on female violence appears to present some challenges to traditional feminist explanatory models of domestic violence and indicates the need for further integrated study. Some survey data show that the rate of wife-to-husband assault is about the same, or even slightly higher, than husband-to-wife assault rates, and that wives initiate violence in a large proportion of cases (e.g., Straus, 1993; Magdol, Moffitt, Casi and Newman, 1997). James (1996) argues that it is important to view female violence in context, including the differential size of men and women, the seriousness of the effects, and the role of self defence (see also Barnett *et al.*, 1997). However, some argue that the feminist construction of the question as to why men beat women precludes any consideration of female violence (Dutton, 1994), perhaps because the success of the feminist movement in raising to public consciousness the issue of woman abuse has overshadowed the issue of female-to-male violence in the professional and mass media (Lucal, 1995).

Abuse within lesbian and/or homosexual relationships, it is argued, also constitutes a challenge to traditional feminist explanatory models of domestic violence (Coleman, 1994; Dutton, 1994; Letellier, 1994). Current theories are seen as being predominantly heterosexist. In a study of 284 lesbians it was shown that 31 percent of respondents reported that they had been subjected to one or more acts of physical abuse, whilst 90 percent reported that they had been the recipients of one or more acts of verbal aggression in the year preceding the study (Lockhart *et al.*, 1994). Lockhart and her colleagues noted that physical abuse related to issues of power imbalance and/or struggles for varying levels of autonomy and interdependence. Letellier (1994) argues that an integration of socio-political and psychological theories would be more relevant to an analysis of same sex domestic violence while Coleman (1994) goes further by saying that individual personality dynamics are primary to an understanding of relationship violence.

Patriarchal explanations are criticized as unidimensional and fixed. When patriarchy is seen as a single explanatory variable, it is argued, it fails to account for variance across time and cultures (Gelles, 1993). For example, a study of spousal violence and marital power in Mexico found that husband dominance is neither universal nor insurmountable (Oropesa, 1997). Featherstone argues for perspectives that see gendered positions as being subject to constant change and redefinition, rather than fixed and static. She further suggests that the concept of domination rather than power may be a more appropriate context within which to examine the vulnerabilities and dependencies which characterize emotional relationships. She points to the work of feminist therapists such as Goldner *et al.* (1990) at the Ackerman Institute who are working on a number of levels with violent men and their partners.

Dutton (1994) has been critical of feminist analysis for de-emphasizing the question of psychopathology in a consideration of male violence. He argues that if domestic violence is a product of patriarchy, why do some men abuse their wives whilst others do not? Dutton contends that we need to

refocus our analysis to include a recognition of individual (personality and psychological) variables. Many feminist psychologists would concur with Dutton with the proviso that individual explanations are viewed within the broader context of patriarchy, and are not used to rationalize or excuse violence.

FROM THEORY TO PRACTICE

Each theoretical orientation has implications for intervention with men who are violent to family members, including the site of intervention and the target variables for intervention (see Table 1). In general, this is a field where the link between theory and practice is usually quite explicit, perhaps even more so in recent years (Holtzworth-Munroe and Saunders, 1996). As can be inferred from this table, some explanations of family violence are more amenable to correctional practice than others.

TABLE 1
Implications for Intervention of Five Explanations of Family Violence

THEORY GROUP	SITE(S) OF INTERVENTION	TARGETS
Biological	Individual men	organic factors
Psychopathology	Individual men	psychiatric symptomatology
Systems	Couple and/or family	interpersonal skills
Social Learning	Groups, media, social norms, individuals	thinking styles, behaviours, interpersonal skills
Feminist	Social norms and attitudes, laws and policies, structural obstacles to women's equality, men, etc.	attitudes to women, power and control dynamics of relationships, gender inequalities (economic, political, etc.)

While our assumptions about what causes male violence against intimate female partners informs our assumptions about intervention, we have found that no one perspective can completely explain family violence and so no perspective can provide enough explanatory power to indicate one clear and focused intervention option. For example, Bograd (1994) observes that purely clinical approaches lack the political analysis while the purely feminist analyses do not easily translate into clinical practice. Dutton and Starzmonski (1997) call for an integration of feminist and psychological approaches, finding that the concepts included on the power and control wheel were highly associated with the personality attributes of abusive men. Anderson (1997) argues for an integration of family violence and feminist perspectives, focusing on socio-demographic factors and resource theory. Renzetti (1994) sees the recognition of the need for multidimensional theories as reflecting the increased sophistication of the research in this field.

Amid these calls for a synthesis of approaches, one conclusion would be that the different

orientations should be seen as complimentary and additive rather than competing. In addition, common sense would dictate that particular attention should be paid to the commonalities and points of agreement of the different perspectives. For example, while the explanations for the link vary, proponents of each view acknowledge the intergenerational transmission of violence. In considering the different explanations, we can get a sense of how many factors could be at work to shape a violent man. Biologists may see aggression as involving a heritable trait or traits that fathers pass to sons. Those who adopt the psychopathological viewpoint might focus on the psychic damage done by inadequate attachment to a parent, trauma and shame. For example, Dutton, van Ginkel and Starzomski (1995) found connections between childhood shaming, abuse, and personality variables associated with abusiveness. System theorists look to how abuse in the family of origin teaches children inappropriate communication, coping and problem-solving skills so both boys and girls have difficulties in their adult relationships. Social learning says that grown-up boys model their father's behaviour, learning early that violence towards women gets rewards and does not draw consequences. And finally, feminists look to how male privilege in general and violence against women specifically are perpetuated by tolerance at all levels of the social order and how women are dependent on men, generation after generation, because of social, economic, and political inequality.

The calls for more sophisticated causation theories are predictably accompanied by calls to broaden our intervention strategies. Bowker (1998) posits that most efforts to extinguish male violence have been unsuccessful because they are too narrowly targeted while masculine violence is rooted in multiple systems. He states that efforts to influence male violence must occur at five levels: social, cultural, personality, biological and economic. Indeed, the richness achieved when synthesizing the various perspectives on family violence underscores the need to avoid simplistic responses. Human behaviour is a complex phenomenon and there are no quick and easy ways to explain it, or change it. We must address family violence on many fronts, with individuals at risk -- including child welfare interventions, treatment programs for children, advocacy with abused women and treatment of abusive men -- as well as on a broader plain with public education, zero-tolerance policies in public institutions, preventative work with school children, efforts to control violence in the media, and measures overcome the structural obstacles that prevent the participation of women as equal players in our society.

In summary, several key trends and observations were noted in the theoretical literature:

- < explanations of family violence typically focus on societal factors, or family variables or the characteristics of individuals
- < each theory can provide, by definition, a logical explanation of its proposed determinants of family violence and each one has at least some empirical support
- < long vilified as too reductionistic and apolitical, interpersonal and intrapersonal explanations of family violence lay behind several new treatment approaches
- < no one theoretical approach has sufficient empirical support to distinguish it as having the greatest explanatory power but each contributes a valuable perspective, underlining the complexity of the issue and the absence of easy solutions
- < an increasing number of theoreticians are attempting to provide explanations that integrate

variables measured at the societal, family and individual levels

< perceived differences between the different theoretical approaches may be exaggerated and we need to focus on the commonalities

A Minnesota group called the People Who Work with People who Batter (1997) defined these core beliefs which would probably find widespread agreement among many of those whose work we reviewed:

- Domestic Violence is an individual, family, neighborhood, community, country, world, societal, cultural, and spiritual issue.
- Domestic Violence is a learned behavior; it has rewards and consequences.
- Domestic Violence is reinforced by many parts of society.
- Domestic Violence can be (and most often is) passed on from generation to generation.
- Domestic Violence is the hurtful misuse of power and desire or choice to control a partner, spouse, child or situation.
- Domestic Violence can be unlearned. Situations and people do not have to stay the way they are because “that’s how it’s always been.” Batterers can learn to make nonviolent choices.
- Domestic Violence cannot be justified on the basis of being provoked.
- Domestic Violence is a type of oppression with roots in racism, classism, sexism, homophobia, etc.
- Domestic Violence is a choice for which the perpetrator must be held accountable.

Healy, Smith and O’Sullivan (1998) make the observation, now axiomatic, that batterers’ programs should be but one strategy in broader efforts to address violence in the family. The criminal justice system can be a key player by reflecting societal intolerance of violence and by holding batterers accountable for their actions. The following points, although now widely acknowledged, are worth noting. Criminal justice efforts should:

- < gather broad-based offender information quickly
- < take advantage of culturally competent or specialized interventions for other risk factor areas (mental illness, etc.)
- < coordinate batterer intervention with substance abuse treatment
- < be alert to the risk to children in domestically abusive households
- < create a continuum of supports and protection for victims
- < encourage interagency cooperation

In the U.S., 80% of male batterers in treatment are in some way subject to criminal justice supervision, be that probation, incarceration or parole.

CSC commissioned a literature review in 1994 on men's treatment programs (Rondeau *et al.*, 1994) where it was noted that abuse-specific interventions date only to the mid 1980s. Historically, the original batterers programs were almost all based largely on a feminist educational model. The Domestic Abuse Intervention Project of Duluth, Minnesota (Pence, 1988; Pence and Paymar, 1993) is the most prominent example. In 1986, 80% of programs used techniques influenced by feminist analysis (Gondolf and Hanneken, 1987). Similarities include the emphasis on victim safety, and the priority for obtaining information from the female partner. Many men prefer to avoid the group modality (Caplam and Harle, 1995; Brown, O'Leary and Feldbau, 1997), although it is by far the most common format. In the groups, confrontation and peer group pressure are used to encourage recognition of the power and control dynamics of the men's interactions within the families.

Healy *et al.* (1998) note that treatment priorities and criminal justice priorities are not always in harmony. They suggest that the family systems and the purely psychodynamic methods are not neatly compatible with the needs of programs operating as part of the criminal justice system. The responsibility for the violence may be diffused, the victim can be implicated as partly responsible for the violence, treatment targets (e.g., self-esteem) may be beyond the scope of the criminal law, and the end goal is to heal the batterer. Instead, they see the feminist educational approach as being most in harmony with criminal justice priorities, because responsibility for the violence is placed entirely with the individual, the use of consequences for inappropriate behaviour is seen as desirable, and the goal is clearly to end the violence. Unfortunately, note Healy *et al.* (1998), purely feminist interventions have not evidenced high rates of success, possibly because they are too short, do not address idiosyncratic characteristics of the man that may be associated with his violence (e.g., his own abuse history as a child), and the confrontation style may alienate the man and increase hostility and resistance to treatment (see, however, Trimble, 1994).

Most programs combine a cognitive-behavioural approach with pro-feminist educational material. Increasingly, for criminal behaviour in general, the cognitive-behavioural approach is becoming the intervention of choice. In an exhaustive review of criminal justice programs in the U.S. (Sherman *et al.*, 1997: 9-49 - 9-53) it was concluded that there was support for the notion of correctional treatment programs, if they:

- < are structured and focused, use multiple treatment components, focus on developing skills (social skills, academic and employment skills), and use behavioral (including cognitive-behavioral) methods (with reinforcements for clearly identified, overt behaviors as opposed to non-directive counselling focusing on insight, self-esteem, or disclosure); and,
- < provide for substantial, meaningful contact between the treatment personnel and the participant

A virtually identical conclusion was made in a U.K. review by Vennard, Sugg and Hedderman (1997), who further asserted that cognitive-behavioural methods which include social skills training offer the most promise. Dobash *et al.* (1996), discussed above, is an example of a batterers' program based on a cognitive-behavioural approach.

Other useful information about program design can also be gleaned from the general correctional literature. Probably the most recent review of the issue comes from the United Kingdom (Nuttall, Goldblatt and Lewis, 1998) in a document titled *Reducing Offending: An Assessment of Research Evidence on Ways of Dealing with Offending Behaviour*. It is generally true that correctional treatment programs have the greatest likelihood of success when these things are true:

- < treatment integrity is monitored to avoid program drift and ensure that service providers are adequately trained in the technique
- < treatment targets are dynamic factors related to risk (in this case attitudes and skills with due attention to substance abuse)
- < the interventions employ active and participatory approaches such as role playing rather than passive didactic instruction
- < attention is placed not only on highlighting the problem behaviour for the clients but also in assisting them to replace it with pro-social behaviour
- < institution-based programs are bridged to community-based programs after release
- < follow up is accomplished using behavioural indicators of desired outcomes
- < information learned from post-treatment follow up is used to modify the program if needed

Another feature often delineated for effective correctional programs is that of risk classification and matching of intervention intensity to risk level. However, in relation to this topic, due consideration should be given to making the psycho-educational aspects of batterers programs, specifically the power and control and egalitarian wheels, part of core programming.

In the United States, mandatory program standards have been created by many states to define the approaches that are supported and encouraged. Gondolf (1997) states that many standards define one year as the minimum duration of treatment for men's programs to be effective, for example. In many cases, state funding is tied to adherence with the standards. Standards or certification criteria in this and other criminal justice areas are becoming common for a variety of reasons. The most obvious is that standards reflect a benchmark of acceptable practice against which the design and operation of programs can be measured. In an era of privatization, this is one way the state can determine if the private agency is meeting expectations (and the agency knows the expectations they must meet). Standards are generally believed to increase the quality of services. Another benefit of standards comes into play during civil litigation after an offender commits a crime while involved with the criminal justice system. For example, a woman could be injured or murdered by an inmate on a temporary absence or by a parolee in a community-based treatment program. Exposure to civil liability is minimized if it can be demonstrated that efforts to treat him were consistent with standards chosen to reflect best practices. (For a discussion of correctional standards and liability for inmate-to-inmate assault, see Leschied, Cunningham and Mazaheri, 1997.)

While not mandatory standards, the guiding principles for men's intervention programs in British

Columbia (Browning *et al.*, 1996) is an example of this trend emerging in Canada. The 30 principles are:

Principle #1: The safety of women and children is paramount.

Principle #2: The direct goals of treatment are to stop the physical violence and reduce the whole array of abusive and controlling behaviours. An ancillary goal is to provide men with alternatives to abuse which encourage sharing power and decision making in a respectful relationship.

Principle #3: Access to women's safety services for partners is a prerequisite to the implementation of men's treatment. Supportive counselling and advocacy for women are important for the effectiveness of men's treatment in a coordinated response to violence against women in relationships.

Principle #4: A coordinated system of services for women and men ensures a consistency in consequences and response, and consequently reduces manipulation of the system by the abuser.

Principle #5: Sharing information and allowing for input from community agencies providing services to women increases the awareness of victim issues and facilitates mutual referral and case consultation.

Principle #6: Men's treatment is a sentencing option that can facilitate the criminal justice process, but close coordination between the program and probation is required to ensure compliance with treatment, or alternately, the application of appropriate consequences. Treatment holds the man accountable but should not be a substitute for sanctions.

Principle #7: Cooperation among men's treatment programs, probation, Crown counsel and the judiciary is necessary to allow breach charges to succeed, thereby increasing accountability.

Principle #8: An approach to each individual man that demonstrates respect and care is fundamental to the process of change.

Principle #9: A treatment philosophy which combines cognitive behavioral and resocialization approaches is recommended. Changing sexist attitudes without skill development will likely be inadequate. Use of anger management without emphasizing power and control issues and the need for more equality in relationships may increase the risk of more sophisticated abuse to meet power needs.

Principle #10: Group counselling is the preferred treatment modality but individual counselling is appropriate as a supplement or alternative when group counselling is not feasible.

Principle #11: Couples counselling is contra-indicated as an initial intervention, but may be appropriate at a later stage of treatment under very specific circumstances.

Principle #12: Abuse involves a range of controlling and hurtful behaviours. All men who have assaulted their partners are the appropriate target population for men's programs. Men who have abused their partners in other ways may also be eligible for treatment. Individual programs must retain control over the clients actually accepted for treatment.

Principle #13: Both voluntary and court-directed treatment may be useful, but programs need to ensure that their procedures do not allow men to use treatment as a means of avoiding criminal justice sanctions.

Principle #14: Careful assessment techniques and a policy of excluding men who clearly cannot benefit from the program are necessary to maintain the effectiveness of the program.

Principle #15: Written contracts dealing with attendance, participation, incidents of violence, behaviour during treatment and confidentiality are effective tools for increasing accountability and substantiating breach of probation in court.

Principle #16: Program content should include techniques that reduce denial or blaming, promote awareness of anger and abuse, provide alternative responses to abuse, increase awareness of sex-role conditioning, promote non-sexist attitudes, and explore underlying issues directly related to abusive and controlling behaviours without allowing an evasion of personal responsibility for abuse.

Principle #17: Alcohol or drug use can be a barrier to recovery and needs to be dealt with through proper assessment, referral and contracting with the man for abstinence or strictly controlled substance use when it is a relevant factor.

Principle #18: Clear written policy regarding confidentiality is advisable covering such areas as duty to warn women of danger, informing the woman of the man's attendance, suicide threats, reporting child protection issues, court-subpoena, information-sharing with other relevant professionals and future contact to evaluate programs.

Principle #19: Programs working with court-mandated men must inform the probation or relevant court official about attendance and compliance with program requirements.

Principle #20: Accurate attendance and clinical notes regarding assaults and other serious incidents of abuse, contact with other agencies and women partners, reports of child abuse, and any threats of violence should be maintained.

Principle #21: Programs should not advocate for men in legal proceedings.

Principle #22: Men's groups should be led by a two-person team, preferably male/female.

Principle #23: While no specific degree credentials are recommended, it is clear that staff should have clinical training, experience in group counselling, be familiar with the family violence literature, and have resolved relevant personal issues.

Principle #24: Former abusers can be useful staff members, but must be given support and the opportunity to continue their recovery.

Principle #25: Incorporating on-going support, supervision and training is required to maintain and improve the quality and durability of staff members.

Principle #26: Ongoing contact with women partners is important for assessment purposes and assurance of her safety. Contact should be based on her willingness to participate. Provision of supportive counselling or referral for such counselling should be undertaken.

Principle #27: Women should be encouraged to protect themselves through appropriate measures which may include separation or legal action even though these may be unpopular with the abuser.

Principle #28: Great care should be taken to be conservative in communicating expectations for change in men's behaviour so as not to bias women's self-protective decision-making.

Principle #29: Culturally-specific programs led by persons of that culture which incorporate relevant culturally-based material into standard treatment will likely enhance success with these groups. Education of all group programs in relevant cultural variations vis a vis abuse of women in relationships would be useful.

Principle #30: While evidence exists that men's treatment can be effective, individual programs require ongoing evaluation components to monitor effectiveness and provide feedback for continuing program development. This should be funded over and above counselling costs.

PROGRAMS FOR ABUSIVE MEN: WHAT WORKS?

Theoretically, from what we know about effective correctional programming, cognitive-behavioural interventions would be expected to shape the best outcomes for most but not all batterers. But do they, or any other program, work? Edleson (1995) cautions that the answer to that question hinges on what we expect from a batterer program. He notes that the use of several different criteria of success makes comparisons across studies difficult. Another issue is the magnitude of change as measured. Differences between treated and control participants may be statistically significant, but is that enough to constitute a meaningful difference?

Sherman *et al.* (1997) conclude that the most effective crime reduction programs reduce recidivism of offenders by 10 to 20 percent compared with controls. Similar results are found among batterers' programs in that, considering only the experimental and quasi-experimental studies (Dutton, 1986; Chen *et al.*, 1989; Dobash *et al.*, 1996; Palmer *et al.*, 1992; and Davis and Taylor, 1997), treated men do show marginally more favourable outcomes (as measured) compared with untreated men. In contrast, using a quasi-experimental design, Harrell (1991) found that the members of the control group were more successful in remaining violence free than those in the three treatment conditions. These results remind us that the experience of being monitored, as when one is in a control group, may itself have an inhibiting effect on relapse.

Nevertheless, there is little reason to become preoccupied with the "does it work?" question. The pursuit of an effective intervention is a valid exercise and moving on leads us in several other directions: "which approach is most effective?" and "which approach works best for whom?" Which approach *is* most effective? In a recent review, Gondolf (1997a) concluded that we do not know at this point, possibly

because of the lack of definitive clinical trials comparing them and partly because few programs are purely based on one orientation to the exclusion of the others. Early results from a much-anticipated multi-site study (Gondolf, 1997b) indicate that the four treatment programs under study are not associated with different rates of success. Instead of asking, “what works?”, Gondolf (1997a: 86) suggests we ask “what kinds of men are most likely to change their behaviour and under what circumstances?” The new question, therefore, is “what works for whom?” For example, Saunders (1996), comparing the success of two treatment types, found that the feminist-cognitive-behavioural groups were more effective for men with anti-social traits whereas the process-psychodynamic groups were more effective in treating men with dependent personalities.

Indeed, Healy *et al.* (1998) observe that researchers and practitioners now widely agree that no one type of program will be successful with all batterers, probably for two reasons:

- < the “one-size-fits-all” approach cannot accommodate the diverse population of men entering the criminal justice system
- < program retention and efficacy are enhanced when matched with key characteristics of the treatment subjects (e.g., literacy, ethnicity, gender, sexual orientation, socio-economic status)

In consequence, they see two refinements in program design. First, programs should be tailored to specific types of batterers (see discussion on typologies below). Second, some programs are accommodating the diversity of the population of batterers. For example, dual arrest policies are increasing the rate at which women are convicted of partner assault and finding their way into mandated batterers programs. Most are thought to have assaulted in self defence (Hamberger and Potente, 1994) but some women have been violent in lesbian relationships. Their treatment needs will be quite different from those of men, perhaps with greater focus on victimization and oppression (Hamberger and Potente, 1994). The treatment needs of homosexual men are different from those of heterosexual men. In addition, there is a growing push for assessment techniques (Campbell *et al.*, 1994) and treatment programs (Williams, 1994 and 1997; Williams and Becker, 1994; Willis, 1994; Ricardo and Gouband-Reyna, 1998) which are culturally sensitive. The needs of Aboriginal men may be such that programs based on traditional healing practices are preferable (Zellerer, 1994).

Another consequence of finding that no one approach works is that an eclectic approach is emerging that combines elements from several treatment orientations. Previously “divergent theoretical camps have begun to move toward a more integrated ‘multidimensional’ model of batterer intervention in order to better address the complexity of a problem that has psychological, interpersonal, social cultural, and legal aspects” (Healy *et al.*, 1998: 15). Gondolf (1997a: 85) has also observed that an eclectic approach is emerging as the diverse orientations to treatment are converging at what he calls a “gender-based, cognitive-behavioural modality: men are confronted with the consequences of their behavior, held responsible for their abuse, have their rationalizations and excuses confronted, and are taught alternative behaviors and reactions.” Many programs combine features of feminist and cognitive-behavioural techniques and, if indicated, a phase which explores individual psychological issues. And some programs end with couples therapy. The Compassion Workshop is one example of a program that attempts to combine several orientations (Stosny, 1996).

While there are many explanations for the link, as well as opinions about the significance, few

would argue with the statement that family violence and alcohol consumption are in some way highly correlated. Lipsey *et al.* (1997) could not find evidence of a causal link between alcohol and violence. But batterers are often abusers of alcohol and/or other substances (e.g., Brookoff *et al.*, 1997). In Memphis, it was found that half of those arrested for domestic violence were chronic users of drugs or alcohol and 92% of them had used drugs or alcohol on the day of the assault (Brookoff, 1997). In a longitudinal, prospective study of over one thousand New Zealanders, among men who acknowledged violence against a female partner by age 21, 72% said they used drugs (Moffitt, 1997). The comparable figure for the non-assaulters was 15%. Conversely, alcohol abusers may be more likely than men in the general population to abuse their partners (Murphy and O'Farrell, 1996; Maiden, 1996). Maiden (1997) found that 94% of his sample of alcoholic men abused their wives.

Many debates on the subject continue to rage. Will abstinence stop the violence? Alcohol treatment for alcoholics may *reduce* the severity and frequency of violence (Maiden, 1996 & 1997; Collins *et al.*, 1997; Murphy and O'Farrell, 1996). Most would acknowledge, however, that violence specific treatment must be provided in conjunction with any substance abuse intervention. Psychopharmacological interventions have been developed for aggressive men with substance abuse problems (Lavine, 1997) but they would probably not find widespread acceptance. Another issue has to do with the philosophy behind 12-step programs and their incongruence with batterers treatment. The notion that his behaviour is beyond a man's control is severely at odds with most conceptions of family violence under discussion here. Of concern is the possibility that the violent male could be handed an excuse for his behaviour, perhaps even the extension of the disease model to battering. As the disease model of alcohol treatment is displaced by cognitive-behavioural conceptions of substance abuse (e.g., Beck *et al.*, 1993; Wanberg and Milkman, 1998), the two may grow to be more harmonious. Assumptions behind cognitive-behavioural treatment of substances abuse include:

- < substance abuse is a learned behaviour
- < it is within the user's power to change
- < the user alone is responsible for stopping
- < learning/practising new skills is necessary

Conner and Ackerley (1994) advocate this approach, and see benefits on both sides for interventions that focus on stress management, relaxation training, communication skills and self-control instruction.

The key points emerging from the program review were:

- < most programs are structurally similar (intake/assessment, victim contact, group treatment) but can vary in terms of content and the approach to intervention depending upon whether they conceptualize the causes of family violence as lying predominantly in society, or the family, or the individual
- < newly emerging programs are adopting an eclectic approach by incorporating techniques derived from the three categories of explanations about family violence

- < an eclectic approach might involve intake assessment for treatment needs, individual treatment plans, and sequenced treatment stages involving a combination of individual, group and couple work
- < it continues to be the case that non-directive, insight oriented techniques are not favoured
- < programs based on the power and control model of battering probably predominate in practice, in great measure because of the clinical relevancy of the model
- < most studies are not methodologically rigorous enough to make firm conclusions about program efficacy
- < it follows that there is no reliable data yet available on how variations in program characteristics (e.g., duration) will impact outcome for which type of participants
- < the few studies with sufficiently rigorous methodologies have found that treated men show modest but statistically significant improvements in outcome over controls
- < with the move toward eclectic approaches and the paucity of methodologically sophisticated program evaluations, it is not yet possible to identify one approach that distinguishes itself (empirically) as being more effective than the others
- < key features of batterers (such as race and intelligence) may be expected to impact both program completion and successful outcomes as measured by reduction in violence and abuse but the evidence of this in batterers programs is preliminary
- < substance abuse interventions based upon cognitive-behavioural principles would be most harmonious with batterer treatment because the underlying assumptions about etiology and responsibility of the batterer/user are the same
- < the development of program standards is one example of recent attempts to achieve and maintain treatment integrity, now recognized as a key feature of effective programs

In summary, the legion of methodological problems that characterized virtually all research into batterer programs has given way to a few experimental studies that suggest at least some treated men will fair better than some who are not treated. While the difference in outcomes between treated men and controls is not great, it is important to emphasize the nascent developmental stage of efforts to remedy battering. The literature does not reveal a magic bullet. Efforts to change the attitudes and behaviour of violent men may not always succeed to the extent envisioned by program designers and implementers. But the pursuit is worthwhile. However, in many American states, women are cautioned not to rely on the treatment of their partners to eliminate violence and to consider other safety planning techniques. This seems to be a sensible measure.

THE SEARCH FOR A VALID TYPOLOGY

There are some characteristics that many studied batterers share: youth, employment problems, and low educational attainment (e.g., Pan *et al.* 1994; Moffitt, 1997). They are often authoritarian (Hastings, 1997), depressed (Pan *et al.*, 1997) and unlikely to verbalize emotions (Yelsma, 1996). They tend to blame the violence on external factors and minimize its seriousness (Stamp and Sabourin, 1995). Family violence may be more common among Aboriginal men (Zellerer, 1994). As noted below, there is a strong correlation between battering and substance abuse. In fact, the descriptions of abusive men found in the literature have not changed markedly since the review by Appleford in 1989.

Despite many commonalities, no single profile has emerged that completely and reliably distinguishes batterers from non-violent men. While those who advance the feminist perspective warn against the practice, a number of researchers have attempted to develop typologies of batterers. The assumption behind this move is that a valid typology of batterers could be used to match different types of abusive men to different programs. It is hoped that such program matching may increase success rates as measured by reductions in violence and abuse. Walker (1995), a long-time practitioner and researcher in the field, suggests that a good typology would serve a triage function, to tell us which type of batterer is deterred by arrest, which type responds to a brief psychoeducational intervention, who needs long-term therapy, and who needs to be incapacitated in prison because no treatment will reduce the danger they represent to women. As she says (1995: 266), “it is now time to make the shift from a unidimensional view of batterers to an understanding that batterers and battering relationships are multidimensional.”

There are two approaches to the typologization of batterers. One involves categorization by risk (low, medium, high) and the other involves categorization by psychological and/or behavioural characteristics of the batterer. In the case of risk-based typologies, such as the Spouse Abuse Risk Assessment used by CSC, the intensity or priority of treatment (or other decisions such as release timing and conditions) can be linked to risk level. More commonly found in the literature are typologies that use demarcations based on either psychological or behavioural markers such as offence patterns and dividing them into distinct groups. The type of intervention may then be matched to the type of abuser.

Typologies Based on Psychological Characteristics

Many typologies seek to divide batterers into groups based upon psychological characteristics. This exercise typically involves an in-depth assessment using standardized psychometric tests. Hamberger and Hastings (1986) used the Millon Clinical Multiaxial Inventory to identify three types (schizoid/borderline, narcissistic/antisocial and passive/ dependent/compulsive) although 12% of their sample showed no symptoms of pathology. An early study by Gondolf (1988) identified three types of batterers (sociopathic, antisocial and typical). Dutton and Golant (1995) describe these three types: emotionally volatile, psychopathic and overcontrolled/aggressive. Holtzworth-Munroe and Stuart (1994) also have three categories (the family only batterer, the dysphoric/borderline batterer, and the generally violent/anti-social batterer) which were found by Hamberger, Lohr, Bonge and Tolin (1996) to match the three factors that emerged from their sample. Studying only Vietnam combat veterans, who have a

disproportionately high rate of domestic violence, Bertram *et al.* (1997) found these three types: subclinical narcissism, narcissistic personality disorder and high general psychopathology/ substance dependence.

Typologies Based on Historical Behaviour Patterns

Healy *et al.* (1998: 58) conclude:

While psychological typologies are interesting from a theoretical standpoint, they offer little assistance to the criminal justice system as yet because of the in-depth assessment needed to identify these characteristics and the paucity of typology-based interventions available in the field.

They recommend using measures that are easier to complete with the resources and information typically at the disposal of criminal justice decision makers. For example, some typologies look at behaviour patterns such as offence history. Shields, McCall and Hanneke (1988) noted that some batterers are violent outside the home and some are violent only within it and that this was a meaningful distinction for treatment planning. The benefit of this approach is that it is easier to assess, at least in case where good historical data are available.

Healy *et al.* (1998: 61-63) describe the Domestic Violence Behavioural Checklist, a pre-sentence batterer assessment used in a probation department in Colorado. The tool itself, with 38 items, is copyrighted. A low-risk offender is described as someone for whom the present offence is the first incident of violence (confirmed by the victim), has no history of verbal or psychological abuse (confirmed by the victim), has no history of chaotic or dysfunctional behaviour, did not commit the offence during a period of separation, has no children involved in the dispute, and has no more than two of the following risk factors: child custody dispute; multiple relationships; arrests for non-domestic violence; dysfunction in school; dysfunction at work; dysfunction in finances; or dysfunction in other relationships (e.g., few friends).

A medium-risk offender has more than two of the risk factors just delineated or one or more of these risk factors: having lost contact with one's children; restricted visitation with one's children; multiple separations or partner who left hurriedly with no warning; a volatile relationship; aggressive victim blaming; arrests with an underlying domestic violence basis; a criminal history apart from domestic violence; violation of a restraining order; no friends or an alienated family; an admitted pattern of abusive behaviour; multiple charges over a short period of time; a family history of mental illness, violence, substance abuse, child abuse or multiple living arrangements; admission of guilt to a lesser charge; or suicidal thoughts.

A high-risk offender would be any batterer who has any one of the following risk factors: offences committed while separated; difficulty eating, sleeping or working; other domestic violence related arrests; stalking of victims; on probation at the time of arrest; suicidal or homicidal; history of substance abuse or intoxication at the time of the offence; denial of any crime; or refusal to let their partner go. High-risk designates who are "out of control despite consequences or interventions" are deemed to be inappropriate for community-based treatment and would be recommended for a sentence of incarceration. Another group of high-risk offenders, those whose lives are "chaotic and dysfunctional and

who are obsessed with their victim” are deemed appropriate for intensive probation supervision and long-term treatment.

Typologies Based on Physiological Measures

Gottman, Jacobson, Rushe, Shortt, Babcock, Taillade and Waltz (1995) believe there are two types of batterers who vary in terms of their directional heart rate change. One type has an accelerated heart rate when they batter (type 2) while the other type has a decelerating heart rate (type 1). They suggested that the latter group engage in more severe violence, are more likely to be violent outside the family violence, be emotionally abusive, have observed violence in their families of origin, and be drug dependent. There were no differences, however, in terms of frequency of violence as measured by the Conflict Tactics Scale but a reanalysis of the data showed that the type 1 batterers were more severely violent (Jacobson, Gottman and Shortt, 1995). They tentatively postulated that type 1 batterers may be less responsive to treatment.

Matching Batterer Type to Treatment

When more is known about the types of batterers, the next step will be the testing of success rates of intervention programs according to the type of batterer. Walker (1995: 267) reviewed the literature on typologizing and suggested these three categories with the associated treatment implications:

- (a) those who batter at home, motivated by abnormal power and control needs, who may be stopped with some psychoeducation about anger management and gender-role attitude readjustment
- (b) those who have serious psychological problems (including depression, dysfunctional thinking and obsessive-compulsive behaviour, paranoid disorders, borderline traits and other serious mental disorders) and need individual and group therapy
- (c) those who have committed other crimes as well as assaults within the home, and who could be diagnosed as having antisocial personality disorder for which there is little effective treatment

This list is hypothetical at this point as the exercise of typologizing and matching is still under development.

Prediction of Risk

Another approach involves a “batterer triage” based on risk for treatment dropout and risk for reoffending using demographic, criminal history and substance abuse information in that determination. In other words, the assessment would involve behavioural rather than psychological variables and could be used in designating not treatment type *per se* but treatment intensity and risk to be in the community. Risk assessment, using tools such as the Spousal Assault Risk Assessment, can help identify those for whom the risk of reoffending is so low that limited treatment resources are better expended elsewhere. In other words, typologies may one day be able to assist treatment planning but they may not provide high predictive validity for recidivism. It may well be the case that there will be separate measures to define treatment strategies and measures to predict risk where batterers are concerned.

Saunders (1995) identified the key variables that predict first or continuing assaults against female partners. He listed the most significant of these factors associated with severe assaults: violence in family of origin, chronic alcohol abuse, and generalized aggression both inside and outside the home. Also important, but to a lesser degree, are behavioural deficits, personality disorders and anger management problems. He makes the important point that risk factors for severe assaults are not always the same as the factors associated with frequent assaults. Low socio-economic status and witnessing violence in the family of origin were risk markers in another study (Aldarondo and Sugarman, 1996) while Jones and Gondolf (1997) identify alcohol use to the point of drunkenness as a risk marker.

All cases of battering have the potential to escalate into homicide or murder/suicide (Campbell, 1995). Prediction of risk for homicide has become increasingly important for criminal justice decision makers such as police, Crown attorneys and parole board members. Hart (1990) offers such a risk prediction scheme. Batterers are at elevated risk of killing an intimate partner if they evidence: threats of homicide or suicide; fantasies of homicide or suicide; access to or use of weapons; thoughts of “ownership” of a battered partner; belief in the centrality of the partner; separation violence; depression; and, access to the partner. A batterer may also be at elevated risk for homicide if the woman has made repeated calls to the police, he is engaging in risk-taking behaviours mindless of the consequences (including violating bail, etc.) and he has engaged in hostage taking. The Danger Assessment (Campbell, 1995) is another instrument.

EVALUATION ISSUES

Family risk factors have a major effect on crime. Family-based crime prevention can directly address those risk factors, with substantial success. The more risk factors family-based crime prevention strategies address, perhaps, the better. The earlier they start in life, it seems, the better. Programs for infants and young children may be most cost effective in the long-run, even if more expensive in the short-run. Combining home-visit parental support with preschool children reduces crime committed by children when they grow up. Rigorously evaluated pilot projects with tightly controlled prevention services are consistently effective. Family problems later in life are more difficult to address, especially family violence by adults. *But it is still possible. The potential of early, adolescent and adult family-based crime prevention is held back only by our failure to invest in more research and development* (Sherman, 1997: 4—1, emphasis added).

A key conclusion of this comprehensive review of \$3 billion worth of crime prevention programs sponsored by the U.S. Department of Justice (Sherman *et al.*, 1997) was that few studies met the threshold test for scientific rigour. Most so-called evaluations were little more than descriptions of the program under study and so added nothing to the debate about “what works.” It was suggested that, at the minimum, evaluations should have the first three characteristics and ideally they should have the last two:

1. the ability to measure dosage, timing and content of the program
2. the ability to gather base-line data prior to the start of the program, if necessary
3. the ability to gather comparable data from both the program group and appropriate comparison groups where the program is not operating
4. the ability to eliminate or control for most known rival hypotheses that could account for the same results other than the program being evaluated
5. the ability to select program and comparison groups in advance of the program by use of equal probability formulas (1997: 10-19).

Even the first three criteria were described as “extraordinarily difficult to achieve,” but it was recommended that no evaluation study be funded unless they were met. However, to definitively answer the question “Does this program work?”, the last two were necessary.

CSC is firmly committed to evaluation as a key part of the family violence initiative (Taylor and Robinson, 1995). In 1995, Saunders (1995: 82) observed that “research on treatment efficacy is still in its infancy.” In great measure, this can be linked to the plethora of methodological problems that have characterized the research making empirically based generalizations difficult. Problems include small samples, biased samples, lack of control groups, attrition, little attention to treatment adherence, unreliable and invalid outcome measures, and short follow-ups. A few studies, mentioned above, have overcome some of these problems and we are starting to see some research that lends itself to conclusions about treatment efficacy.

A key problem in many studies is that the outcomes of program completers are compared with the outcomes of those who refuse treatment or who drop out. Drop out rates are high. For example, Cadsky *et al.* (1996), observed that only 25% of men completed a 10-week program. Drop outs constitute a convenient basis of comparison. But they are fundamentally different from those who complete programs in ways that mean they could evidence lower levels of success regardless of the type of intervention. Are the drop outs different from the others? Brown, O’Leary and Feldbau (1997) found few differences but a study in Iowa found that attrition for a court-mandated program was higher for African Americans and men under 22 (Bureau of Justice Assistance, 1997). This seriously biases any conclusions about treatment efficacy. An associated problem is how the variable “treatment” is measured. For example, Chen *et al.* (1989) considered “completers” as anyone who had attended 75% of the groups.

Implications are several. First, efforts to minimize drop out should be undertaken. Mandating treatment, pre-treatment orientation programs, and open-ended formats have already been identified as possible strategies (CSC, 1997). Longer programs have better outcomes but, not surprisingly, shorter programs may be less subject to drop out. The best way to deal with this issue from a research point-of-view is to avoid dichotomizing the variable. Keeping the variable continuous, at a ratio-level of measurement, would provide a more accurate measure of program dosage. The negative impact of dropout on research could be lessened if program units are scheduled close together so a higher dosage can be achieved in a shorter time.

Deficits in available indicators of “failure” are often discussed in the literature, in terms of the indicator (police records, self-reports, interviews with women, etc.), the operationalization of failure (physical assault, psychological abuse, etc.), and attrition in subjects. Validity problems with self-reports and police statistics are well known. A bias also comes into play at follow-up if responses are not received from all program completers. Petrik *et al.* (1994) found that those couples who did not cooperate in the six month and two year follow-up were different than cooperating couples in that they had not shown any pre/post improvement when in treatment and there had been discrepancies between the male and female reports of violence severity. It follows that the non-cooperative female partners may have been afraid of completing the measures because they continued to experience abuse. The apparently positive results of their program was attributed in part to the fact that those with the highest probability of failure screened themselves out of the process by not participating in the follow-up.

Review of the methodological problems commonly found in research on batterers suggests that evaluations should use control groups or other techniques to eliminate rival plausible hypotheses, use large samples, use representative samples, using intake instruments that measure potential mediating variables, attend to (or at least measure the impact of) attrition, measure treatment adherence, measure treatment dosage, and engage in long-term follow-up. These “textbook” guidelines must be balanced with real-world contingencies, but it nevertheless is important to attend to methodological rigour to the greatest extent possible. In an environment where control groups are not feasible, other strategies are available to control for rival plausible hypotheses. In addition, focus on pre/post changes should be less important as an outcome measure than behavioural measures of the target behaviour: violence to family members. In essence, there are several evaluation methodologies which might be considered.

Program Audits

A review of the literature reveals a plethora of research designs, usually adopted for convenience or to match financial and other resource constraints. One approach to program evaluation, often overlooked, takes the form of an audit of program components. The Correctional Program Assessment Inventory developed by Paul Gendreau and Don Andrews is one example. It has been used to rate correctional treatment programs for male batterers (Leschied and Cunningham, 1998). The CPAI rates treatment programs according to the extent to which they correspond with known principles of effective programming, in such areas as staff supervision, client risk assessment, treatment targets, and evaluation. This exercise also identifies key deficits in program design, to give direction for improvements.

Gough *et al.* (1997), through consultation with key community stakeholders, developed an audit instrument for community-based male batterers programs. They used as a framework the ten principles of accountability and accessibility adopted by the Ontario government in 1992. Briefly put, all male batterers programs must:

- < give priority to the safety of women and children
- < be aimed ultimately at ending violence against women at a societal level
- < be accountable to women through, for example, contact with partners
- < be culturally and linguistically sensitive
- < acknowledge men’s responsibility for their violence
- < be integrated into coordinated, community-based network of initiatives that include programs for women and address violence on many levels including public education

- < have standards and be monitored and evaluated
- < have protocols to monitor or track men through all stages of the justice system
- < be separate from punishments/sanctions with one not contingent upon the other
- < function within the context of social and institutional change, as part of men's anti-violence activities

The audit instrument they developed rates programs against criteria in 17 areas, including conditions of participation, waiver of confidentiality, participant intake/assessment, partner intake/assessment, attendance/participation record, on-going partner contact, police contact, educational outreach and social action activities, curriculum, accessibility, collaboration with other service providers, access to relevant external programs, and evaluation. In terms of the evaluation component, a program would receive a high rating if it had these characteristics:

- < case management which monitors compliance with policies and procedures
- < follow-up survey of partners re: participant violence
- < follow-up survey of participants re: violence
- < assessment of participant attitudes post-program
- < external involvement of monitoring group to review accountability indicators
- < plan to address accountability shortfalls

The intent is to examine the impact of the programs not only on individual men but on the broader context in which anti-violence efforts operate.

Comparison Groups of Men in Different Treatments or Under Variable Conditions of Treatment

Nevertheless, most evaluations do focus on the changes in individual men. Some studies use a pre-test/post-test one group design (e.g., Faulkner et al., 1992). This is unsatisfactory for many reasons but is often used because of the lack of a comparison group. Especially if there is a high attrition rate, no conclusions about efficacy are possible. The use of random assignment to create a control group would be problematic in a correctional setting if it meant that some men received no treatment, if for the liability issue alone. Subsequent offences committed by untreated control group members could expose a correctional agency to civil litigation for the harm caused to any victim. Comparing the outcomes of men exposed to different programs is one strategy, if several are available and participants are similar in each. This approach would help answer key questions if key characteristics of the treatment are varied, such as length of treatment, number of sessions, modality, didactic approach, etc.

Survival Analysis

Survival analysis is one strategy that does not require a control group. Dutton *et al.* (1997) used it in their 11-year follow-up and many interesting questions can be addressed. It is a common technique employed in recidivism research and is especially useful when deductively testing out the impact of variables already known to be correlated with the outcome.

Discriminant Analysis

One intriguing methodology that also does not require use of control group involves discriminant

analysis. With a rich data base of information, large enough sample and valid follow-up measures, prediction models can be created inductively or tested deductively. For example, Shepard (1992), using a five year follow-up, discriminated recidivists from non-recidivists correctly in 61% of cases with a relatively small sample of 100. The model was more successful in predicting recidivists than non-recidivists and the characteristics of the men were better predictors of recidivism than the form of intervention. Given the large number of men who participate in CSC programs, this approach is promising. Type of intervention, dosage, motivation, etc. can be used as independent variables, in addition to variables such as social history, offence patterns, etc.

Definitions of "Success"

Wide variation in the operational definition of success is one reason that it is so difficult to compare the effectiveness of programs. Definitions of success have included no more violence, no injuries, no psychological abuse, increased marital satisfaction, less marital conflict, etc. At one extreme, some researchers feel that, to be counted as a success, a man must both change his own behaviour and become part of the larger efforts for social change (e.g., talking with high school students about the impact of abuse on women and children). Gough *et al.* (1997) believed that most evaluations do not take a broad enough view of impact and have not sufficiently consulted with advocates for women:

The evaluation of male batterer's programs must assess the extent to which these programs meet the ultimate goal of ending violence against women. This demands evaluation of how the program meets each of the aspects of this ultimate goal: the extent to which the program offers interventions against violence against women at personal, institutional and cultural levels. For this reason the evaluation template developed in this project addresses the *accountability* of batterer's programs to the larger community in the *process* of social change, instead of focusing on *effectiveness* as reflected in the visible and immediate changes at an individual or societal level (1997: 30).

Gondolf (1997) also recommends that social impact assessment is one evaluation strategy to consider.

Measurement of "Success" in the Program

It is common practice in treatment efficacy studies to use pre- and post-testing of participants to gauge changes in knowledge, attitudes, symptoms and/or behaviour. While most acknowledge that behavioural indicators are the best, this avenue of inquiry is not as applicable to correctional program evaluators where institutional programs are concerned. Program participants have limited opportunities (e.g., private family visits) to function in an environment in which they can practice the skills they are being taught. Another approach is to measure attitude change but the validity of responses will always be suspect if participants feel that release decisions will be more favourable if they demonstrate improvements. A third approach is to measure changes in symptomatology associated with abuse propensity, potentially less reactive and subject to social desirability.

There are many instruments designed to measure various dimensions of family violence. They include the Inventory of Beliefs about Wife Beating (Saunders *et al.*, 1987), Psychological Maltreatment of Women Inventory (Tolman, 1989), and the Abusive Behavior Inventory (Shepard and Campbell, 1992). The Severity of Violence Against Women Scale (Marshall, 1992a), and the corollary version for violence

against men (Marshall, 1992b), is not suitable as an outcome measure for an institution-based program but it is one way to address the vexing problem of how to quantify abuse severity. Severity of the abuse history may well be an important predictor variable of probability of treatment success. As such, it is a valuable co-variate in any analysis.

Despite being the most commonly used measure of family violence, the Conflict Tactics Scale (Straus, 1979), even in its revised forms the Modified Conflict Tactics Scale (Neidig and Friedman, 1984) and the Adapted Conflict Tactics Scale (Vivian, 1990; Boyle and Vivian, 1996), is perhaps the most criticized (see Schafer, 1996). From a feminist perspective, the CTS is flawed because it does not place violent acts within the context of gendered power inequities within the family. Feminists also contend that by describing the use of violence as a “conflict tactic” the model does not capture the element of coercive control that characterizes the relationships in which women are abused, nor does it address women’s use of violence as self defence. Walker (1995) notes that it does not accommodate gender differences in reporting styles and, indeed, Schafer (1996) confirms that men and women may interpret the items on the violence scale differently. As Schafer (1996: 582) observed: “criticism of the CTS is easy; the solution is difficult.” Its widespread use is an advantage because it permits comparison of data across studies.

Because of the drawbacks of relying on men’s reports of their own behaviour, it is typically the case that evaluators seek feedback from female partners. Measures which involve the self-report of the abused woman include: The Index of Spouse Abuse (Hudson and McIntosh, 1981; see also Campbell *et al.*, 1994); the Partner Abuse Scale (Physical) and the Partner Abuse Scale (Non-physical) (see Attala, Hudson and McSweeney, 1994); and Battered Woman Scale (Schwartz and Mattley, 1993). For community-based programs, contact with the women is one way of monitoring their safety, important because women are more likely to stay with an abusive partner who is in treatment. With institutional programs, access to partners may not be available so women’s descriptions of past violence often remain unknown. The wide geographical dispersion upon release is merely one reason it is difficult to follow-up program completers. In addition, as noted below, guarantees of confidentiality must be extended to the women in order to ensure that they are not placed at risk because of the information they provide. This is problematic in a criminal justice context and remains as one of the most salient dilemmas in the field.

Another approach is to measure changes in symptomatology associated with abuse. Pre/post variables have included factors such as passive aggressiveness, narcissism, rigidity, self control, anger, hostility, externalization of blame, depression and guilt. This is the approach used by Dutton (1995b) with the Propensity for Abusiveness Scale. This instrument was designed to be non-reactive by combining items from five existing scales that correlate highly with partner abuse. In other words, the respondents are not asked directly about their use of violence and abuse (about which they may lie) but they are asked to disclose features of their early life, responses to anger, trauma symptoms, etc. that are seen as risk factors. The nature of the items, many of which could be seen as static risk factors, makes it unsuitable for use as a pre/post test.

Measurement of “Success” in the Long-Term

While there are many practical problems with finding a valid pre/post test that is not subject to social desirability in responding, it is suggested that the most important way to define the success of a batterers program is by examining the degree to which the intervention impacted the target behaviour:

violence and other abuse tactics. Especially for institution-based programs, measurement of treatment efficacy requires a follow-up component to determine the rates of reoffending. These follow-up periods should be as long as possible because it may take some time for a failure to manifest. In Gondolf's (1997b) multi-site study, half of those who reassaulted did so within three months. However, Dutton *et al.* (1997) found that voluntary participants in a treatment program survived an average of 6.4 years before the first post-treatment conviction for assault against an intimate partner. Even using self reports, over a three year follow-up, only half of couples reported subsequent violence (Woffordt *et al.*, 1994; Aldarondo, 1996). Another factor to take into consideration is conditional release status. A man may remain offence free, or appear to, while on parole but the termination of supervision may increase his chances of reoffending because the external threat of revocation is gone. Follow-up periods should extend beyond warrant expiry.

An intriguing question is raised by the consistent finding that the majority of men in untreated control or comparison groups do not "fail," as measured. For example, in Dutton (1986), 60% of the comparison group did not recidivate within the three-year follow-up period. In the most recent experimental study (Davis and Taylor, 1997), 86% of the control group did not recidivate. While there are many potential explanations of this finding (including the fact that selection for treatment is overinclusive and that some partner abuse involves isolated episodes), it is probably a stark indicator of the problems with how we measure "success."

No matter how you operationalize the concept of success during a follow-up, there will be logistical problems in measuring it. There are in essence three approaches: self-report of men; reports of partners; and, official statistics (police contact, arrest, conviction, etc.). Triangulation is the preferred method; all three approaches should be used whenever possible. Each will reveal incidents of failure that the other two do not. In addition, using randomization to ensure group comparability will even out the impact of measurement error in that factors that bias the validity of the findings will impact both groups to the same degree.

The use of official statistics is the most common means of measuring outcome, usually arrest or conviction but Shepard (1992) also included protection orders and being a police suspect for domestic assault. The drawbacks of this approach are well known but there are significant advantages. Male self-report will likely yield an underestimate of relationship violence, because of reactivity, social desirability and minimization of the severity of their actions (Dutton, 1995b). Men anticipating a parole hearing or those on conditional release have additional reasons to conceal any inappropriate attitudes or behaviour. Interviewing or surveying female partners will also be subject to some degree of under reporting. There are many reasons why women might not report reoccurrence of abuse, including fear of retaliation. Social desirability may be a significant reason for men to minimize violence but it also impacts, to a lesser degree, women who are asked to report their victimizations by male partners (Sugarman and Hotaling, 1997).

It has always been found that men and women in intimate relationships evidence low levels of agreement when asked about violence in their relationships, in terms of presence, frequency and severity (e.g., Langhinrichsen-Rohling and Vivian, 1994). Surveying both the men and the women will produce the most valid results. Bohannon, Dosser and Lindley (1989) administered the Conflict Tactics Scale to 94 couples and concluded that, by having the women complete the forms, violence was identified in 25% more couples than would have been the case if the men only had completed the survey. Conversely,

some men reported husband-to-wife violence when their wives did not. By asking the men, they identified 13% more violent couples than they would have had they only surveyed the women.

In seeking feedback from female partners, however, the safety risk is great. The need for the information must be weighed against the risk to them. If suspension and revocation are potential consequences of the information they provide, there are valid reasons to assume that the validity of the information could be compromised by fear for their safety, fear of losing a bread winner again, etc. Only if confidentiality can be assured to the women should their feedback be sought as an outcome measure. Another limitation of using female partners' feedback is that not all men will be involved in a relationship, some relationships will be cohabitous and others not, and new partners may be on the scene whose identities are not known to the researchers.

SUMMARY

A review of the literature on violence against women within intimate relationships reveals that there is a vigorous debate on the topic at all levels of analysis, intervention strategies are explicitly linked to theoretical paradigms, research is becoming more methodologically sophisticated, and the debate is advancing in response to a growing body of empirical work. The various theories of family violence can best be understood as additive rather than competing. Each perspective provides valuable insights that when combined give us a holistic understanding of the phenomenon that provides more explanatory power than any one theory in isolation. The spectrum of different explanations also reminds us that efforts to eliminate violence must take place on many levels.

A common finding from these diverse areas of study is that there is a connection between exposure to abuse in family of origin and later violence within the family. Whether this connection relates to a learning experience, early trauma that shapes personality and brain development or reinforcement of the culture of patriarchy, all perspectives would support the prevention or reversal of this experience. Several implications for prevention, prediction, and treatment follow from this observation.

The literature in this area is plentiful but the field is still developing and many key questions remain unanswered. As is typically the case with any new area of enquiry, the methodological sophistication of studies has advanced from case studies, through prevalence studies now to those that test theories both in their pure and applied forms. The experimental studies in the literature have been preoccupied with determining if anything can "work" with batterers and, while success rates are not great, some men do seem to benefit from treatment. This conclusion mirrors rehabilitative efforts generally where recidivism is reduced in some but not all offenders. It is possible that success rates can be increased if batterers are more closely matched with program types. A valid typology of batterers, probably one not based solely on the concept of risk, should emerge in the next few years. It will likely use a combination of behavioural and psychological variables and each category of the typology will have different implications for treatment.

In summary, the guiding principles for CSC family violence programming, the *Conceptual Model: Family Violence Programming Within a Correctional Setting* (Cyr, 1994), continue to be

relevant and supported by the literature. At this point in time, efforts would seem to be best expended with cognitive-behavioural interventions that teach relationship skills in the context of the power and control model of family violence. The intervention should begin in the institution and continue in the community. The clear attribution of guilt and consequences for relapse make the correctional system an ideal context for batterers treatment. It is also an ideal context in which to carry out experimental studies of treatment efficacy, focusing more on long-term incidence of violence as a measure of success rather than pre/post changes in attitudes or symptomatology.

Evaluation of any program is crucial. Evaluation efforts should include some measure of treatment adherence if the intention is to test the efficacy of a given program. The program audit approach should also be considered. Given the problems inherent in experimental designs with control groups, and the lack of a good pre/post test measure, an evaluation strategy could centre on the development and testing of prediction models using, as key independent variables, treatment type or modality, treatment dosage, motivation, etc. Pooling the results from all CSC programs would yield a large sample that could permit multivariate analysis.

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