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POLICIES AND PROGRAMS TO ADDRESS INDIVIDUALS WHO PERPETRATE INTIMATE PARTNER VIOLENCE

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LILY GLEICHER, PHD, RESEARCH ANALYST, CENTER FOR JUSTICE RESEARCH & EVALUATION & JACQUELYN GILBREATH, MSW, RESEARCH ANALYST, CENTER FOR JUSTICE RESEARCH & EVALUATION

Abstract: The criminal legal system has established policies and programs to address intimate partner violence, such as mandatory arrest policies, specialized courts, weapons bans, no drop prosecution, and orders of protection. Programs for people who perpetrate violence include batterer intervention programs and cognitive behavioral therapy. These programs attempt to address correlated issues, such as substance use disorders, childhood exposure to violence, child abuse, exposure to homicide/femicide, and animal abuse. This article presents an overview of prevention, policies, programming, and associations for people who have perpetrated intimate partner violence.

Policies and Programs to Address Individuals Who Perpetrate Intimate Partner Violence

Second in a two-part series

By Lily Gleicher & Jacquelyn Gilbreath

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Introduction

The feminist movement in the early 1970s helped produce public recognition of the harms of intimate partner violence (IPV).[1] This led to the development of theories and practices regarding prevention and intervention policies and programs that changed criminal legal practices. Although used synonymously, the terms *intimate partner violence* and *domestic violence* (DV) are nuanced in their meanings.[2] DV has been described as abuse between married individuals of the opposite sex. Upon expansion of society's understanding and perceptions of relationships (and violence within those relationships), IPV became the more encompassing term, acknowledging current and former relationships between individuals, regardless of gender, marital status, or sexual orientation, and straying from gender assignment of those perpetrating or experiencing violence.[3]

IPV and DV policies and programs are most frequently based on assumptions from the feminist movement, such as women's empowerment and gender equality. However, many policies and programs lack efficacy research on preventing or reducing IPV and/or DV.[4]

This article presents an overview of IPV/DV prevention, policies, and programming for people who have perpetrated IPV/DV. In addition, it attends to the association between IPV/DV and other forms of crime and violence.

Law Enforcement and the Courts

Law enforcement agencies have implemented mandatory arrest polices for people who have perpetrated IPV/DV, while courts have implemented specialized dockets, orders of protection for victims, and policies prohibiting the dropping of charges.[5] Additionally, a national level firearm prohibition was implemented for anyone convicted of a felony DV offense and anyone subject to a domestic violence protective order.[6] Due to the reactionary nature of the criminal legal system, these policies serve to reduce future IPV/DV incidents from occurring, but do not provide much in terms of preventing IPV. The effectiveness of these policies on IPV recidivism varies, with some requiring additional research.

Mandatory Arrest Policies

Prior to the 1970s, IPV incidences received limited police response because they were considered a private rather than criminal matter. Police made little effort to reduce the likelihood of future IPV. Increased attention to IPV via the women's movement resulted in new policies, such as mandatory or preferred arrests.[7] Mandatory arrests or preferred arrests for IPV limit police officer discretion in arrest decision-making where there is probable cause to believe an offense was committed.[8] These policies may also include dual arrests, where both parties are arrested when domestic offenses are committed against each other.[9] While state laws and police agency policies may limit officer discretion, police still have discretion regarding whether the person accused of perpetrating violence meets the criteria for a mandatory arrest.[10]

Mandatory arrest policies predominately emerged in response to feminist groups and advocates' encouragement of police to do more to help those who have experienced IPV/DV. To address this, the 1984 Minneapolis Domestic Violence Experiment analyzed how police should respond to IPV/DV incidents.[11] In their study, Sherman and Berk (1984) found arrests reduced DV incidences more than counseling for both individuals or the requirement that the person who perpetrated violence to stay away from the home for several hours.[12] As a result of those findings, police departments started to adopt mandatory arrest policies. Subsequent research, however, produced mixed findings about the efficacy of arrest in reducing or deterring future IPV or DV incidents. Those who oppose mandatory arrest policies argue that they may further endanger people who experienced violence or disproportionately increase arrests for women, especially women of color, by officers mistakenly identifying the person experiencing violence as the aggressor or arresting both parties in situations that are ambiguous.[13] In many cases, officers arrive on the scene of IPV and it is difficult for them to discern who has experienced and who has perpetrated violence because often both parties have injuries, have committed acts of violence, and claim they are the victim.[14] Proponents of mandatory arrest point to research that documented a result of decreased recidivism and argue for the symbolic significance of arrest policies in criminalizing IPV:[15] the effect of mandatory arrest on IPV reduction partly depends on the individual's perception of the cost of getting arrested.[16]

Specialized Court Dockets and Caseloads

Specialized court dockets and problem-solving courts reduce the caseloads of the court and focus resources on the most serious offenses, while providing support services to people who experienced violence and, in some cases, rehabilitation to people who have perpetrated violence.[17] Specialized courts vary in size, structure, programming, and caseload depending on localities. Specialized courts to address domestic violence have been evaluated on their ability to administer a holistic approach and their success in reducing recidivism. Their effectiveness, however, is best examined at a local level to understand contextual factors (e.g., availability of DV resources, agencies/services connections and collaborations, and significance of community culture in DV).

Integrated DV courts (IDVC) combine criminal proceedings with family court matters. IDVCs increase accountability and compliance of the person who has perpetrated violence while easing

access to and coordination of support services.[18] IDVCs incorporate a specialized treatment component, offering services to the person who has perpetrated violence to encourage rehabilitation and decrease the possibility of re-offending.[19]

Weapons Bans

The Domestic Violence Offenders Gun Ban, often referred to as the Lautenberg Amendment, prohibits anyone convicted of state or federal misdemeanor DV charge or subject to a protective order, within a range of set criteria, from possessing a firearm.[20] The risk for intimate partner femicide by an man increases fivefold if he can access a firearm.[21] One study found living in states with restrictions or prohibitions on firearm ownership for people with DV convictions decreased arrest histories and firearm ownership in families with high-conflict partners (partners that respond to a disagreement with physical aggression and this with previous arrests).[22] A ban on ownership and possession of a firearm for people who have perpetrated violence can limit future violence within the home as that weapon should no longer be within reach.

No-Drop Prosecution

A no-drop policy forces prosecutors to charge a person arrested for DV and does not allow the person who experienced violence to drop the charges. These policies aim to protect people who experienced violence because those who drop charges are more likely to experience abuse again.[23] However, courts tend to support counseling over incarceration for cases of situational couple violence, a prevalent type of IPV.[24] Situational couple violence is not a continuous pattern of control, but an isolated physical act of aggression when an argument or disagreement escalates to violence by one or both individuals.

Some argue no-drop policies infringe upon the ability of a person who experienced violence to determine what happens post-assault.[25] The radical feminist perspective supports no-drop policies as they lead to a general increase in prosecutions of those who perpetrate violence, while the liberal feminist perspective argues these policies remove the choice to prosecute from the person who experienced violence.[26]

Orders of Protection

DV orders of protection can be an effective prevention measure[27] by:

- Reducing future acts of violence by deterring people who have perpetrated violence from reoffending.
- Limiting access to the person/people that they perpetrated violence against due to restricted contact as a term of the order.
- Documenting the behavior of the person who perpetrated violence, which can validate the perception and increase the likelihood of the person who experienced violence to report further violence.[28]

In a 2008 Chicago study on coping strategies of women who experienced DV, more than 50% of the women who were granted an order of protection ended the relationship with the person who

perpetrated violence against them.[29] Judges grant protective orders based on the evidence presented to them, but they tend to worry about a potential increase in violence if they deny the request; this highlights the need for increased expertise of IPV among judges.[30] Educating judges on the warning signs of IPV can support informed decision-making on granting or denying orders of protection. Protective orders reduce the odds of subsequent violence despite specific factors being needed to ensure their effectiveness, such as previously obtaining a temporary restraining order (judges generally grant a temporary restraining order during the period of time between the filing of a protection order and a hearing for the protection order that lasts up to two years in Illinois[31]).[32]

No contact orders are another means of protection. No contact orders are imposed by the court (generally without the request of the person who experienced violence), prohibiting those who have perpetrated violence from contacting the person they harmed.[33] One study found that proactive enforcement of no contact orders, with notification from a deputy sheriff, led to increased awareness of the no contact order among those that experienced violence.[34] People who experienced violence also viewed any contact with the person who perpetrated violence against them as negatively as stalking or harassment.[35]

Treatment for Individuals who have Perpetrated Violence

Batterer Intervention Programs

Most frequently, people who have been convicted of IPV are generally mandated by the court to complete batterer intervention programs. However, substantial research indicates these programs have little or no positive impact on reoffending behavior.[36] Frequently, researchers indicate these programs are highly homogenous, while people who have perpetrated IPV are heterogenous. Typically, treatment for IPV offending consists of small group, same-sex, instructional learning, that may incorporate cognitive-behavioral therapy, psychoeducation, and pro-feminist theory.[37] The focus of most programs is on accountability of the person who perpetrated violence, changing sexist attitudes, and altering irrational beliefs.[38]

Overall, people who have perpetrated IPV tend to be highly resistant to treatment,[39] with high treatment program attrition.[40] Some evaluations of these programs suffer from methodological flaws (e.g., lack of treatment fidelity information, inadequate treatment standardization, use of official statistics despite underreporting).[41] Further, the majority of studies of IPV treatment programs examine men who have perpetrated violence and programs highly influenced by the power and control aspects of IPV offending.[42] More research is needed to inform IPV treatment programs, including examination of offending processes and measuring outcomes.

Valuable insights may still be gained from batterer intervention programs. Below several models and programs are discussed including the Duluth Model, cognitive-behavioral men's groups, programs for women who have perpetrated IPV, and other treatments.

The Duluth Model

Developed by feminist activists, just over half of all batterer intervention programs subscribe to the "Duluth Model," or Domestic Abuse Intervention Project. The Duluth Model is an instructional, consciousness-raising, psychoeducational approach with various components that focus on the concept of power and control and gender roles.[43] The model attempts to help men who have perpetrated IPV:

- Pay more attention to patriarchal and stereotypical attitudes towards women through acknowledging negative attitudes and behaviors.
- Identify more positive roles within healthier relationships.
- Dismantle values of male privilege and dominance.
- Learn exercises to reduce tension and increase communication.
- Enhance problem-solving skills.
- Build empathy toward those they have perpetrated violence against.[44]

The court may require people that have perpetrated violence to attend 12 to 52 weeks of the program, which incorporates both group and out-of-group exercises.[45] Tools commonly used within the Duluth Model include the Power and Control Wheel and Equality Wheel.

The Power and Control Wheel displays the eight tactics individuals who have perpetrated violence will use to achieve dominance and maintain their partner's submission:

- Using coercion and threats (e.g. making or carrying out threats to leave her, commit suicide, or report her to welfare).
- Using intimidation (e.g. instilling fear by using looks, actions, gestures).
- Using emotional abuse (e.g. manipulation and causing her self-esteem to lower).
- Using isolation (e.g. controlling her outside life and involvement and using jealousy as justification).
- Minimizing, denying and blaming (e.g. ignoring her concerns of abusive behavior, saying it didn't happen or she caused it).
- Using children (e.g. making the children relay messages, using visitation to harass her, threatening visitation or custody).
- Using male privilege (e.g. treating her like a servant, making decisions without involving her, defining male and female roles in the home).
- Using economic abuse (e.g. not letting her get a job or possess any money of her own, restricting her knowledge of the family income).[46]

The Equality Wheel identifies behaviors in equitable relationships, such as:

- Negotiation and fairness (e.g. mutually satisfying resolutions to conflict).
- Non-threatening behavior, respect (e.g. listening non-judgmentally).
- Trust and support (e.g. supporting women's life goals).
- Honesty and accountability (e.g. admitting wrong, accepting responsibility).
- Responsible parenting (e.g. shared parental responsibilities).
- Shared responsibility (e.g. making family decisions jointly).[47]

Despite its widespread application, some debate the Duluth Model's efficacy in preventing recidivism. The model is not grounded in science or clinical research.[48] The model also does not incorporate typologies of people who perpetrate IPV, co-occurring concerns (e.g. substance use disorders, offender trauma, personality disorders), and risk factors for violence other than power and control and gender roles, potentially missing underlying issues contributing to violence.[49] Further, the Duluth Model does not integrate American Psychological Association's Diagnostic and Statistical Manual diagnoses and is considered to be a tool for consciousness-raising education, rather than a therapeutic intervention.[50] In Stover and colleagues' (2009) meta-analysis of IPV interventions, they found little to no impact of the Duluth Model beyond mandatory arrest and recidivism.[51] Further, a study of psychological variables (e.g. truthfulness, violence, control, coping abilities, etc.) found no meaningful change in these psychological traits among individuals pre- and post-treatment.[52]

Cognitive-Behavioral Men's Groups

Developed by psychologists, cognitive behavioral therapy for IPV offending focuses primarily on violence as a learned behavior.[53] After identifying the functional use of violence and its costs and benefits, cognitive behavioral therapists engage in skill-building in the areas of communication, social skills, assertiveness, and anger management techniques (e.g. time-outs, relaxation training).[54] This treatment also focuses on emotional components of violence and attitudes toward women, influenced by the Duluth Model.[55] This makes it difficult for evaluating different treatment programs as there may be a blending of the Duluth Model and cognitive behavioral therapy among batterer intervention programs.[56]

While cognitive behavioral therapy is a generally effective psychological treatment,[57] little research is available on cognitive behavioral therapy-based IPV offending treatment.[58] In a meta-analysis of five quasi-experimental cognitive behavioral therapy-based IPV offending treatment programs, Babcock and colleagues (2004) found small, though not statistically significant, reductions in recidivism and partner reported violence outcomes.[59]

Programmatic Needs for Women who have Perpetrated IPV

Woman who have perpetrated IPV require specialized intervention that varies from treatment given to men.[60] Women are more likely to perpetrate emotional abuse and moderate physical violence.[61] Additionally, women who have perpetrated violence against their male partners tend to also experience abuse from their partners, including sexual violence, injury, and coercive control.[62]

Other Treatments

Anger management, batterer intervention programs, individual counseling, group counseling, and couples counseling are other treatment options for people who have perpetrated IPV.

Batterer intervention programs aim to help men grow within their relationships and provide safety for people who have experienced violence and their children, often offering social support to educate men in ways to reduce anger and emotional responses.[63]

Despite potential efficacy, most states prohibit the use of couples counseling for IPV offending treatment.[64] Reasons for this prohibition include concern for violent dynamics in the counseling , the person who perpetrated violence focusing only on their own treatment, and communication of potentially conflicting messages and goals to the person who perpetrated violence.[65]

While restorative justice practices have been evaluated for this population, they have shown to be no better or worse than batterer intervention programs—though this does not substantiate or provide evidence for use of restorative justice for IPV.[66]

Treatment for Behavioral Issues Corelated with IPV

Research has demonstrated co-occurring issues, such as substance use disorders, childhood exposure to violence, and animal abuse, may require additional treatment.

Childhood Exposure to Violence

Childhood exposure to violence predicts both experience and perpetration of IPV.[67] In a 2012 study of adults who have perpetrated violence, one-third to one-half of the men who perpetrated IPV had a history of childhood exposure to violence.[68] Little is known of what underlies the relationship between exposure and perpetration, but socioeconomic status and family dysfunction may play a role.[69] Some hypothesize that childhood exposure distorts violence perceptions, making it appear as a normal way to deal with conflict. Breaking down the types and severity of violence exposure and perpetration could inform future research on that relationship.[70]

Substance Use Disorders

A 2013 study on integrated IPV and substance use treatment found that up to 60% of people who have perpetrated IPV/DV have been diagnosed with a substance use disorder.[71] Substantial research indicates a relationship between IPV perpetration and substance use.[72] Alcohol consumption increases the likelihood of physical violence to an intimate partner.[73] The effects of other substance use on IPV, however, are less known. Studies examining how IPV relates to marijuana, opioid, or cocaine use have shown mixed findings.[74]

Cruelty to Animals

It is estimated that the rate of co-occurring animal abuse in homes with IPV is between 50% and 75%.[75] Furthermore, people that have experienced violence often report that their pet was abused by the person who perpetrated violence against them as a form of psychological control.[76] Additionally, people that have experienced violence may choose to stay in a relationship with IPV because of the lack of shelters that allow pets.[77]

Considerations Regarding Treatment for IPV Offending

Treatment for IPV offending could benefit from individualization based on typologies of those who have perpetrated violence and their underlying motivations and uses of violence. Further, it is useful to tailor treatment to an individual's readiness or motivation for change. This motivation can be measured with activities and techniques used to engage individuals at each stage of change.[78] Finally, there is still limited, rigorous research on treatment programs for IPV offending. IPV offending programs are generally based on a model focused on general motivations for using violence and lack coordinated services that address co-occurring issues, such as substance use disorders, mental health, or trauma.[79]

IPV Treatment Standards

Many standards of IPV treatment have been created that are independent from empirical research.[80] These standards include:

- Guidelines regarding facilitator training requirements, as well as professional degrees and licensure (generally not required).
- Incorporation of psychotherapeutic models that target behavioral deficits, trauma, substance use disorders, or psychopathology.
- Consideration of how different typologies of people who have perpetrated IPV may impact treatment efficacy and outcomes.[81]

For instance, one criticism of the Duluth Model, specifically, but of treatment programs for IPV offending generally, is the use of paraprofessionals who lack accountability and competency in delivering treatment.[82] Additionally, the intensity and frequency of these programs can vary drastically. Therapy session lengths may range from one hour weekly to twice weekly for two and a half hours and therapy duration may range from a couple of weeks to a couple of years.[83]

Court-Mandated Treatment

One meta-analysis on treatment efficacy for men that have been domestically violence indicated court-mandated treatment for men who have perpetrated IPV reduces participants' likelihood of committing future IPV just 5%.[84] More research is needed regarding the efficacy of court-mandated treatment in general; however, Gordon and Moriarty (2003) found no statistically significant differences in IPV recidivism between those who were mandated to treatment and those who did not receive treatment.[85] Despite a court order, significant attrition exists among treatment programs for IPV offending.

Treatment Non-Completion

Methods for tracking attendance and holding people who have perpetrated IPV accountable for attending treatment vary in effectiveness, with non-compliance sometimes exceeding 50%.[86] Overall, research indicates participant dropout rates are high (between 50% and 75%) in batterer intervention programs compared to dropout rates reported in other therapeutic modalities and other presenting problems.[87] Those who have perpetrated IPV and do not complete treatment have a higher rate of recidivism and one study indicates this population is disproportionately unemployed and young.[88] Another study found the higher the number of treatment sessions

attended by participants, the lower the likelihood of rearrest.[89] Several other studies found significant differences in reoffending between those that complete treatment and those who do not complete treatment, with more positive findings for treatment completers.[90] A 2010 meta-analysis found the strongest predictors of treatment completion were persons who were employed, older, and court mandated.[91] A previous synthesis of batterer intervention program research found people that did not complete their programs tended to be younger, have a lower education level, be more often unemployed, be of a lower socioeconomic status, and experience lower social stability.[92]

Resistance or motivation to change may also be a factor in treatment completion.[93] Cadsky et al. (1996) found more supportive attitudes toward treatment resulted in lower rates of dropout and DeMaris (1989) found that men who view the program as important were more likely to remain in treatment.[94] Stages of change may influence an individual's likelihood of remaining and completing a treatment program.[95]

Treatment Participant Diversity

Currently, most treatment programs are for men who have perpetrated IPV; few treatment modalities for these programs have been evaluated for women or same-sex couples.[96] The most widely used Duluth Model is predominately focused on men who perpetrate IPV against women and its scope is limited to White, Black, Native American, and Latino men who have perpetrated IPV.[97]

Conclusion

Law enforcement and the courts have enacted policies to address IPV and DV, including mandatory arrests, specialized court dockets, weapon bans, no-drop prosecutions, and orders of protection. More research is needed to understand the effectiveness of those polices to prevent or reduce IPV/DV. Treatment options for IPV offending include batterer intervention programs, programs that focus on the concept of power and control and gender roles, and cognitive behavioral therapy. It may be useful to individually tailor treatment for IPV offending based on the motivation for change; however, more research is needed to understand IPV offending processes and outcomes and better target treatment programs and modalities. Substance use disorders, childhood exposure to violence, and animal cruelty are correlated with both IPV/DV experience and perpetration. These correlations may provide insight for efforts to prevent future violence.

Overall, more research is needed to understand policies, programs, and treatments for different individuals who have perpetrated IPV and DV. The use of practices that are mostly unsupported with efficacy research may result in more dangerous situations for the person who experienced violence. That is, a person is more likely to return to an abusive partner who is participating in treatment.[98] This may create a false sense of safety to the person who experienced violence that may ultimately result in further violence.[99] Therefore, a greater understanding of IPV and DV treatment can ultimately help the person who perpetrated violence and the person who experienced violence.

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