Domestic Violence:

Assessing & Treating Perpetrators of Domestic Violence

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New Paradigm

- Men as perpetrators – Men as victims
- According to most recent surveys, men are as often a victim of domestic violence as women.
- 32 nations; 13,000 subjects
- About equal rates of violence perpetrated by females and males
- Most common: Bidirectional (70% all/60% severe)
- Followed by female only (20% all/25% severe)
- Followed by male only (10% all/15% severe)
- Dominance and DV: Male or Female increases DV

Risk Factors for Minor Assaults (Slapping & Throwing)

- Anger Management
- Antisocial Personality Traits
- Borderline Personality Traits
- Relationship Conflict
- Communication Problems
- Dominance
- Negative Attributions About the Partner
- Substance Abuse

Risk Factors for Severe Assaults (Punching & Choking)

- Anger Management
- Antisocial Personality
- Conflict With Partner (Stronger for men)
- Communication Problems
- Criminal History
- Dominance
- Jealousy
- Negative Attributions About the Partner
- Neglect History
- Sexual Abuse History (Stronger for men)
- Stressful Conditions
- Violence Approval (Stronger for men)
- PTS Symptoms (Men only)
- Substance abuse (Men only)

Assessment

Batterer Classification Systems

- Hamberger and Hastings:
  - Antisocial/Narcissistic
  - Schizoid/Borderline
  - Dependent/Compulsive
- Holzworth-Munroe:
  - Generally violent/antisocial
    - Low level antisocial was identified in 2000
  - Dysphoric/Borderline Passive
  - Dependent (Family only)

Batterer Classification Systems

- Saunders:
  - Generally violent
  - Emotionally volatile
  - Emotionally suppressed
- Dutton:
  - Psychopathic
  - Borderline
  - Over-controlled

What do these typology systems have in common?

- They each include an antisocial or psychopathic group whose violence is more deliberate or instrumental.
- They each include a dysphoric group whose violence is more impulsive.
- They each include a lower-level violence, a slightly higher psychologically functioning group, whose violence is more sporadic.

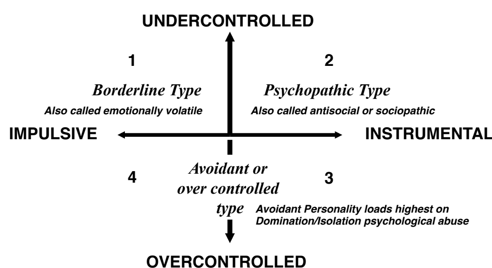
Dutton Classification System

- Psychopathic or Dismissing
- Borderline or Disorganized
- Over-controlled or Pre-Occupied

Dutton Batterer Typology

- **Over controlled**: deny rage while experiencing chronic frustration and resentment
- **Under controlled**: act out frequently
- **Instrumental**: use violence "coldly" to obtain specific objectives
- **Impulsive** act out in response to a building inner psychological tension

Two dimensional representation of Dutton's typology system



Psychopathic Batterers

- Violence inside and outside home
- History of antisocial/criminal behavior
- High acceptance of violence
- Negative attitudes of violence
- Usually victimize by extreme abuse as a child
- Low empathy
- Associations with criminal marginal subculture
- Attachment: **Dismissing**
- MCMI: antisocial, aggressive-sadistic

Psychopathic Batterers

- Jacobson called these batterers "Vagal Reactors." Despite acting in an emotionally aggressive fashion, these men remained inwardly calm. The term stems from that idea that excitation of the vagus nerve suppresses arousal. The result of this autonomic suppression is to acutely focus attention on the external environment: the wife/antagonist. Jacobson found these men to be the most belligerent and contemptuous men he studied and showed the greatest heart rate decrease.
- Flat emotional response + exaggerated control are two defining criteria for psychopaths (Hare, et. al).

Borderline Batterers

- Cyclical phases (Walker's cycle of violence)
- High levels of jealousy
- Violence predominantly/exclusively in intimate relationship
- High levels of depression, dysphoria, anxiety based rage
- Ambivalence to wife/partner
- Attachment: **Fearful/disorganized**
- MCMI: Borderline

Over-controlled Batterers

- Flat affect/constantly cheerful persona
- Attempts to ingratiate therapist
- Tries to avoid conflict
- High masked dependency
- High social desirability
- Violence and alcohol use
- Lists "irritations" in anger journal
- Chronic resentment
- Attachment: **Preoccupied**
- MCMI: avoidant, dependent, passive-aggressive

Female Batterer Typology (Walsh, et. al., 2010)

- Generally violent/antisocial (AS): low levels of agreeableness, high levels of psychopathy, substance abuse, antisocial behavior
- Borderline/dysphoric (BD): high levels of neuroticism, BPD, depression
- Family only/low-psychopathology (LP): low-level anti-social, social desirability, higher functioning that the other two groups.

Female Batterer Typology (Babcock, 2003)

- **Generally Violent (GV)**
  - More violent towards partners
  - Motivations for violence included using violence in order to control their mates.
  - Endorsed more deviant and instrumental reasons for using violence (e.g., “I was violent to push my partner's buttons”).
  - Are likely to use violence in a variety of situations.
  - Not only use violence more broadly, but also have more extensive rationales and reasons for their use of violence.
  - More emotionally abusive
  - More trauma symptoms but not abuse experiences
  - More likely to have witnessed mother’s violence towards father

Female Batterer Typology (Babcock, 2003)

- **Partner Only (PO)**: More violent towards partners, motivations for violence included using violence in order to control their mates. Endorsed more deviant and instrumental reasons for using violence (e.g., “I was violent to push my partner's buttons”). Are likely to use violence in a variety of situations. Not only use violence more broadly, but also have more extensive rationales and reasons for their use of violence.

Attachment and Perpetrators

- Preoccupied present as anxious and managing their vulnerability through proximity maintenance.
- Dismissing batterers present as more cold and distant and manage vulnerability by distancing and devaluing.
- Disorganized batterers present as more confused and dysphoric due to unresolved trauma and manage vulnerability through approach and avoidance which can lead to extreme acting out in and out of therapy.

Treatment Implications

- Preoccupied – reduce anxiety through self-soothing strategies.
- Dismissing – manage anxiety about dependency through awareness and learning dyadic soothing strategies.
- Disorganized – manage intense emotional memories through trauma resolution.

Typology and Risk

- Borderline – higher reoffenses
  - Poor emotional regulation
- Psychopathic and Over-controlled most severe violence
  - Psychopathic: Ego-syntonic and low on empathy
  - Over-controlled: compensating for inadequacy (turn feelings of impotence into feelings of omnipotence)

Assessment Based-Treatment

- Based on the Straus data, there is clearly a range of violence as well, from very low level to lethal – and everything in-between.
- So to treat everyone the same is problematic.
- Individual assessment and differential treatment needs to be the standard for intervention.

Violence Assessments

- Conflict Tactics Scales (v. 2; Straus)
- Personal and Relationships Profile
- The Propensity Towards Abuse Scale (Dutton)
- Psychological Maltreatment Toward Women Inventory (Tolman)
- The Spouse Abuse Risk Assessment (SARA; Kroop, et. al)
- Hare Psychopathy Index (Hare)
- Danger Assessment Scale (Campbell)
- The Anger Management Scale (Stith & Hamby)
- The Domestic Violence Inventory and Risk Assessment (Sonkin)

Violence Tactics Scales

- The Conflict Tactics Scales measures both the extent to which partners in a dating, cohabiting, or marital relationship engage in psychological and physical attacks on each other and also their use of reasoning or negotiation to deal with conflicts. The most frequent application of the CTS has been to obtain data on physical assaults on a partner.*

- **Straus, Murray A., Sherry L. Hamby, Susan Boney-McCoy, and David B. Sugarman. 1996. "The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data." Journal of Family, Issues 17:283-316.*

Personal & Relationships Profile

- The Personal and Relationships Profile (PRP) is intended for clinical screening and research on family violence. In research it can be used to investigate risk factors for family violence, and may also have application to evaluation of batterer treatment programs. As a clinical screen it can be used to identify etiological factors that might need to be included in a treatment plan.

Personal & Relationships Profile

- Personal or Intrapsychic Scales
  - Antisocial Personality Symptoms
  - Borderline Personality Symptoms
  - Criminal History
  - Depressive Symptoms
  - Gender Hostility To Men
  - Gender Hostility to Women
  - Post-Traumatic Stress Symptoms
  - Substance Abuse
  - Self Control
  - Social Desirabilty
  - Social Integration
  - Stressful Conditions
  - Sexual Abuse History
  - Violence Approval
  - Violent Socialization

Personal & Relationships Profile

- Relationship Scales (scales which include items that refer to behavior towards or beliefs about the partner.)
  - Anger Management
  - Communication Problems
  - Conflict
  - Dominance
  - Jealousy
  - Negative Attribution
  - Relationship Commitment
  - Relationship Distress

Propensity Towards Abusiveness

- Taps into background factors such as:
  - Parental treatment
  - Attachment style
  - Anger response
  - Trauma symptoms
  - Stability of self concept
- Focused primarily on emotional abuse
- Can correctly discriminate abusive men with 82.2% accuracy

Psychopathy Checklist

- Designed for male forensic populations
- Structured interview and set of ratings based on the interview and corroboration based on case history reviews, institutional files, interviews with family members and employers and on criminal and psychiatric records.

Psychopathy Checklist

- PC – R (20 items) (2 scales)
  - Affective (glibness, lack of empathy and pathological lying)
  - Social Deviance (antisocial behavior)
- PC – Screening version (12 items)
- A robust predictor of violent behavior in general, with many validity studies including domestic violence perpetrators.
- Predictive of reoffending

Danger Assessment Scale

- Was developed by Jacqueline Campbell, she describes this scale as a… "form of statistical prediction, contrasted with clinical prediction, because it is based on prior research and has some preliminary evidence of reliability and validity"
- The scale is based on "women's perception of the danger of being killed by their partners." However, the relationship of fear of the partner to actual danger is unknown. This scale is available on the internet (see the references).

Sonkin Risk Assessment

- Frequency of physical violence in past two years
- Frequency of sexual violence in past two years
- Severity of violence
- Threats
- Frequency of intoxication
- Frequency of alcohol use
- Frequency of drug use
- Proximity of victim and offender
- Psychiatric Diagnosis (DSM-IV)

Sonkin Risk Assessment

- Severity of psychosocial stressors
- Global Assessment of Functioning Scale
- Prior criminal history/activity
- Violence towards others (check all that apply)
- Child abuse
- Victim's Involvement With Others
- Attitudes towards violence

Sonkin Risk Assessment

- Weapons accessible (including law enforcement personnel)
- Specialized training in violence
- Perpetrator physically abused a child
- Perpetrator sexually abused a child
- Perpetrator witnessed marital violence as a child
- Child custody proceedings in progress
- Other divorce proceedings in progress
- Other legal proceedings in progress
- Animal cruelty or torture

Does batterers' treatment work?

- Babcock: Meta-analytic review of 22 studies evaluating treatment efficacy for domestically violent males – .35 effect size (pure D: .21)
- Feder: Psycho-educational tx vs. no intervention – no differences
- Dunford: Psycho-educational tx, couples tx and no tx – no differences
- Davis: 26 wk, 8 wk, no tx. 26 wk had a .4 effect size, no difference between 8 wk and no tx.
- Shepard: Duluth study – 40% recidivism.
- Ford: Pre-trial Tx, Prob Tx and alternative sentencing w/o tx – No differences

Why these outcomes?

- Treating mental problems with social and educational interventions.
- Short intervention times
- Not enough focus on therapeutic relationship
- Not enough focus on diagnostic variables.
- Not enough neuropsychological consideration
- Lack of medical intervention
- Not enough creativity and innovation
- Too much focus on group intervention
- Change is complex – not understood

Recommendations

- Find out who are the therapist in your area who are specializing in domestic violence treatment – both victims and perpetrators.
- Get to know the batterer's programs in your area. If they do primarily education, particularly Duluth, I wouldn't refer to them based on data.
- Don't fall into the vic/perp gender trap
- Don't just think about behavior, but diagnosis and refer based on that criteria.