



Intimate Partner Abuse in Adult Relationships

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1. Describe the definition and scope of intimate partner abuse in adult relationships, from the perspective of perpetration, including problems inherent in measuring this form of abuse.
2. Identify the various risk factors associated with perpetration of intimate partner abuse in adult relationships.
3. Discuss the various intervention and prevention efforts that focus on perpetration of intimate partner abuse in adult relationships, including evidence of their effectiveness.

Case History: Maria and Victor: "I Am Not a Batterer!"

Maria and Victor got married in their early 20s. According to Maria, shortly after their wedding Victor began to treat her as if she were his "servant." For example, he expected her to do all the household chores and to have dinner ready within 30 minutes of his arrival home from work, even though she also had a full-time job. Within two years of their marriage, Maria got pregnant, but Victor's demands did not decline. After their son was born, Maria felt that Victor was jealous of the attention she gave the baby. Although Maria was doing nearly all the child care, including getting up several times each night for feedings, Victor became increasingly critical of her housekeeping, her cooking, and her appearance. He began to go out with his friends after work, returning home late at night, often drunk. He told Maria he couldn't stand having to listen to a crying baby, in a "dirty" house with a wife who "didn't take care of herself anymore," he deserved to have fun with his friends and to relax because he worked hard to support his family.

One weekend morning, when Victor returned home after having been out all night, Maria angrily confronted him about his behavior. Victor flew into a rage and pushed Maria into a kitchen cabinet, causing her to fall and hit her head. While she was on the floor, Victor kicked her repeatedly, while insulting her and calling her names. The noise awakened the baby, and Victor stormed off to their bedroom, yelling at Maria to "shut the baby up" so he could get some sleep. Maria went to get the baby, but while she was soothing him, she called the police and then her sister, Alicia. When the police arrived, they saw Maria's injuries and took her report of what had happened; they arrested Victor. Alicia took Maria to the emergency room, where she was treated for two broken ribs, a cut on her head that required five stitches to close, and multiple contusions on her back and legs.

When they left the hospital, Alicia took Maria and the baby to her house and called the local crisis hotline, which put Maria in contact with a victim advocate. With the help of the advocate, Maria filed for and was granted an emergency protection order. Victor was subsequently convicted of misdemeanor assault and was mandated to a 26-week batterer

intervention program (BIP). Although Victor complied with the court's order, he stated in both individual and group sessions that it made him angry to attend the BIP. He insisted that his wife had "provoked" him into hitting her and that she had "put on an act" to convince the judge that she was a "battered woman." But, Victor repeatedly insisted, "I am *not* a batterer!"



In this chapter, we will discuss intimate partner violence (IPV) *perpetration* in adult relationships. As we see in the case history of Maria and Victor, many individuals who push, hit, kick, or do something to physically injure their intimate partners do not consider themselves batterers or even violent people. In fact, researchers and clinicians report that IPV perpetrators often refer to themselves as "victims"—for instance, victims of an unfair criminal justice system, victims of abusive parents, victims of their own "demons" such as alcohol use and abuse, or victims of vengeful partners (Nason-Clark & Fisher-Townsend, 2015). Obviously, as the case history above illustrates, batterers' behaviors have serious consequences for the partners they victimize (see Chapter 8), for those who witness the abuse (such as children; see Chapter 6), and for the batterers themselves. For instance, research indicates that batterers are more likely than nonbatterers to miss work and to be less productive at work (Rothman & Corso, 2008). And as we will discuss later in this chapter, they may also be arrested, prosecuted on criminal charges, and sentenced to jail, supervision (e.g., probation), or a batterer intervention program (BIP). It is not surprising, therefore, that researchers have invested considerable effort and resources in trying to understand why some people physically, sexually, and psychologically abuse those they claim to love. These studies have produced an extensive list of risk factors, which we review below. We also describe in this chapter the various prevention and intervention strategies recommended to address IPV perpetration.

Scope of the Problem

Defining IPV Perpetration

Given that many people who engage in abusive behavior do not see themselves as "batterers," how do we identify an IPV perpetrator? We adopt the definition of Bancroft, Silverman, and Ritchie (2012, p. 4): a **batterer** or **IPV perpetrator** is "a person who exercises a pattern of coercive control in a partner relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence. This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature or may rely primarily on the use of physical violence." This definition recognizes that IPV perpetration is not homogeneous; that is, batterers do not all behave in exactly the same ways or use the same abusive tactics (Aldarondo & Castro-Fernandez, 2011). Furthermore,

this definition allows for the fact that IPV may be perpetrated by both males and females and may occur in heterosexual and same-sex relationships. In addition, this definition does not require an individual to “beat” their partner in order to be a batterer; IPV perpetrators may rely exclusively on psychological abuse to control and coerce their partners (Bancroft et al., 2012). Examples of the types of coercive and harmful behaviors perpetrated by batterers are discussed in Chapter 8.

Estimates of IPV Perpetration

Estimates of IPV were discussed in Chapter 8, where we learned that national surveys of large, nationally representative samples estimate that approximately 8–12 percent of men and 12–25 percent of women are physically and/or sexually assaulted by an intimate partner each year (Black et al., 2011; Tjaden & Thoennes, 2000). As described in the opening case history, batterers often don’t recognize their own behavior as abusive and also typically underestimate the severity of their abusive behavior and its negative impact on those they victimize. They also overestimate the prevalence of others’ abusive behaviors—that is, they believe that IPV is normative and more common than it actually is (Neighbors et al., 2010). In one study of men from the general population who admitted to engaging in various types of physical and sexual abuse over the past 90 days, the participants’ mean estimates of the percentage of men who perpetrate seven different types of IPV (e.g., beat up their partner, throw something at their partner to hurt them, choke their partner) were more than double national survey findings. With regard to forced sex, the men’s estimate was nearly 3 times higher than national survey findings (Neighbors et al., 2010). It is important to understand, therefore, what factors contribute to these distorted perceptions and harmful behaviors.

Risk Factors Associated With IPV Perpetration

Although we will discuss a variety of risk factors that have been found to be strongly associated with IPV perpetration, we must emphasize that no *single* factor produces abusive and violent behavior. Rather, IPV perpetration is the result of the interaction of multiple factors, both individual and structural. Importantly, the factors that have been most extensively studied are individual ones; we know far less about social and community risk factors and how these may interact with individual factors to influence IPV perpetration. Moreover, the observation that IPV perpetration is not homogeneous applies to risk factors as well. In other words, not all IPV perpetrators are influenced by the same set of factors in the same way (Aldarondo & Castro-Fernandez, 2011). In the sections that follow, then, we examine factors that have been shown to elevate risk of IPV perpetration, but it is important to keep in mind that most people who are in these risk categories are *not* abusive or violent. In addition, as discussed in Box 9.1, predicting specific violent outcomes using risk assessment instruments remains an imperfect science.

Box 9.1 Assessing Dangerousness

Perhaps the most important reason for identifying risk factors for IPV perpetration is to *prevent* the violence from occurring in the first place. Certainly, if we could use risk factors to distinguish individuals who are likely to inflict severe violence from those who may be considered less dangerous, we could effectively improve safety and reduce victimization, while also directing perpetrators to the most appropriate interventions. With these goals in mind, researchers have developed a variety of **dangerousness assessment instruments**, some of which are administered to victims to assist with their safety planning, and others administered to perpetrators (or potential perpetrators) by clinicians in treatment settings or even by police responding to calls for help to identify risk of re-offending.

Among the most widely used dangerousness assessment instruments are the Danger Assessment Scale (DAS; J. Campbell, 1986) and the Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1995). These and similar assessment tools consist of questions about a perpetrator's behavior; usually they cover areas such as history of violent behavior toward others (e.g., children, friends, strangers); history of abusive behavior (physical, sexual, psychological) toward intimate partners (both the current and previous intimate partners); access to lethal weapons; antisocial attitudes and behaviors; affiliations with antisocial peers; relationship instability, particularly whether the partner is currently separating from or divorcing the perpetrator; presence of various life stressors (e.g., financial problems); history of family-of-origin abuse; symptoms of mental health problems; resistance to changing the abusive behavior or obtaining treatment for it; and attitudes supportive of violence against women (Kropp, 2004).

The DAS is designed to be administered by a victim service provider, who asks the IPV victim 20 questions of this sort about the perpetrator, but also asks her to complete a calendar that charts the frequency and severity of the abuse over the past year (J. Campbell, 2005). The DAS seeks to identify the most dangerous IPV perpetrators, but primarily for the purpose of assisting victims with safety planning (Hamby & Cook, 2011). Research has shown the DAS to be fairly successful in distinguishing between high and low risk groups, and J. Campbell and her colleagues (2003) report that the DAS may be useful in identifying perpetrators at high risk of committing lethal violence. The SARA also consists of 20 items, but is administered to perpetrators by clinicians who can make professional determinations of psychological health (Hamby & Cook, 2011). Kropp and Hart (2000) report that the SARA can distinguish IPV perpetrators from other types of offenders, as well as recidivists from nonrecidivists.

Despite this evidence, however, researchers and clinicians urge that extreme caution must be exercised in using dangerousness assessment instruments to predict who will perpetrate IPV, especially serious or lethal IPV. As Hamby and Cook (2011) emphasize, no dangerousness assessment instrument is 100 percent accurate and mistakes are not infrequent. These researchers point to one test of the SARA, for example, in which 32 percent of nonrecidivists were identified as high risk, and 40 percent of recidivists were identified as moderate or low risk. The first error, in which a relatively nondangerous offender is labeled dangerous (nonrecidivists identified as high risk), is known as a **false positive**; the second error, in which a relatively dangerous offender is labeled nondangerous

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(recidivists identified as moderate or low risk), is known as a **false negative**. False positives could result in mistreatment of perpetrators (e.g., unwarranted harsher punishments), while false negatives could leave serious batterers unaccountable for their abusive behavior and potentially put their intimate partners at severe risk of re-victimization or even death. As Kropp (2004, p. 677) warns, “there is no such thing as no risk in the context of spousal violence. Risk assessments should not be used to marginalize the concerns of those victims believed to be at lower risk: All spousal assaulters are dangerous to some degree, and risk assessment does not allow us to rule out danger.”

Sex and Sexual Orientation

One of the most consistent findings in criminological and public health research is that men commit more violent crime than women do. Yet, for about 40 years, IPV researchers have argued about whether women are as violent as men (see also Chapter 1). This is referred to as the **gender symmetry** (or **gender parity**) **debate**. The data that prompted the debate were generated using one of the most commonly used measures of IPV, the Conflict Tactics Scales (CTS; Straus, 1979), which were revised in the 1990s to include measures of sexual assault and injury (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Studies that use the CTS and CTS2 frequently find that women and men perpetrate IPV at nearly equivalent rates; in fact, some of these studies show that women perpetrate more IPV than men (Archer, 2000; Straus, 2007). Critics of the CTS and CTS2, however, point out that such measures ignore important contextual factors and outcomes (DeKeseredy & Schwartz, 1998). For instance, given the average size and strength differences between women and men, if a woman pushes a man, she is not likely to do him much harm, but if a man pushes a woman, he could seriously injure her. Yet, on the CTS and CTS2, both actions would be equivalent. Sherry Hamby (2018), one of the coauthors of the CTS2, further points out that nearly all other indicators of IPV perpetration—for example, arrests, police reports, homicides, witness reports—show significantly greater male perpetration with more severe outcomes. Does this mean that women *never* perpetrate IPV, serious or otherwise? No experienced IPV researcher would answer that question affirmatively, but they would respond that, as with other types of violent crime, men make up the majority of the offender population. “Most indicators fall in the range of about two to four male perpetrators for one female perpetrator, although a few indicators have even lower rates of female-perpetrated violence” (Hamby, 2018, p. 3).

Men’s and women’s IPV perpetration varies not only quantitatively, but qualitatively as well. Consider threats, for example. Women commonly threaten to (or actually do) harm themselves (e.g., commit suicide) or destroy their partner’s valued property (e.g., scratching or crashing the partner’s car), whereas men more often threaten to (or actually do) kill not only their partner, but also the partner’s children, the partner’s relatives (e.g., the partner’s parents), or other people close to the partner

(e.g., friends, coworkers) (Hamby, 2014, 2018; Meyer & Post, 2013; S. Smith, Fowler, & Niolan, 2014). Studies also show that women's and men's motivations for using violence against an intimate partner differ. Men are more likely to use violence when they perceive themselves losing control of the relationship or when they interpret their partner's words or behavior as challenges to their authority. In contrast, women are more likely to use violence, especially severe physical violence, in self-defense, when they believe they are in imminent danger of being attacked, or in retaliation for being attacked (Barnett, Lee, & Thelan, 1997; R. P. Dobash, Dobash, Cavanaugh, & Lewis, 1998; S. Miller, 2001; Rajan & McCloskey, 2007). Consequently, in this chapter, we will usually refer to IPV perpetrators as men, but we will also address women's use of violence in intimate relationships.

The focus on male batterers in heterosexual relationships is not intended to overlook or minimize IPV in same-sex relationships. IPV perpetrators in same-sex relationships have not been studied as extensively, so we have far less data available with regard to perpetration risk factors in same-sex relationships. For instance, in a systematic review of the literature on IPV among men who have sex with men, Finneran and Stephenson (2014) found that less than a third (nine of 28 studies reviewed) even asked participants about their IPV perpetration. Drawing on the limited data available, it appears that the factors that influence the abusive behavior of lesbian and gay male batterers appears to correspond closely to those that influence heterosexual batterers (Bancroft et al., 2012; Leventhal & Lundy, 1999; Renzetti, 1992).

Despite the similarities between heterosexual and same-sex IPV perpetration, there also appears to be at least one significant difference: the potential for internalized homophobia to contribute to IPV in same-sex relationships. **Internalized homophobia** is the acceptance and internalization to one's identity of negative (homophobic) societal attitudes and beliefs about lesbians and gay men (Pharr, 1986). According to Renzetti (1992), there are at least two ways that internalized homophobia is hypothesized to contribute to IPV perpetration in same-sex relationships. First, internalized homophobia lowers self-esteem, induces feelings of powerlessness, and leads to an obsessive closeting of one's sexual orientation as well as a tendency to deny differences between oneself and heterosexuals. Internalized homophobia has also been linked to self-destructive behaviors, such as substance use, but additionally researchers posit that the destructive behavior may be displaced to an intimate partner in the form of abuse (Renzetti, 1992). Second, internalized homophobia may be used by a perpetrator to control an intimate partner; for example, the abuser may threaten to out the partner to family, friends, teachers, or coworkers (see also Chapter 8). To date, however, there is no research that empirically tests the relationship between internalized homophobia and same-sex IPV. This research would require the development of a reliable and valid measure of internalized homophobia, which is no simple task. Moreover, this research would need to tease out the factors that cause some lesbians and gay men to internalize homophobia while others do not, given that all live in a heterosexist and homophobic society. It may be that low self-esteem and perceived powerlessness are antecedents, rather than consequences, of internalized homophobia. Both low self-esteem and perceived powerlessness have also been associated with IPV perpetration, but it may

be that both are risk factors not only for IPV, but for other dysfunctional outcomes as well (Renzetti, 1992). Clearly, more research on same-sex IPV perpetration is needed.

Age, Race and Ethnicity, and Socioeconomic Status

Given that young women are at greatest risk for IPV victimization (see Chapter 8), it is not surprising that most studies show that young men, 18 to 29 years old, are at high risk for IPV perpetration, particularly physical violence. In at least one international study, however, the researchers reported that older men, aged 40–59, were nearly twice as likely to report IPV perpetration than men aged 18 to 28 (Fleming et al., 2015). This finding, though, may be due to the fact that the researchers asked participants whether they had *ever* perpetrated IPV; simply by virtue of having lived longer, older men will have higher odds of having ever engaged in the behavior. Moreover, a multitude of factors intersect with age to elevate perpetration risk, although how various combinations of factors may influence risk for different age groups or during different life stages is currently unknown (Aldarondo & Castro-Fernandez, 2011).

Numerous studies report variations in IPV perpetration across racial and ethnic groups, with racial and ethnic minorities usually having higher rates of perpetration than whites. The exception is Asian Americans, who typically have significantly lower rates than all other racial and ethnic groups (Breiding, Black, & Ryan, 2008; Tjaden & Thoennes, 2000). One significant problem with these studies, however, is that they typically collapse multiple and highly diverse racial and ethnic subgroups into a small number of very broad categories. For instance, African Americans, Afro-Caribbeans, and Africans are usually assessed as a single group (i.e., blacks). Similarly, Mexican Americans, Puerto Ricans, Cubans, and individuals from any Latin American country are all considered Hispanics, even though their history, culture, and present social and economic circumstances may be vastly different. Findings from the relatively few studies that have disaggregated the broad racial and ethnic categories show considerable variation in IPV perpetration rates across diverse racial and ethnic subgroups. For example, Aldarondo, Kaufman Kantor, and Jasinski (2002) examined perpetration rates and risk factor differences among a sample of Puerto Ricans, Mexicans, Mexican Americans, and Anglo-Americans. Some of their findings are shown in Table 9.1. Interestingly, they found that when men reported on their IPV perpetration, the rate was highest for Mexican Americans, but when reports of female partners were used, Puerto Rican men had the highest perpetration rate, followed by Mexican American and Mexican men. Moreover, although Anglo-American men had the lowest rates of perpetration regardless of whether the men or the women were reporting, the women's reports were higher than those of the men. These findings indicate that men in some groups may underreport or simply underestimate their abusive behavior, which we noted previously is not uncommon. Aldarondo et al. also found that Mexican men who had been abused themselves by their parents, and Anglo men who had witnessed abuse in their families of origin were more likely to perpetrate IPV, whereas among Mexican American men, risk of IPV perpetration increased in relation to a decrease in economic resources.

Table 9.1 Reports of Husband-to-Wife Violence by Gender and Ethnicity of Respondent (Percent)

Ethnicity	Male Respondents	Female Respondents
Puerto Rican	21.9	25.7
Mexican	17.6	13.4
Mexican-American	26.0	16.7
Anglo-American	10.6	11.3
Total sample	14.1	13.2

SOURCE: Aldarondo, Kaufman-Kanter, & Jasinski, 2002.

Another criticism of research on race and ethnicity as a risk factor for IPV perpetration is that it often fails to take socioeconomic status into account. Racial and ethnic minorities are disproportionately represented among the poor and near-poor, and studies consistently show that poverty, low income, low occupational status, and low educational attainment all elevate IPV perpetration risk (Breiding et al., 2008; Cho, 2012). Bancroft et al. (2012), however, caution that the research with regard to educational attainment is equivocal, and, based on their clinical experience with batterers, they concluded that those who are better educated tend to “rely less on physical violence and draw more on sophisticated techniques of psychological abuse that they have at their disposal” (p. 31).

Concerns have also been raised with regard to IPV risk among immigrant populations. As we noted in Chapter 8, immigrant women are at increased risk of IPV victimization for a number of reasons, including factors related to their immigration status (e.g., language proficiency, social isolation). We also noted that immigrant men may threaten their intimate partners with deportation as a tool of coercive control. The assumption is often made that immigrants from countries with rigid patriarchal gender norms are at elevated risk of IPV because they import their cultural beliefs to the host country. There is research, however, that indicates that IPV risk increases post-immigration because of various **immigration-related stressors**, such as the inability to find work or to attain financial stability (Dutton, Orloff, & Hass, 2000; Pan et al., 2006), which may be exacerbated by beliefs about appropriate gender roles (Gupta et al., 2010).

Nevertheless, there is a great deal of diversity across immigrant groups and most studies of immigrants use samples that are too small to allow for analyses of specific subgroups. One exception is a recent study by Vaughn and colleagues (Vaughn, Salas-Wright, Cooper-Saldo, Maynard, & Larson, 2015), who examined data from a large, nationally representative sample of U.S. residents aged 18–49 (N = 19,073), which included immigrants categorized by their *region* of origin (i.e., Asia, Africa, Europe, and Latin America).

The researchers found that immigrants as a group were significantly more likely to perpetrate IPV than native-born Americans, but when they disaggregated the immigrant group by region of origin, they discovered that most IPV perpetration was accounted for by immigrants from Latin America; immigrants from Asia, Africa, and Europe had lower IPV perpetration rates than native-born Americans. At the same time, however, Vaughn et al. found that immigrants who perpetrated IPV were significantly more likely than nonperpetrators to exhibit mood, anxiety, personality, and substance use disorders; they were twice as likely to receive a diagnosis of a psychiatric disorder. The longer the immigrants were in the United States, the greater their likelihood of IPV perpetration, indicating perhaps that post-immigration stressors are major contributing factors to lowered mental health and IPV perpetration risk.

In sum, the research discussed in this section highlights the challenge of teasing out the relative contribution of a host of factors to IPV perpetration risk. Moreover, this research points to the serious limitations in relying on individual demographic characteristics to predict IPV perpetration risk.

Psychological Functioning

It is commonly assumed that batterers are mentally ill. Research consistently shows, however, that except for a very small group of extremely physically violent individuals, batterers do not have significantly higher rates of psychopathology than nonbatterers, and most individuals diagnosed with a mental illness do not perpetrate IPV (Bancroft et al., 2012). Although some batterers exhibit various emotional or psychological problems, such as depression, low self-esteem, high levels of trait anger, and rigid and maladaptive cognitive styles, there is no specific personality disorder or mental illness that characterizes batterers in comparison with nonbatterers (Birkley & Eckhardt, 2015; Doumas, Pearson, Elgin, & McKinley, 2008; Langhinrichsen-Rohling, Huss, & Ramsey, 2000). There are studies indicating that IPV perpetrators may have low self-control, but this finding is countered by research and clinical observations that show that most IPV perpetrators are not violent or abusive outside their homes and that they often exhibit strong self-control (Bancroft et al., 2012; L. Bennett & Bland, 2008; Holtzworth-Munroe & Meehan, 2004).

Jasinski (2001, p. 9) argues that assuming disordered psychological functioning or personality traits cause IPV “satisfies most people’s need to view violence as a behavior exhibited by someone who is different from themselves.” But this explanation of IPV may be used to absolve perpetrators from responsibility for their abusive behavior (e.g., “He can’t help himself; he’s sick”), and overlooks important social and environmental factors that contribute to IPV perpetration.

Substance Use

One of the most commonly cited contributing factors to intimate partner violence, which was illustrated in the opening case history, is substance use, particularly problematic alcohol use (L. Bennett & Bland, 2008; Eckhardt, Parrott, & Sprunger, 2015). Studies that examine the role of alcohol use in IPV typically show that men who are

heavy or problem drinkers, especially men who binge drink, are at significantly greater risk of perpetrating IPV than men who are light or moderate drinkers or who abstain from alcohol (Coker, Smith, McKeown, & King, 2000; Cunradi, Caetano, Clark, & Schafer, 1999; Field, Caetano, & Nelson, 2004; O'Leary & Schumacher, 2003; Peralta, Tuttle, & Steele, 2010). Moreover, IPV perpetrated by men who abuse alcohol tends to be more frequent and more severe than IPV perpetrated by men who are not problem drinkers (K. Graham, Bernards, Wilsnack, & Gmel, 2011; Testa, Quigley, & Leonard, 2003). H. Johnson (2001), for example, reports that the men in her study who drank heavily or were intoxicated at the time of the IPV incident were more likely than nondrinkers to use very serious forms of violence against their intimate partners (e.g., choking, threatening with a weapon, sexual assault) and were more likely to inflict physical injuries, including injuries that required medical attention. Indeed, there is evidence that having a substance abuse problem is a risk marker for perpetration of lethal IPV (J. Campbell, 2007).

Nevertheless, researchers emphasize that a correlation between substance use and IPV perpetration does not mean that substance use such as heavy drinking *causes* IPV (L. Bennett & Bland, 2008; see also Chapter 8). Kantor and Straus (1987), for instance, analyzed data from a national probability sample of more than 6,000 households and found that alcohol was *not* involved in a majority (76%) of the IPV incidents. Other researchers point out that some perpetrators start drinking or getting high *after* an IPV incident or use their alcohol or drug use as an excuse or justification for their abusive behavior (Gelles, 1993). Interestingly, clinicians have found that some batterers become more abusive when they stop drinking or using drugs, presumably because they are more irritable or perhaps because they are better able to monitor their partners' behavior (Bancroft et al., 2012). Bancroft and his colleagues (2012) also report that some batterers even incorporate concepts they learn in 12-step substance abuse recovery programs into their verbally abusive tactics (e.g., accusing their partners of "being in denial" about their own problems or of being "codependent").

Although common sense may tell us that substance use probably raises the risk of IPV perpetration, the mechanisms by which this occurs are still not well understood (Eckhardt et al., 2015). One theory that has received some empirical support is called the **proximal effects model**, which posits that high substance use directly facilitates IPV perpetration because of its psychopharmacological effects on cognitive functioning, or through users' expectations of the disinhibiting effects of the alcohol or drug (Foran & O'Leary, 2008). Another theory is the **multiple threshold model** (Fals-Stewart, Leonard, & Birchler, 2005), which is illustrated in Figure 9.1. The multiple threshold model maintains that substance use will have differential effects on likelihood of IPV perpetration depending on the number of other risk factors that are present. In other words, people who are exposed to few or no IPV risk factors are unlikely to perpetrate IPV when under the influence of alcohol or a drug because the psychopharmacological effects of the substance are not significant enough to increase IPV risk. Those with a moderate number of IPV risk factors, however, may experience a decrease in inhibition from drinking alcohol or using drugs such that they become more likely to perpetrate IPV. And individuals exposed to multiple

Figure 9.1 The Multiple Threshold Model of the Relationship Between Alcohol Use and IPV Perpetration

Exposure to few or no risk factors for IPV perpetration	+	Alcohol consumption	→	Low risk of IPV perpetration
Exposure to a moderate number of risk factors for IPV perpetration	+	Alcohol consumption	→	Elevated risk of IPV perpetration
Exposure to multiple risk factors for IPV perpetration	+	Alcohol consumption	→	No greater risk of IPV perpetration than when not drinking, but elevated risk of perpetrating severe IPV

SOURCE: Adapted from Fals-Stewart et al., 2005.

IPV risk factors may behave abusively even when they are not under the influence of a substance, but they may perpetrate especially severe IPV when drinking or using drugs (Foran & O’Leary, 2008; Parrott & Giancola, 2004).

This multiple threshold model suggests that substance use may contribute to IPV perpetration more for some people than for others, depending on its interaction with other risk factors. One risk factor that has been found to fairly consistently moderate the relationship between substance use and IPV perpetration is adherence to traditional patriarchal gender norms. For instance, researchers have explored how men’s need for power, especially power over other people, may be related to both their alcohol use and IPV perpetration. Peralta and colleagues (2010) found that alcohol use in combination with the use of violence against an intimate partner were seen by the men in their study—men who had been officially identified as batterers—as markers of masculine dominance and control. Other researchers have found that the correlation between substance use and IPV perpetration is strongest among men who endorse male dominance, who hold hostilely sexist attitudes toward women, and who believe that IPV is appropriate behavior in certain situations (Field et al., 2004; H. Johnson, 2001; Renzetti, Lynch, & DeWall, 2015). We will examine these attitudes as risk factors in more detail shortly.

Family of Origin Abuse

An old adage states that “children learn what they live.” Recall from Chapter 2 that in the VMIR literature, this idea is known as intergenerational transmission. Intergenerational transmission suggests that children, especially boys, who witness

their fathers abusing their mothers are likely to abuse their own intimate partners when they grow up. And, as noted in Chapter 8, girls who witness IPV by their fathers are at increased risk of becoming IPV victims when they grow up. Intergenerational transmission theory derives from classic **social learning theory** (Bandura, 1978), which posits that children learn by **modeling** or imitating those around them. Their parents are their first and most important role models. In addition, behaviors that receive **reinforcement** or are rewarded, rather than punished, are more likely to be learned and internalized. Although the research findings are inconsistent with regard to whether children are more inclined to model the behavior of their same-sex parent, there is evidence that the perceived power of the model influences the degree to which children will imitate the model's behavior (Jacklin, 1989).

A substantial number of studies provide support for the intergenerational transmission of IPV (see Delsol & Margolin, 2004; Murrell, Chistoff, & Henning, 2007). Boys exposed to IPV or who are abused themselves tend to be more aggressive toward their peers and engage in more bullying than boys who do not witness IPV or experience abuse (see Chapter 7). There is also evidence that both boys and girls who live in homes with IPV are more likely to try to get what they want by using manipulation, pressure, and coercion (Graham-Bermann, 1998). Additional research shows that the more frequent and more severe a man's abuse is toward the mother of the children in the household, the more likely the children are to believe that men are superior to women and are entitled to privileges in the family, and that violence against family members is not only acceptable, but also often necessary (Graham-Bermann & Brescoll, 2000).

It is the batterer's transmission of attitudes about women and intimate relationships to children that most concerns many clinicians. These attitudes include victim-blaming, violence as an acceptable way to get one's way or to resolve conflicts, and sexism. Boys who closely identify with abusive men who model or explicitly teach these attitudes are at greater risk of growing up to be IPV perpetrators themselves (Bancroft et al., 2012). In fact, in a study that examined the effect of experiencing (not just witnessing) abuse on likelihood to later abuse one's intimate partner, O'Hearn and Margolin (2000) found that only boys who had adopted their abusive father's attitude supportive of IPV were at increased risk of growing up to be IPV perpetrators themselves. Abused boys who did not internalize this attitude were at no greater risk of perpetrating IPV as an adult than boys who had not been abused.

Given the role that traditional patriarchal attitudes play in fostering IPV perpetration, we will examine them more closely. First, though, it is important to note that children are not passive recipients of socialization messages and do not unquestioningly imitate adult role models. Many children actively resist and bravely stand up to abusers, and intervene on behalf of their abused mothers (Bancroft et al., 2012; Mbilinyi, Edleson, Hagemester, & Beeman, 2007). Moreover, a number of factors may counter the negative influence of the batterer, including the child's development of a specific talent from which they derive personal satisfaction as well as approval of others, and the development of close relationships with other positive adult role models (Bancroft et al., 2012; Kerig, 2003). In short, the pathway from childhood exposure to parental IPV to adult IPV perpetration (or victimization) is by no means inevitable.

Attitudes and Beliefs Supportive of IPV

Certain attitudes and beliefs have been found to be strongly associated with IPV perpetration (see Table 9.2). Among these are the beliefs that men are superior to women, and that women are weak, incompetent, manipulative of men, untrustworthy, and stupid (Bancroft et al., 2012). We saw this superiority in the opening case history in which Victor treated Maria like his “servant.” These traditional patriarchal attitudes are indicative of a general hostility toward women (Bancroft et al., 2012; Ozaki & Otis, 2016). Researchers note that hostility toward women is significantly correlated with IPV perpetration by men (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). Anderson and Anderson (2008) report, in fact, that men who are highly hostile toward women specifically target women for aggression.

Based on their clinical experience, Bancroft and colleagues (2012) have identified other attitudes and beliefs that are common among IPV perpetrators, all of which reflect an adherence to traditional patriarchal gender norms. For example, Bancroft et al. (2012) have found that batterers typically think of their intimate partners as possessions or “owned objects.” They report that their clients sometimes struggle to use an intimate partner’s name and instead call her “my wife” or “my girl.” This possessiveness often manifests as extreme jealousy, sexual proprietariness, and the use of control tactics, which the batterer may justify as necessary due to his partner’s untrustworthiness. Should the woman resist his control, the batterer will characterize her behavior as further evidence of her infidelity, mental instability, or her abusiveness toward him. Bancroft et al. also note that IPV perpetrators are, not surprisingly, selfish and self-centered, but they see these characteristics as stemming from the perpetrators’ strong sense of **entitlement**. “Entitlement is the belief that one has special rights and privileges without accompanying reciprocal responsibilities” (Bancroft et al., 2012, p. 8). The IPV perpetrator’s entitlement derives in large part from his sense of male superiority and his belief that his partner is his possession, whose primary purpose is to meet his needs.

Table 9.2 IPV Perpetration Risk Factors Related to Patriarchal Gender Norms

- The belief that men are superior to women
- Generally hostile attitudes toward women (e.g., beliefs that women are weak, incompetent, manipulative of men, untrustworthy, and stupid)
- The belief that a man’s wife or girlfriend is his possession
- Extreme jealousy and sexual proprietariness
- The belief that a man must control his wife or girlfriend because women are not trustworthy
- A strong sense of male entitlement
- Peer support for hostile attitudes toward women and approval of abusive behavior to punish or control intimate partners

SOURCES: References are representative rather than exhaustive: Aldarondo, Kaufman-Kanter, & Jasinski, 2002; Bancroft, Silverman, & Ritchie, 2012; Bennett & Bland, 2008; Breiding, Black, & Ryan, 2008; DeKeseredy & Schwartz, 2013; Hamby, 2018; Murrell, Christoff, & Henning, 2007; Pan et al., 2006; Renzetti, 1992; Rosen, Kaminski, Parmely, Knudson, & Fancher, 2003.

Importantly, these attitudes and beliefs, which support and justify IPV, are often shared by a perpetrator's friends (DeKeseredy & Schwartz, 2013). As we learned in Chapter 7, male peer support for abusive behavior is predictive of dating violence. Young men who frequently talk with their peers about women in demeaning, hostile, and sexist ways have been found to be more likely to perpetrate IPV later in their adult relationships (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; DeKeseredy & Schwartz, 2013). Adult peer groups are no less important in this regard, suggesting that membership in certain types of communities may contribute to risk of IPV perpetration.

High-Risk Communities

As we noted at the outset of our discussion of IPV perpetration risk, most research has focused on identifying individual characteristics, rather than on social, community, or structural factors. The research on attitudes and beliefs supportive of IPV is an exception in that it focuses on attitudes and beliefs grounded in patriarchal gender norms, which reflect gender inequalities embedded in social institutions. Although in most social contexts today blatantly hostile sexism is frowned upon (Swim, Aiken, Hall, & Hunter, 1995), gender inequality remains a feature of most major social institutions, such as the workplace. We saw an example of this in Chapter 8 when we noted the fact that women continue to earn on average less than men and are disproportionately represented among the poor (DeNaves-Walt & Proctor, 2014).

In recent years, there has been an increase in studies that include community or structural risk markers for IPV perpetration, as a result of growing recognition of the importance of examining how community characteristics and organization may reinforce and perpetuate gender inequality, including gendered violence and aggression (DeKeseredy & Schwartz, 2013). For example, several recent studies, using both quantitative and qualitative data collection methods, have identified neighborhood characteristics associated with elevated IPV rates. Specifically, IPV perpetration risk is higher in neighborhoods characterized by concentrated poverty; high unemployment, especially among male residents; low levels of trust among neighbors; and a reluctance by neighbors to intervene if they see or hear problematic or potentially criminal behavior taking place (Benson & Fox, 2004; Bourgois, 1999; Browning, 2002). It has been hypothesized that the economic disadvantage of such environments is emasculating for male residents who, in turn, abuse women to reassert dominance and control (DeKeseredy & Schwartz, 2013). At the same time, the male subcultures of these neighborhoods provide men "with a vocabulary that defines women as legitimate targets of abuse," and the unwillingness of neighbors to intervene imbues confidence in perpetrators that their behavior will probably go unsanctioned (DeKeseredy & Schwartz, 2013, p. 116; see also J. Miller, 2008). In one study, researchers found that some residents in public housing developments even helped batterers get away before the police arrived on the scene (Renzetti & Meier, 2002).

Another risky community for IPV perpetration is the military. As we discussed in Chapter 8, studies comparing IPV rates between military and civilian samples report higher rates by military members (see, for example, A. Marshall, Panuzio, & Taft, 2005;

L. Rosen, Kaminski, Parmely, Knudson, & Fancher, 2003). Among the individual risk factors associated with elevated rates of IPV perpetration in the military are age and socioeconomic status (the armed forces have a high concentration of young men from lower socioeconomic groups) and high rates of heavy alcohol use (Bell, Harford, McCarroll, & Senier, 2004; Dobie et al., 2004). We also previously noted that the stress produced by frequent relocations and deployments has been associated with IPV perpetration (Basile & Black, 2011; McCarroll et al., 2008). Exposure to and participation in combat along with war-related trauma have been shown to be significant risk factors for IPV perpetration by military men (Taft et al., 2005). But the military is also characterized by a culture of hypermasculinity that provides peer support for men's abuse of women (L. Rosen et al., 2003). Although the U.S. Department of Defense has taken steps to address IPV in the military, these efforts have been criticized for their failure to distinguish IPV from "normal marital disputes" and to properly hold perpetrators accountable for the abuse (Rosenthal & McDonald, 2003).

Clearly, contextual risk factors are important in understanding how and why IPV occurs. Despite the recent increase in studies of community-level and structural risk factors for IPV perpetration, there is a need for more research that analyzes the inter-related, cumulative impacts of individual, social, community, and structural variables on IPV perpetration risk (Whitaker, 2014).

Intervention and Prevention of IPV Perpetration

The importance of holding perpetrators accountable has been a prominent theme in the antiviolence against women movement since the 1970s. As we have noted in other chapters in this book, historically IPV was viewed as a private family matter in which the police, courts, and other public institutions did not want to intervene. Activists in the 1970s, who lobbied the public and legislatures to view IPV as a social problem, argued that men abused their wives and girlfriends because they could get away with it—that is, abusers shared the view that what they did in their intimate relationships was their "own business" and they knew they would rarely, if ever, suffer negative consequences as a result. As we learned in Chapter 8, this situation changed in the late 1970s, not only because of the consciousness raising by social activists, but also because of successful lawsuits brought by IPV victims against municipalities for failure of their police departments to enforce the law when responding to a domestic violence call. Today, use of the legal system is the standard formal response to IPV (Goodmark, 2018), although other responses include treatment interventions for batterers and prevention strategies.

The Police and Legal System Response

In addition to successful lawsuits against municipalities, we also learned in Chapter 8 that research on police responses to IPV showed that arresting perpetrators was more effective at reducing recidivism than simply separating the partners briefly or

mediating the conflict (Sherman & Berk, 1984). The Minneapolis Domestic Violence Experiment, as it was called, had a tremendous impact on public policy in that following publication of the initial findings, most jurisdictions enacted mandatory arrest or preferred arrest policies. These policies either *require* or *encourage* officers to arrest the individual they believe is the perpetrator if there is probable cause, regardless of whether the officers witnessed the offense and even if the victim does not want the perpetrator arrested. However, subsequent studies in six cities to replicate the Minneapolis experiment—collectively known as the Spouse Assault Replication Program (SARP)—produced more equivocal findings (Maxwell, Garner, & Fagan, 2002). These studies showed that arrest was only an effective deterrent for some subgroups of perpetrators. Specifically, those perpetrators who had a “high stake in conformity”—that is, had a good deal to lose by being arrested for IPV (e.g., their jobs)—were more likely to be deterred from re-assaulting their partners, while perpetrators who had a “low stake in conformity” (e.g., were unemployed, unmarried, had a previous criminal record) were unlikely to be deterred from re-assaulting their partners by being arrested (S. Miller, Iovanni, & Kelley, 2011; Sherman et al., 1992). These findings led to the conclusion that while arrest generally has a stronger deterrent effect than separating the partners or mediating the conflict, other factors, such as the perpetrator’s criminal history, play a bigger role in determining likelihood of re-assault (Maxwell et al., 2002). Nevertheless, arrest remains the typical outcome when police respond to an IPV call.

We noted in Chapter 8 that victims sometimes do not want their partners arrested because it may have negative consequences for them and their children (e.g., they fear the perpetrator will retaliate against them, or they don’t want to lose the perpetrator’s wages). Victims often call the police not because they want the perpetrator arrested and jailed, but because they want help making the abuse occurring in that moment stop (Goodmark, 2012). Mandatory and preferred arrest policies have also resulted in a dramatic increase in the number of women arrested for IPV perpetration (see Box 9.2), which may eventually deter them from calling the police during an IPV episode.

Box 9.2 The Problem of Dual Arrests

One of the unanticipated consequences of mandatory and preferred arrest laws was a dramatic increase in the number of women arrested for IPV perpetration. Sometimes women are arrested as the sole perpetrator, but more often, it appears, police arrest both intimate partners, a practice known as dual arrest (DeLeon-Granados, Wells, & Binsbacher, 2006; Hirschel, Buzawa, Pattavina, Faggiani, & Reuland, 2007; S. Miller, 2005). As we noted earlier, men and women usually have different motivations for using force against their intimate partners: men are more often motivated by a desire to maintain control over their partner, whereas women more often act in defense of themselves or their

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children, or in retaliation for abuse (Barnett et al., 1997; R. P. Dobash et al., 1998; S. Miller, 2001; Rajan & McCloskey, 2007). Some researchers have also found that abusive men, aware of the mandatory or preferred arrest law, call the police themselves to make sure they are perceived as the victim; they may even self-injure to ensure that their partner is arrested (S. Miller, 2005).

When injuries are serious and obvious, the police must arrest whoever appears to have inflicted those injuries. To reduce the risk of an IPV victim being arrested along with a perpetrator, however, many jurisdictions have enacted **primary aggressor laws**, which require responding officers to distinguish the party who initiated the aggression from the party who likely acted as a defensive response to that aggression, and offensive injuries from defensive injuries (Hirschel & Deveau, 2016). Today, at least 34 states have adopted primary aggressor laws (Hirschel & Buzawa, 2013). A study by Finn and her colleagues found that police officers said they would be less likely to engage in dual arrest if their department encouraged arrest of the primary aggressor only (Finn, Blackwell, Stalans, Studdard, & Dugan, 2004). Research evaluating the impact of primary aggressor laws on dual arrests supports this finding; dual arrests decline significantly following the enactment of primary aggressor laws or once police receive special training on identifying primary aggressors when responding to a domestic violence call (Dichter, Marcus, Morabito, & Rhodes, 2011; Meloy & Miller, 2011). In a study of factors that influence officers' likelihood of making an arrest in an IPV case, Hirschel and Deveau (2016) found that the existence of a state primary aggressor law had a greater impact on officers' decision making than the presence of injuries or the perpetrator's use of a weapon. However, these researchers also found that the existence of the state primary aggressor law lowered the chances that either party would be arrested. They concluded that "an unintended consequence of a state enacting a primary aggressor law is that officers may be deciding to arrest neither of the involved parties instead of determining who the primary aggressor is" (p. 16). If this conclusion bears out after further testing, the police response to IPV may be becoming more similar to what it was prior to the enactment of mandatory and preferred arrest laws.

Identifying the primary aggressor and avoiding dual arrests that include the victim is a significant justice issue. Research shows that female IPV victims who are arrested and processed as offenders fare rather poorly in the court system. Many of the women, for example, are unfamiliar with the court process, have limited knowledge of their options, and cannot afford to hire an attorney so they have to rely on the assistance of a public defender, who may have little experience with IPV cases. They are frightened and want to get the case over with so they can just go home. Consequently, instead of opting for a criminal trial where they can present evidence of self-defense, they accept a guilty plea without fully understanding that they will now have a criminal record that could, among other things, prevent them from working in certain jobs, cause them to lose federal benefits, and have the conviction held against them in a custody hearing (S. Miller, 2005).

IPV victims arrested and convicted as perpetrators are also likely to be mandated to a batterer intervention program (BIP). Given that the majority of victims are women, that women and men typically use force differently in intimate relationships, and that most BIPs are designed to treat abusive men, the content and treatment approach of the programs are usually inappropriate for women (Larance, 2018; Meloy & Miller, 2011). This does not mean that these women cannot benefit from treatment, but rather that the content and treatment approach must be specifically designed to meet

their unique needs. Otherwise, the program is likely to be re-victimizing and traumatizing and, therefore, ineffective and perhaps even harmful (Larance, 2018). In short, a gender-responsive intervention to women's and men's differential use of force in their intimate relationships is the solution advocated by most practitioners. (See Larance, 2018, for a discussion of programming resources for women who use force.)

Once charges are brought against an offender—and the specific charges will depend on a number of factors, including previous IPV arrests, whether a weapon was used, and injuries to the victim—the case moves to prosecution. Until the 1980s, most prosecutors would automatically drop the charges against an IPV offender at the victim's request without investigating whether the victim was being coerced into making this request by the offender or the offender's family. But not long after the adoption of mandatory or preferred arrest policies, many jurisdictions adopted victimless or no-drop prosecution policies. Victimless prosecution allows prosecutors to build a case using police reports, photographs, and physical and other evidence, without relying on victims' testimony. No-drop prosecution mandates prosecutors to proceed with a case regardless of whether a victim agrees to participate. Supporters of these policies maintain that they ensure that IPV perpetrators are held accountable while also protecting victims from threats and coercion by perpetrators (Goodman & Epstein, 2011).

One outcome of these arrest and prosecution policies is that they have increased the number of IPV offenders who are processed through the criminal justice system, which some observers argue is beneficial because it sends a strong message that IPV is a crime that has serious consequences (Goodmark, 2012). Nevertheless, some researchers have questioned whether formal criminal justice processing of these cases is successful in reducing IPV. Research examining the impact of formal case processing and disposition on recidivism rates has produced inconsistent results, with some studies showing no appreciable effect of prosecution on lowering IPV recidivism (Kingsnorth, 2006; O'Sullivan, Davis, Farole, & Rempel, 2007) and other studies showing that a formal disposition of some kind (e.g., a trial even if it resulted in acquittal, a mandatory batterer intervention or other counseling program, probation, jail time) was better than doing nothing (i.e., not filing charges) in reducing IPV recidivism (Wooldredge & Thistlewaite, 2002). But the fact that many victims, especially victims of color, do not wish to engage with the criminal justice system (see Chapter 8) has led some researchers and practitioners to seek out alternative responses to IPV perpetrators.

Restorative Justice as an Alternative to the Criminal Justice System

Members of immigrant communities and communities of color have been subjected to disproportionately harsh and, in some cases, brutal treatment by the police and the legal system. Studies of pro-prosecution policies, for example, have raised concerns

about racial bias, given findings that prosecutors are more likely to pursue cases against racial and ethnic minority defendants than white defendants (Henning & Feder, 2005; Kingsnorth & Macintosh, 2004). Negative stereotypes about the criminality of men of color may also lead to prejudicial outcomes when these men appear in court on IPV charges (Bancroft et al., 2012). Consequently, some analysts have proposed the use of alternative justice models to respond to IPV perpetration, particularly in communities where members fear or are alienated from the criminal justice system. One such alternative is restorative justice.

Restorative justice, broadly defined, involves the practice of informal conflict mediation (Ptacek, 2005). This rather simple definition masks a diverse array of programs and practices that deemphasize punishment in favor of making amends to victims and reintegrating offenders into their communities. These goals are pursued through meetings or “conferences” that typically include the victim; the offender; support people (often family members) who serve as supporters for the victim and the offender, respectively; community members; and a facilitator. The meetings are essentially structured dialogues in which the victim, the victim’s supporters, and community members can express the impact that the crime has had on them and on others, and to figure out a way for the offender to repair the harm done, including by apologizing and by making reparations of some kind (Goodman & Epstein, 2011). Restorative justice has been used primarily with juvenile offenders and has not been recommended—indeed, it is not permitted in some jurisdictions—for use in cases of violent crime, including IPV. Yet an increasing number of feminist researchers, legal scholars, and practitioners have called for a closer examination of the use of restorative justice for at least some IPV cases (Curtis-Fawley & Daly, 2005; Pennell & Francis, 2005).

There has been very limited research on the use of restorative justice methods in IPV cases (Curtis-Fawley & Daly, 2005; S. Miller, 2011; Pennell & Francis, 2005). The most commonly voiced criticism of restorative justice with regard to IPV perpetration is that it downplays or completely ignores the power imbalances in abusive intimate relationships as well as the broader social and structural inequalities (e.g., gender inequality) that facilitate and perpetuate IPV (Goodman & Epstein, 2011). In fact, by bringing in the offender’s supporters, the process may reinforce abusive behavior that may be integral to the support group’s norms (D. Coker, 2002).

It is unlikely that the controversy over the use of restorative justice to respond to IPV perpetration will be resolved soon, particularly since there are no empirically rigorous evaluations of such programs. Goodman and Epstein (2011, p. 230) have called for the development of “a variety of carefully structured demonstration projects . . . as a potential complement to justice system remedies” (see also S. Miller, 2011). These demonstration projects would perhaps be most useful in socially and economically marginalized communities where negative attitudes toward the criminal justice system are widespread.

Batterer Intervention Programs

Like Victor in the opening case history, most individuals arrested for IPV are not sentenced to jail or prison, but rather are mandated to attend a treatment program,

usually called a **batterer intervention program (BIP)**. Although all states have BIPs, state standards are quite varied; some states require that the provider and the program offered be certified by a state body, and other states simply offer guidelines on best practices (Bennett & Vincent, 2002; Tolman & Edleson, 2011). There is also tremendous variation across programs in terms of length of treatment. Programs vary from a weekend “retreat” to 52 weeks of 90- to 120-minute sessions, with the average program length being 26 weeks (Bent-Goodley, Rice, Williams, & Pope, 2011; Tolman & Edleson, 2011).

The content and therapeutic model also differ, although the majority of programs concentrate on challenging sexism and rigid gender norms, developing relational skills that are nonviolent and nonabusive, accepting responsibility for the abusive behavior, and identifying the social and emotional antecedents of the perpetrator’s coercion and violence. Most of the work in BIPs is done in groups, although group sessions may be supplemented in some programs with individual counseling and therapy. The most popular therapeutic models combine didactic teaching with cognitive behavioral therapy or **motivational interviewing** (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008; Tolman & Edleson, 2011). Psychotherapy is less frequently used because it has been found to be relatively ineffective (Bancroft et al., 2012).

Arguably, the most pressing questions with regard to BIPs is do they “work”? In other words, are they successful in changing abusers’ attitudes about their intimate partners and relationships and are they effective in reducing IPV recidivism? The answer is an unsatisfying one: sometimes. To date, there have been numerous evaluations of BIPs—more than 70 by one count (Tolman & Edleson, 2011)—and the findings, taken together, indicate that in general BIPs reduce or eliminate violence and abuse by men who complete them (Bancroft et al., 2012; Tolman & Edleson, 2011). The extent of this change, however, depends on the type of data collected and the length of follow-up after program completion. According to Tolman and Edleson (2011), the greatest positive change is detected when researchers compare program completers to noncompleters using police reports of re-arrest for a period of time (e.g., 6 months, 12 months). When victim reports are used instead, the success of the BIPs declines, but nonetheless remains positive (Babcock, Green, & Robie, 2004; Tolman & Edleson, 2011).

One of the most optimistic assessments of BIP success was reported by Gondolf (2002), who followed 840 male participants in BIPs in four cities, along with their partners, for four years. Gondolf found that four years after the baseline measure (i.e., start of the BIP), about 90 percent of the men had not re-assaulted their intimate partner. Unfortunately, other studies provide less sanguine assessments. Klein and Tobin (2008), for example, followed 342 men over a 10-year period (1995–2005), examining arrests for IPV as well as any other crime. They found that within one year of their initial court arraignment (baseline for this study), only 32 percent had re-abused and 42 percent had been arrested for any crime. But as the follow-up period increased, so did the arrest rates, such that over the decade examined, 60 percent re-abused, and nearly 75 percent were re-arrested for a domestic abuse or nondomestic abuse offense. The researchers concluded, therefore, that “success” in

the short term, regardless of the intervention (arrest, prosecution, probation, supervision, incarceration, or batterer treatment), does not predict long-term behavior change. It is important to remember that program content and approach vary, so it is difficult to compare “success” across programs. Tolman and Edleson (2011) point out that the available data do not allow us to determine which specific characteristics and components of BIPs produce the greatest positive change.

Considerable attention has been given to the need for programs to address additional components such as culture and comorbid problems such as substance abuse. Some have stressed the need for programs to be culturally competent and to address the unique concerns and experiences of men of color (Bent-Goodley et al., 2011). But research that has compared “color blind” programs with “culturally specific” and “culturally centered” programs has not demonstrated that one approach is any more effective than the other (Gondolf, 2007). With regard to substance abuse, Bancroft and colleagues (2012) caution that because there is little evidence that substance use *causes* IPV perpetration, treatment for a substance use problem should not preclude simultaneous treatment for IPV. Recall the clinical observations noted previously that recovery from substance abuse sometimes increases abusive behavior due to the discomfort and stress caused by addiction treatment. Moreover, addiction recovery is not sufficient to ensure long-term reductions in abusive and violent behaviors; such an assumption could give the abused partner a dangerously false sense of safety. Perpetrators with a substance use problem need *both* substance abuse treatment *and* a BIP.

One strategy that does appear to increase positive outcomes from BIPs is to coordinate them with criminal justice responses. The way this works is to ensure that an offender begins BIP participation soon after arrest (e.g., in less than three weeks), is actively monitored by the court for treatment compliance (e.g., through periodic court appearances or check-ins), and experiences a swift and consequential response for any violations or noncompliance. Evaluations of such coordinated interventions suggest that they result in more consistent BIP attendance, reduced drop-out rates, and lower IPV recidivism (Gondolf, 2004; Klein & Crowe, 2008).

Prevention Approaches Focused on IPV Perpetration

One limitation of BIPs is that they are purely reactive; a comprehensive response to ending IPV includes strategies to prevent it from occurring in the first place. In Chapter 7, we discussed several programs that have been developed for youth in middle school, high school, and college. These programs target youth because, as we noted previously, attitudes and behavior that support IPV are acquired through socialization, both at home and at school, and young people are at especially high risk of perpetration. The most popular school-based prevention programs include the Fourth R, Green Dot, Coaching Boys into Men, Expect Respect, and the Youth Relationships Project (see Chapters 7 and 11).

Unfortunately, there is little research on the effectiveness of non-school-based programs in preventing IPV, although there are a number of such programs being

implemented throughout the United States (Tolman & Edleson, 2011). Some of these programs target men who are at particularly high risk for IPV perpetration—for example, young, unemployed men who may have criminal histories, and who are non-custodial fathers, new fathers, or fathers-to-be. Examples include the Responsible Fatherhood Program and Con Los Padres, both of which use weekly meetings to teach high-risk men about effective parenting and techniques for developing and maintaining healthy relationships (Tolman & Edleson, 2011).

Broader prevention programs that target the general population include media campaigns to raise awareness of IPV and the harm it causes, and pledge campaigns, which enlist men as allies in preventing IPV by asking them to publicly denounce violence against women and children, promote a more respectful culture, and share these messages with coworkers and others by distributing brochures and other resources in their workplaces, clubs, and other venues (Tolman & Edleson, 2011). The White Ribbon Campaign, which was founded in Canada in 1991 and has since spread to more than 60 countries throughout the world, is an example of a pledge campaign.

The White Ribbon Campaign was cited by the United Nations as a successful strategy for involving men in IPV prevention (Tolman & Edleson, 2011). While it is certainly the case that the White Ribbon Campaign has enlisted male allies worldwide in the fight against IPV specifically and violence against women more generally, there is no evaluative research that measures the success of the campaign in actually reducing violence. Studies designed to gauge the effectiveness of general and targeted prevention strategies are badly needed.

Chapter Summary

This chapter focused on IPV perpetration in adult relationships. We defined an IPV perpetrator or a batterer as a person who uses or threatens to use physical, sexual, or psychological abuse against a partner, which constitutes a pattern of coercive control. Yet we also noted that batterers often depict themselves as victims, rather than perpetrators, and they typically underestimate the frequency, severity, and harmful effects of their abuse.

Both men and women may perpetrate IPV, but claims of gender symmetry or parity in IPV perpetration are not supported by the majority of empirical studies. The evidence shows that men are significantly more likely to perpetrate IPV than women. Research also demonstrates gender differences in the types of IPV perpetrated and in the motivations for using force against an intimate partner.

We reviewed research on a variety of perpetration risk factors, which, in addition to sex and sexual orientation, include age, race and ethnicity, socioeconomic status, immigration status, psychological functioning, substance use, family of origin abuse, and attitudes and beliefs supportive of IPV. While most studies of risk factors have focused on individuals, more attention is now being given to community and structural risk factors, including patriarchal gender norms in the larger society and neighborhood characteristics that increase risk for residents.

Although historically the response to IPV perpetrators was weak at best, legal reforms during the 1980s and 1990s—for example, mandatory and preferred arrest policies, victimless prosecution, and no-drop prosecution—resulted in a significant increase in IPV arrests, prosecutions, and convictions. Today, the legal system is the standard formal response to IPV, although critics have raised concerns about problems such as dual arrests and disproportionately harsher treatment of minority men, leading some to call for the use of alternative interventions, such as restorative justice.

Most IPV perpetrators, we learned, are mandated to treatment in batterer intervention programs (BIPs), which vary in length, treatment approach, and curriculum. Evaluations of BIPs in terms of their effectiveness in reducing recidivism have shown short-term success, but the extent to which they produce genuine, long-term behavioral change is less clear. Research is also needed on targeted and more general IPV prevention programs, which to date remain largely unevaluated.

RECOMMENDED RESOURCES

- DeKeseredy, W. S., & Schwartz, M. D. (2013). *Male peer support and violence against women: The history and verification of a theory*. Boston, MA: Northeastern University Press.
- Dobash, R. E., & Dobash, R. P. (2015). *When men murder women*. New York, NY: Oxford University Press.
- Nason-Clark, N., & Fisher-Townsend, B. (2015). *Men who batter*. New York, NY: Oxford University Press.
- National Clearinghouse for the Defense of Battered Women. <http://www.ncdbw.org>
- Ptacek, J. (Ed.). (2010). *Restorative justice and violence against women*. New York, NY: Oxford University Press.