

# CLEARINGHOUSE FOR MILITARY FAMILY READINESS

## Intimate Partner Violence (IPV) Programs for Female Perpetrators

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Clearinghouse Technical Assistance Team

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## Summary of Intimate Partner Violence Programs for Female Perpetrators

Provided below is a brief summary of 8 programs for female perpetrators of intimate partner violence. We began our search for intimate partner and domestic abuse programs by focusing on those programs targeting adults. Programs aimed at children, families, and couples were eliminated. Our search included programs that were placed as Effective, Promising, or Unclear + on the Clearinghouse's Continuum of Evidence. We also included Moral Reconciliation Therapy or MRT (Unclear +), Wexler's STOP Domestic Violence Program (Unclear  $\emptyset$ ), and The Duluth Model (Unclear -) from the Continuum based upon your interest in these three programs. The programs below are listed by program placement: 2 Unclear +, 5 Unclear  $\emptyset$ , and 1 Unclear -. Additional information about our placement process can be found on the Clearinghouse website at: <http://militaryfamilies.psu.edu/understanding-placement-process>. We also conducted a search for IPV programs for women perpetrators not reviewed by the Clearinghouse and were unable to identify any additional programs.

Following the table of programs, we provide a brief summary of the literature around IPV, a list of evidence informed recommendations and considerations for IPV programming and a list of 3 salient online resources. The peer-reviewed references cited within this review are included at the end.

## IPV Programs Placed on the Continuum of Evidence

| Placement | Program  | Audience   | Summary   | Evidence   | Link to Fact Sheet  |
|-----------|--|--|---|--|---|
| Unclear + | Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) | State- and community-level domestic violence coalitions and is intended to impact intimate partnerships. | The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program strives to reduce the number of intimate partner violence (IPV) cases at the community level through primary prevention. | A pre-test, post-test evaluation of coordinated community response coalitions (CCRs) in 14 states revealed significant, positive changes in several areas 3 years after the DELTA program was initiated. Findings suggested that CCRs diversified their membership bases (e.g., increases in members representing education and elder services), strengthened organizational structures (e.g., rise in establishment of by-laws and written goals), improved organizational processes (e.g., increases in regular trainings for members), expanded their funding bases (e.g., rise in non-federal funding), and increased primary prevention activities (i.e., from 32% to 93% of CCRs implementing such activities). Results should be interpreted with caution, however, as this study lacked a control group for comparison, and other factors may have influenced these changes. | <a href="https://lion.militaryfamilies.psu.edu/programs/domestic-violence-prevention-enhancements-and-leadership-through-alliances-delta">https://lion.militaryfamilies.psu.edu/programs/domestic-violence-prevention-enhancements-and-leadership-through-alliances-delta</a> |

|           |   |  |  |   |   |
|-----------|---|--|--|---|---|
| Unclear + | Moral Reconciliation Therapy (MRT)  | Youth and adult criminal offenders   | Moral Reconciliation Therapy (MRT), a community-based program, is designed to reduce recurring offenses among adolescents and adults who have been convicted of criminal actions by helping participants increase their moral reasoning abilities; develop positive attitudes, behaviors, and relationships; and create a better self-concept. | Research by program developers demonstrates a significant effect of MRT on 5-year risk of recidivism. One external replication demonstrated no significant differences between treatment and control groups in risk of recidivism and no difference in frequency or prevalence of disciplinary violations. However, length of time in treatment was associated with significant decreases in disciplinary violations. | <a href="https://lion.militaryfamilies.psu.edu/programs/moral-reconciliation-therapy-mrt">https://lion.militaryfamilies.psu.edu/programs/moral-reconciliation-therapy-mrt</a>   |
| Unclear ∅ | A Ray of Hope   | Adults who are required to attend a batterers' treatment program.  | A Ray of Hope is a community-based program that is designed to help participants stop abusive or violent patterns in their lives and learn to use alternative non-violent behaviors.   | No peer-reviewed publications evaluating the effectiveness of this program were located.  | <a href="https://lion.militaryfamilies.psu.edu/programs/ray-hope">https://lion.militaryfamilies.psu.edu/programs/ray-hope</a>   |
| Unclear ∅ | Emerge: Counseling and Education to Stop Domestic Violence - Abuser Education (Emerge - Abuser Education) | Adults who are self-referred, partner-referred, court-referred, or are referred through child protective services for intimate | Emerge: Counseling and Education to Stop Domestic Violence - Abuser Education (Emerge - Abuser Education) is an Abuser Education Program, also called a Batterer Intervention, that is designed to help participants end their abusive and destructive   | No peer-reviewed publications evaluating the effectiveness of this program were located.  | <a href="https://lion.militaryfamilies.psu.edu/programs/emerge-counseling-and-education-stop-domestic-violence-abuser-education-emerge-abuser">https://lion.militaryfamilies.psu.edu/programs/emerge-counseling-and-education-stop-domestic-violence-abuser-education-emerge-abuser</a> |

|           |  |   |  |  |   |
|-----------|--|---|--|--|---|
|           |  | partner abuse.  | behaviors and improve their relationships with their partners.   |  |   |
| Unclear ∅ | Alternatives to Domestic Violence (ADV) Anger Management                               | Perpetrators of domestic violence and includes individuals who have been court-ordered to receive treatment.          | Alternatives to Domestic Violence (ADV) Anger Management is a community-based program that is designed to help participants learn to reduce the level of their anger through techniques and skills to help participants manage their emotions, resolve conflicts, and express their feelings in safe and healthy ways. | No peer-reviewed publications evaluating the effectiveness of this program were located. | <a href="https://lion.militaryfamilies.psu.edu/programs/alternatives-domestic-violence-adv-anger-management">https://lion.militaryfamilies.psu.edu/programs/alternatives-domestic-violence-adv-anger-management</a> |
| Unclear ∅ | STOP Domestic Violence Program   | Men who have engaged in domestic violence   | The STOP Domestic Violence Program is a community-based treatment program that is designed to reduce future acts of intimate partner violence.   | No peer-reviewed publications evaluating the effectiveness of this program were located. | <a href="https://lion.militaryfamilies.psu.edu/programs/stop-domestic-violence-program">https://lion.militaryfamilies.psu.edu/programs/stop-domestic-violence-program</a>   |
| Unclear ∅ | The Choices Program: How to Stop Hurting The People Who Love You (The Choices Program) | Adults and couples who want to cease verbal and physical abuse.<br><br>Note: The Choices Program has been implemented | The Choices Program: How to Stop Hurting The People Who Love You (The Choices Program) is a domestic violence program that is designed to provide participants with information and skills they can use to stop hurting their loved ones through maltreatment.   | No peer-reviewed publications evaluating the effectiveness of this program were located. | <a href="https://lion.militaryfamilies.psu.edu/programs/choices-program">https://lion.militaryfamilies.psu.edu/programs/choices-program</a>   |

|           |              |  |   |  |   |
|-----------|--------------|--|---|--|---|
|           |              | by the U.S. Navy Southwest Region for use with Active Duty personnel and their families since 2009.      |   |  |   |
| Unclear - | Duluth Model | Adults who have committed domestic violence acts and is intended to impact offenders and their partners. | The Duluth Model is a community- based approach that is designed to promote a safe environment for women who have been abused or assaulted, encourage a general understanding of harmful male- dominant actions, facilitate accountability for offenders, and initiate changes in societal acceptance of male control over females. | Evaluations of the Duluth Model have yielded mixed findings. Overall, the best- designed studies have suggested few positive outcomes for program participants. However, many of these evaluations were conducted in communities that failed to implement all aspects of the model. Furthermore, even the highest quality evaluations of the Duluth Model have included significant limitations. As such, while preliminary findings provide evidence that the model may not work, firm conclusions regarding program effectiveness cannot be made at this time. | <a href="https://lion.militaryfamilies.psu.edu/programs/duluth-model">https://lion.militaryfamilies.psu.edu/programs/duluth-model</a> |

# Rapid Literature Review of IPV Programs

## Executive Summary

According to the CDC (2016), in 2015 suicide was the second leading cause of death among 15-34 year olds and the tenth leading cause of death for all ages. The overall rate in the US was 12.6 suicides per 100,000. Males represent 77.9% of all US suicides and guns are the primary method used by males at 56.9%. The DoD announced the suicide rate as 20.2 per 100,000 in 2015 for the Active Component (Pruitt, et al., 2016).

While the disparity in suicide rates seem tremendously higher in the military population, when the US civilian population is adjusted (i.e., similar demographics) to be comparable to that of the US Military the rates are similar. A 2011 RAND study found that the suicide rates for the comparable US population were higher than the suicide rates of the US Military population. Two other studies (Bagley, Munjas, & Shekelle, 2010; Eaton, Messer, Garvey Wilson, & Hoge, 2006) also compared the comparable US population suicide rates to US military during 1990 through the year 2000 and found that the military suicide rates were lower.

## Introduction

For the purpose of this review, Intimate Partner Violence is defined as “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner” (CDC, 2016). In spite of the lack of research on women as perpetrators of partner violence, the reality is that, like men, women also can be violent and that violence negatively impacts families, children, and their male and female partners. While women are more often victims of domestic violence, societal norms and the common belief that women are always the victim and never the one to use violence are simply untrue and unfounded. Other than rape and stalking, perpetrators against males are predominantly female (Basile et al., 2010).

The aggressive behaviors seen in both men and women can be very similar. For the majority of aggressive behaviors, the percentage of men and women who engaged in such behaviors have been shown to be about equal (Kar & O'Leary, 2010). Also, similar to men, the primary motives for violence identified by domestically violent women are the same as those typically described by male perpetrators of violence such as a means to exert control over a partner, for retribution, as part of a mutually violent relationship, and/or anger (Elmquist, Hamel, Shorey, Labrecque, Ninnemann, & Stuart, 2014). The reasons for resorting to violence cited by both sexes were self-defense, communication difficulty, and expressing negative emotions. Women may become violent in self-defense, which socially is a more accepted, but



women are also as likely to engage in violence for reasons other than self-defense (Elmquist, Hamel, Shorey, Labrecque, Ninnemann, & Stuart, 2014; Babcock, Miller, & Siard, 2003).

Overall, women who use relationship violence are a heterogeneous group. One way researchers have approached this heterogeneity is to study how that violence presents itself. Babcock and colleagues (2003) used a classification system to further describe the difference among women using IPV that includes women violent toward their partner only (PO) and women who are generally violent (GV). For example, in the PO group, violence was likely to be reactive where it may have been a means of self-defense, whereas for the GV group, violence was likely to be used by a woman as a means to control her partner.

Generally, women are significantly more likely to report that they were motivated to become violent with a partner out of retaliation and because of problems with negative emotions such as anger (Elmquist, Hamel, Shorey, Labrecque, Ninnemann, & Stuart, 2014; Cannon, Hamel, Buttell, & Ferreira, 2016). This data is contrary to the commonly held societal belief that women are only victims of partner abuse but may not be aggressive and perpetrators of abuse. What is clear is that the use of violence is illegal and is detrimental to both partners and children no matter the gender of whoever perpetrates violence towards a partner.

## Risk Factors

Another similarity between women and men are the risk factors most correlated with partner violence (Cannon, Hamel, Buttell, & Ferreira, 2016). These include:

- low socioeconomic status,
- poor education,
- history of childhood abuse,
- current abuse of drugs and alcohol, and
- characteristics of an aggressive personality (Capaldi et al., 2012; Buttell & Carney, 2006; Henning, Jones, & Holford, 2003; Simmons, Lehmann, Cobb, & Fowler, 2005; CDC, 2016).

## IPV Programs in the United States

Currently, in the United States each individual state legislates treatment standards and protocols for offenders referred to Batterer Intervention Programs (BIP). However, at best, the evidence demonstrates mixed outcomes or a lack of positive outcomes from these BIP's, and at worst, negative effects (Buttell, & Carney, 2006; Stover, Meadows, & Kaufman, 2009). The research literature consistently points to a lack of evidence for many of the most commonly used treatments for

perpetrators of IPV, including the Duluth model (Babcok et al., 2004; Stover, 2009). These programs fail to address all the types of female violence including female initiated violence, mutual violence (i.e., where both partners are violent), and retaliatory types of violence where one partner becomes violent in response to the actions of her partner (Straus, 2014; Espinoza, 2016). We did identify one study of a BIP designed for men that showed promise for use with women, however firm conclusions cannot be drawn due to the use of no control group in the research design (Buttell & Carney, 2006).

It is clear that further research needs to be done in evaluating the effectiveness of IPV programs for both men and women. However, we were able to compile a list of evidence informed recommendations from the research literature that can be utilized when selecting IPV programs.

## Recommendations

- Consider programs which address women perpetrators of violence as a heterogeneous group (e.g., women who have been both victim and perpetrator, those using violence in a retaliatory manner, and women who seek to control a partner (Elmquist, Hamel, Shorey, Labrecque, Ninnemann, & Stuart, 2014; Babcock, Miller, and Siard, 2003; Simmons, Lehmann, Peter, & Cobb, 2008).
- Assess how clients have used violence and their attitudes towards violence to understand treatment options and design appropriate safety planning. Women who believe it is acceptable to use violence, regardless of their motivation, are more likely to use violence again in the future (Simmons, Lehmann, Peter, & Cobb, 2008).
- Incorporate components in your intervention that target increasing emotion regulation and effective emotional expression (Elmquist, Hamel, Shorey, Labrecque, Ninnemann, & Stuart, 2014).
- Aside from gender, consider how the race of clients may impact treatment options. Race and the perception of racial inequalities in the judicial system may impact clients' participation and motivation in treatment (Buttell & Carney, (2006).
- Include programs which address risk factors (e.g. substance abuse, history of child abuse, socioeconomic status, etc.) to prevent future incidents of IPV (Simmons, Lehmann, Peter, & Cobb, 2008).
- Identify and incorporate other evidence-based treatment modalities into your IPV programming such as substance abuse, couples, and trauma-focused interventions (Stover 2009).

- Consider how to address the perpetrator’s role as a parent in treatment to aid in motivation for treatment as well as improving child outcomes (Simmons, Lehmann, Peter, & Cobb, 2008).
- Focus on building evidence-based prevention programs for IPV in your area. Address healthy respectful relationships in families, encourage healthy parent-child relationships, and foster an emotionally supportive environment (Simmons, Lehmann, Peter, & Cobb, 2008).
- Evaluate existing policies on IPV and implement new policies as necessary to combat social norms and moral attitudes about IPV for men and women. Continue to support bystander approaches to confront IPV before it happens (Basile et al., 2011).

## Resources

### Center for Disease Control’s Intimate Partner Violence Resources

- Identifies resources, prevention programming and information on IPV, including the results of the National Intimate Partner and Violence Survey (NISVS) as well as a guide on how to train professionals in the primary prevention of sexual and IPV.
- [www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html)

### Domestic Violence Evidence Project

- The Domestic Violence Evidence Project combines research, evaluation, practice and theory to inform critical thinking and enhance the field’s knowledge to better serve survivors and their families in four focus areas: Service to Adult Victims, Children’s Services and Prevention and Reducing Behavior.
- [www.dvevidenceproject.org/](http://www.dvevidenceproject.org/)

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## References

- Babcock, J. C., Miller, S. A. and Siard, C. (2003). Toward a typology of abusive women: Differences between partner- only and generally violent women in the use of violence. *Psychology of Women Quarterly*, 27: 153-161. doi:10.1111/1471-6402.00095
- Basile, K. C., Black, M. C., Breiding, M. J., Chen, J., Merrick, M. T., Smith, S. G., and Walters, M. L. (2011). National intimate partner and sexual violence survey: 2010 summary report. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention.
- Buttell, F. P., & Carney, M. M. (2006). A large sample evaluation of a court-mandated batterer intervention program: Investigating differential program effect for african american and caucasian men. *Research on Social Work Practice*, 16(2), 121-131.
- Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J., (2016). A survey of domestic violence perpetrator programs in the united states and canada: Findings and implications for policy and intervention. *Partner Abuse*, 7(3), 226-276. doi:http://dx.doi.org.ezaccess.libraries.psu.edu/10.1891/1946-6560.7.3.226
- Centers for Disease Control and Prevention. (2016). Intimate partner violence. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- Elmqvist, J., Hamel, J., Shorey, R. C., Labrecque, L., Ninnemann, A., & Stuart, G. L. (2014). Motivations for intimate partner violence in men and women arrested for domestic violence and court referred to batterer intervention programs. *Partner Abuse*, 5(4), 359-374.
- Espinoza, R. C., & Warner, D. (2016). Where Do We Go from here?: Examining intimate partner violence by bringing male victims, female perpetrators, and psychological sciences into the fold. *Journal of Family Violence*, 31(8), 959- 966.
- Kar, H. L., & O'Leary, K. D. (2010). Gender symmetry or asymmetry in intimate partner victimization? Not an either/or answer. *Partner Abuse*, 1(2), 152-168.
- Simmons, C.A., Lehmann, P., & Cobb, N., (2008). A comparison of women versus men charged with intimate partner violence: General risk factors, attitudes regarding using violence, and readiness to change. *Violence and Victims*, 23(5), 571-85. Retrieved from

[http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com.ezaccess.libraries.psu.edu/docview/20855649\\_4?accountid=13158](http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com.ezaccess.libraries.psu.edu/docview/20855649_4?accountid=13158)

Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research and Practice*, 40(3), 223-233. doi: 10.1037/a0012718