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## viewpoint and theory

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# The Trials and Tribulations of Testing Couples-Based Interventions for Intimate Partner Violence

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This article considers the risks and benefits of couples' interventions for intimate partner violence (IPV). Because current batterers' treatment programs have been shown to be largely ineffective in stopping recidivism, there is clearly a need to experiment with novel approaches to establish empirically supported treatments for IPV. Previous studies testing the efficacy of conjoint therapy for couples experiencing situational violence have demonstrated promising results. However, most states mandate prohibiting testing these couples' interventions in court-mandated samples. In this article, we describe a randomized clinical trial of the Creating Healthy Relationships Program (Cleary Bradley, Friend, & Gottman, 2011) for situationally violent couples in a court-mandated sample and the difficulties in conducting such an experiment within an established coordinated community response.

**KEYWORDS:** *battering intervention program; couples therapy; intimate partner violence; situational violence*

Approximately 1.3 million women and 835,000 men are physically abused by their partners each year (Tjaden & Thoennes, 2000). Domestic violence interventions have become streamlined into the criminal justice response to intimate partner violence (IPV) in the United States (Babcock et al., 2016). Standard practice for men arrested for IPV is deferred adjudication following their completion of a men-only group

intervention that addresses patriarchal beliefs and power and control (the Duluth model; Pence & Paymar, 1993). Despite declarations that arrest followed by court-ordered treatment offers “great hope and potential for breaking the destructive cycle of violence” (U.S. Attorney General’s Task Force on Family Violence, 1984, p. 48), there is little empirical evidence that treatment is effective in reducing recidivism of family violence to any meaningful degree.

A meta-analysis of batterers’ treatment from our lab found that current interventions are largely ineffective (Babcock, Green, & Robie, 2004), reducing recidivism by approximately 5%. A cost-benefit analysis examining “return on investment” calculated that whereas for every dollar spent on cognitive behavioral interventions for drug abuse, the state recoups approximately \$189.66; for every dollar spent on Duluth model (Pence & Paymar, 1993) men’s group interventions, the state *loses* \$6.29 (Lee, Aos, & Pennucci, 2015). Current batterers’ intervention programs address changing attitudes of partner-violent men in a men-only group format. One potential reason for this discouraging finding is that distinct treatments may be needed for different types of aggression (Merk, Orobio de Castro, Koops, & Matthys, 2005). Most researchers and practitioners now agree that there is not just one type of abuser (Gondolf, 1988; Gottman, Jacobson, Rushe, & Shortt, 1995; Hamberger, Lohr, Bonge, & Tolin, 1996; Holtzworth-Munroe & Stuart, 1994). Most typologies can be simplified into two general types of intimate partner abuse: one that is characterological and one that is situational (Babcock, Canady, Graham, & Schart, 2007; Kelly & Johnson, 2008). Characterological violence is asymmetrical, control-motivated, and involves a clearly identifiable “batterer” and victim. Situational violence is more reciprocal and results from couples’ unmanageable conflict that escalates to violence (Johnson, 2008). Because situational violence results from escalating conflict, perhaps skills training for *both* partners will be effective for couples who experience this type of violence.

Couples communication skills training has been largely excluded from existing batterers’ interventions, eschewed because the prevailing theory is that violence stems from patriarchal beliefs, not deficits in communication skills (Armenti & Babcock, 2016). Most states mandate against couples interventions because they may infer that the partner is equally to blame for the violence, or that she may be at risk for retribution should she speak her mind in session. However, these are theoretical rather than proven risks. It is possible that a specific subset of IPV offenders may be best treated in a dyadic format that addresses both partners’ communication skills. Perhaps batterers’ interventions have not been highly effective because they have treated only the male partner, which may not be effective for situationally or mutually violent couples. Currently, no distinction is made between characterological and situationally violent men in sentencing. All batterers arrested for IPV are court mandated to attend the same type of battering intervention program (BIP), either as deferred adjudication or as part of their sentencing.

## CHARACTEROLOGICAL AND SITUATIONAL TYPES OF INTIMATE PARTNER VIOLENCE

Characterological violence embodies severe forms of violence with a goal of dominating or controlling one's partner and is most often fueled by positive attitudes about violence in general. The *characterological* form of IPV is one in which

- Violence tends to be more asymmetrical (there is a clear perpetrator and victim).
- Violence is used in a context of control and domination.
- Violence may be not limited to the family.
- The perpetrator tends to minimize the violence and its impact.
- The perpetrator may have a diagnosable psychopathology/personality disorder.
- The perpetrator tends to have externalized attributions of blame.
- There is generally little remorse by the abuser.
- The abuser does not think the violence was immoral but rather that it was justified.

Within the characterological subset of batterers, there may be many further subdivisions based on psychopathology (Holtzworth-Munroe & Stuart, 1994), attachment histories (Babcock et al., 2000), and psychophysiological reactivity (Babcock, Green, Webb, & Yerington, 2005; Gottman et al., 1995) or other features. Nonetheless, it is for characterological abusers that the Duluth model intervention was designed.

The situational form of IPV is *not* just a less frequent or severe form of characterological violence on a continuum of violence. Recurring, bilateral IPV is usually sustained by interactive factors, and bilateral violence is its most common form (Dutton & Corvo, 2006). It is qualitatively different from the violence committed by characterological batterers (Leone, Johnson, Cohan, & Lloyd, 2004). Situational violence includes behaviors such as pushing, grabbing, and slapping; typically occurs with lower frequency; and is bilateral (committed by both partners) in nature. This type of violence is not motivated by underlying desires to dominate and control one's partner but rather occurs as a result of situational stressors within a relationship that are repeatedly remedied by using low-level violence as a problem-solving strategy. Previously referred to as *common couple violence* (Johnson & Ferraro, 2000) because of its prevalence, the situational form of couple violence

- Tends to be more reciprocal and symmetrical (there is no clear perpetrator and victim)
- Tends to be limited to the family
- Involves perpetrators who do not minimize the violence and its impact
- Involves perpetrators who have internalized attributions of blame
- Is followed by remorse from both partners
- Does not involve a context of control
- Does not involve fear

Most typologies of batterers find that a large proportion of men—at least 50% in community samples—use situational violence (Holtzworth-Munroe & Stuart, 1994; Jacobson & Gottman, 1998). Sometimes, the police are called and one or both partners are arrested. In these court-involved couples, estimates that range from 37% (Johnson, 2008) to 80% (Sgt. T. Baltzell, personal communication, January 14, 2015) are of the situational violent type. Thus, the pejorative label “batterer” may not be truly applicable. Jacobson and Gottman (1998) reported that in their longitudinal 5-year study, *none* of the 41 low-level symmetric violent couples had changed to become high-level violent couples. Hence, it is likely that, without treatment, situational violence is stable.

Although the development of the coordinated community response has been instrumental in moving the epidemic of IPV from behind closed doors, uniting judges, probation, prosecutors, police, shelters, and human service providers in a common cause, it has also embraced a monolithic view of IPV. Most jurisdictions handle all men arrested for IPV in the same manner, assuming they are of the characterological type with problematic motivations for power and control. Standards of care for IPV, although designed to protect society from uneducated, dangerous practitioners (Babcock et al., 2016), also may have the unintended side effect of limiting experimentation with novel approaches. Battering intervention and prevention group leaders and advocates, most of them trained in the Duluth model, have advocated for state mandates and guidelines for delimiting appropriate intervention for IPV (Babcock et al., 2016), namely, men-only groups. Unfortunately, both Duluth model and cognitive-behavioral men’s groups appear to be largely ineffective (Babcock et al., 2004; Eckhardt et al., 2013). Both types of men’s groups have similarly disappointingly small effect sizes on stopping subsequent IPV.

Currently, the options appear to be (a) to be satisfied with the status quo, (b) to throw out the existing system and start afresh, or (c) to improve existing interventions, keeping the coordinated community response team approach in place. We vote for the third option. When asked how to improve battering interventions, we recommend experimenting with novel interventions to test their relative efficacies. Yet, as we try to experiment with novel interventions, we are faced with roadblocks and political opposition in part because these novel interventions do not meet state guidelines. Seeking waivers of the state guidelines has typically been met with accusations, either directly or by insinuation, of being unethical, antifeminist, and callous to women’s safety. Currently, the field appears to suffer from a false dichotomy: that you are either evidence-based or a feminist.

Despite these political landmines, one jurisdiction in Oregon is taking charge to implement evidence-based practice within the context of their established, coordinated community response. The police department in Newberg, Oregon, is acutely aware of the IPV-related problems that arise from arguments escalating out of control. Although they are well trained in the Duluth model’s power and control tenets, they often find that neither partner is using control tactics. One police sergeant who has trained officers to look for power and control in domestic violence estimates that

in 80% of the incidents to which they respond, the couple has used situational violence with no signs of a primary aggressor using or who has used controlling tactics (Sgt. T. Baltzell, personal communication, January 16, 2015). At the same time, research suggests that at least 37% (Johnson, 2008) of court-involved cases fit the situationally violent subtype. It is for these couples, and only these couples, for whom couples approaches may be appropriate and effective.

## **RESEARCH ON COUPLES' INTERVENTIONS FOR INTIMATE PARTNER VIOLENCE**

Many researchers have tested couples' interventions for community samples of couples experiencing domestic violence (Hamel, 2013; Neidig & Friedman, 1984; O'Leary, Heyman, & Neidig, 1999; Stith & McCollum, 2011; Valladares Kahn, Epstein & Kivlighan, 2015; Woodin & O'Leary, 2010; see Armenti & Babcock, 2016, for a review). The difficulty lies in rigorously testing these novel interventions with court-mandated samples. The first small study to test couples therapy in a court-mandated sample did not have a large enough sample size to find differences in recidivism rates when comparing conjoint to men-only groups. However, they concluded that women who participated in the couples group intervention did not experience more danger after treatment than the female partners of those in the men-only group (Brannen & Rubin, 1996). Another quasi-experimental study investigated a relationship skills group intervention based on Gottman's principles (Gottman, Ryan, Carrère, & Erley, 2002) for court-mandated, mutually violent couples (Wray, Hoyt, & Gerstle, 2013). However, because of concerns about protective orders, safety, and attrition rates, male and female partners were treated in separate, same-gender groups rather than in a multicouple group format. Researchers recruited 121 couples that were randomly assigned to either a 12-week pilot mutual violence intervention or referred to a community agency for services. Even though partners did not attend the same group, participants in the same-gender Gottman-style skills training groups had low attrition rates (less than 10% as compared to the usual 33%) and both men and women reduced their own violence perpetration (Wray et al., 2013). Also, participant satisfaction levels in these groups were unusually high. From this, they concluded that addressing women's IPV in mutually violent couples is critical (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008) and suggested that future studies use random assignment to multicouple groups versus a control intervention, follow up on noncompleters, measure relationship data at multiple time points, and include measures of treatment fidelity (Wray et al., 2013).

Previously, no distinction was made regarding which IPV couples should be considered for conjoint interventions. Perhaps this was part of the reason that many states mandate against the use of couples approaches. We advise that couples-based approaches only be used for couples experiencing situational violence, that is, low-level relationship violence, with little risk of physical injury for either partner, where there are no substance or mental health issues that could compromise

safety, where accountability for violence is taken without blaming one's partner, and where violence results from maladaptive responses to situations rather than a need for power and control (Antunes-Alves & De Stefano, 2014). And although one study found that therapists need not directly address IPV to have an impact on it (Woodin & O'Leary, 2010), we recommend that IPV be addressed explicitly and thoroughly when applying couples therapy approaches for situationally violent couples.

To carefully and systematically designate which couples would be appropriate for conjoint treatment, researchers have created and validated the Situational Violence Screening Tool (SVST; Friend, Cleary Bradley, Thatcher, & Gottman, 2011). This tool contains procedures previously used to recruit situationally violent couples and adequately conduct ongoing assessments of safety. The screening strategies included a 2-hour, in-person assessment and were intended to exclude couples in which (a) both individuals could not speak English, (b) the female had required medical care for injuries sustained in previous violence, (c) the female was afraid of her partner, (d) the female was afraid to speak freely in front of her partner, (e) either partner had current problems with substances, (f) they refused to remove firearms from their home, and (g) they refused to sign a no-violence contract (Stith, McCollum, Rosen, & Locke, 2000). These screening mechanisms are important for identifying situationally violent couples (Stith & McCollum, 2011) who have been shown to be particularly receptive to conjoint interventions.

### **COUPLES THERAPY FOR SITUATIONAL VIOLENCE: THE CREATING HEALTHY RELATIONSHIPS PROGRAM**

In the first true experiment on a couples-based intervention designed specifically for situationally violent couples, Cleary Bradley et al. (2011) tested the Creating Healthy Relationships Program (CHRP) on a sample of 115 situationally violent couples recruited from the community. The CHRP is a 22-week multicouple group program that focuses primarily on skills including effective conflict management and creating a shared meaning within the relationship. The SVST (Friend et al., 2011) was used to carefully screen couples, and they were randomly assigned to either a treatment (CHRP group) or no-treatment control group. In this experiment, researchers found that CHRP increased the use of healthy relationship skills and relationship satisfaction in their sample while simultaneously reducing conflict and psychological abuse. However, there were no significant differences in reduction of physical violence comparing the treated versus the control group, although the experimental group tended toward lower violence ( $p < .10$ ; Cleary Bradley & Gottman, 2012). This could be because of a floor effect because the initial levels of physical violence were quite low in this community sample. Because the initial level of violence in that community sample was so low, there was little room to show a significant decrease in physical abuse. Nonetheless, this study suggests that couples who experience bilateral violence in which fear, domination, and control are not the driving forces can in fact improve their relationships in a safe manner (Cleary Bradley et al., 2011).

In a follow-up study testing the mechanisms of change in CHRP for couples experiencing situational violence (Cleary Bradley et al., 2011), Cleary Bradley and Gottman (2012) showed that the reduction in psychological abuse was induced via the therapeutic principles involved in CHRP, which influence friendship, sex/romance/passion, conflict management skills, and shared meaning within the relationship. Couples who received CHRP also displayed fewer instances of contempt, belligerence, anger, defensiveness, and domineering behavior, which are qualities that are associated with poorer relationship functioning in general (Cleary Bradley, Drummey, Gottman, & Gottman, 2014). Using a multiple time point, multi-informant design, both change in sexist attitudes and beliefs and change in communication skills were tested as potential mediators in the reduction of intimate partner abuse. Only improved communication skills functioned as a mediator, suggesting that changes in relationship skills was a mechanism of change in this therapeutic approach.

Taken together, these recent studies testing couples communication and relationship skills training appear to be safe with situationally violent couples. The field appears to be ready to move beyond the one-size-fits-all approach to intervening in cases of domestic violence. In light of the underwhelming effectiveness of Duluth model and cognitive-behavioral men's groups, this couples-based approach appears to be promising. Group formats like that of CHRP may also be more feasible and cost-effective compared to both individual and couples therapy (Cleary Bradley & Gottman, 2012). In cases of situational violence—and only in cases of situational violence—empirically supported couples-based approaches for domestic violence may be more effective in stopping violence than men's groups.

## **EXPERIMENT WITH A COURT-INVOLVED SAMPLE**

Because the CHRP showed promise in a randomized clinical trial (RCT) on a community sample of couples experiencing IPV (Cleary Bradley et al., 2011; Cleary Bradley & Gottman, 2012), the next step is to test the multicouple group program in a criminal justice setting. As in the previous study, only “situationally violent” couples are included. This study proposes a similar RCT but uses a court-mandated sample of IPV couples in Yamhill County, Oregon. Court-involved men and their female partners ( $N = 120$  couples) will be randomly assigned to the 36-week experimental program or the control condition. Men and their female partners will be interviewed pretreatment and assessed again posttreatment and once more at 9 months posttreatment.

This study is also to test the feasibility of implementing couples communication skills training treatment package in an integrated court, probation, and treatment system. Historically, such domestic violence–coordinated community response teams have been opposed to using couples approaches to intervene with domestic violence. Moreover, couples therapy could be illegal if temporary restraining orders were in place. This project proposes a practical solution to the problems of couples' interventions in court-mandated samples by implementing a 14-week men-only group prior to starting the couples group, allowing time for the accountability of the men to be

assessed, restraining orders to be amended, couples to decide if they want to reunite, and for continued monitoring of the couple's suitability for participation in a group for treating situational violence. Attendance in the couples' group will be an indicator of feasibility because most female partners will not be mandated to attend.

Standard practice for men arrested for IPV is a Duluth model men-only group which aims to change men's attitudes about women, power, and control (Pence & Paymar, 1993). In Yamhill County, Oregon, men arrested for IPV are mandated to attend a 36-week men's group based on the Duluth model principles. This will be the control group, labeled hereafter as treatment as usual (TAU). Only couples who appear to meet criteria for "situational violence" and agree to participate in the research study will be randomized. Female partners of the couples assigned to TAU receive no intervention but will be contacted to complete the questionnaire packets on three occasions. Male partners of couples randomly assigned to the experimental group will first complete a 14-week men-only group followed by a 22-week multicouple group. Including a men-only group as a precursor to the multicouple CHRP is not just a political necessity, it also makes both the TAU and the CHRP experimental groups equivalent in terms of length of treatment. After men complete the 14-week men-only group, both men and their female partner will partake in the 22-week CHRP couples group treatment package. Therefore, both the experimental and the TAU control group will attend an intervention lasting 36 weeks as mandated by the state of Oregon.

This experiment tests feasibility, efficacy, and safety of a novel intervention program for IPV. We hypothesize that violence will reduce over time more in the CHRP experimental treatment condition than in the TAU control group of couples. Moreover, we predict that abuse will be reduced as a result of an increase in the use of healthy relationship and conflict management skills learned in CHRP. We also predict that couples in the experimental condition will report higher client satisfaction and have lower dropout rates as compared to couples in the control group.

## **POTENTIAL IMPACT**

Because this is a controversial topic, we have been careful to get approval from the institutional review board, police, corrections, courts, treatment providers, and the Oregon Attorney General BIP Advisory Committee prior to initiating this project. We received an internal grant from the University of Houston to fund travel to meet with the stakeholders and receive training in CHRP. We have support from the county's district attorney, treatment agencies, and judges to conduct this experiment in Yamhill County. Although controversial, this study has the potential of changing what is standard practice in battering intervention agencies around the country. If the situationally violent couples completing the CHRP report lower physical and psychological abuse at follow-up than couples in the control group, standard practice around the United States may change to include couples skills-training component in BIPs. Results of this project should not undermine existing battering interventions agencies



or coordinated community response systems. Rather, if results show that the CHRP is safe and effective for carefully screened couples who want to stay together, in which neither partner is fearful of the other, and whose violence arises from conflict escalating out of control, these couples may be triaged to a multicouple group intervention.

Many schools of thought have considered situational violence to be a premorbid version of characterological violence, with the cycle of violence necessarily escalating over time. However, research has demonstrated that characterological violence and situational violence are distinct phenomena (Kelly & Johnson, 2008) because situationally violent couples do not cross the line to become characterological and vice versa. Because they are distinct, they may be best treated through different treatments, targeting different mechanisms of change. To best serve couples in which both individuals strive for committed and violence-free relationships, researchers and clinicians alike are advised to join forces and devote their efforts to identifying changeable factors involved in relationship dynamics that can lead to violence reduction. As the criminal justice system moves toward evidence-based practice, researchers are needed more than ever to evaluate new interventions. However, rigid guidelines limit our ability to implement and test these novel interventions.

Because situational violence is distinct from characterological violence, perhaps a separate avenue for court-mandated treatment outside the confines of a BIP is needed for situationally violent couples. For couples presenting with situational violence, the term *batterer* may be a misnomer because neither he nor she has a systematic pattern of control or fear inducing abuse. Perhaps referring these individuals to specific “situational violence intervention programs” or “abusive couples programs” would be more fitting. In turn, situationally violent clients may be more engaged in an intervention that they feel is more representative of their problems with a curriculum that covers theoretically relevant topics related to their type of IPV perpetration. Abusive couples programs, targeting abuse that results from dyadic conflict, may be more efficacious for situationally violent couples than one partner attending a BIP that emphasizes power and control (Pan, Neidig, & O’Leary, 1994). Judges could also have more options for court-mandated interventions. Perhaps situationally violent couples could be triaged out in court by trained interviewers before being mandated to a BIP. However, both partners would have to be thoroughly screened to assess if they are appropriate for and amenable to a situational violence couples group.

## **ROADBLOCKS WHEN WORKING WITHIN A COORDINATED COMMUNITY RESPONSE**

Although the coordinated community response and state standards for practice have set a clear path to how to handle court-involved cases of IPV, they also limited the freedom to explore alternative methods. Theoretical modalities designed exclusively for male perpetrators and female victims may not fit the needs of couples experiencing bilateral or situational violence or couples in which a woman is the primary aggressor. Clearly, there is a need for alternative, empirically supported interventions

for IPV. However, our RCT of the CHRP cannot be implemented in many states, including Texas, whose accreditation guidelines read, “Men’s groups shall not include female participants” (Texas Department of Criminal Justice, 2014). Fortunately, Yamhill County in Oregon is committed to following through with an experiment putting CHRP head-to-head against TAU. Spearheaded by Dr. Patricia Warford in Yamhill County, Oregon, we garnered vigorous support from the probation department, police department, judges, victims’ advocates, and local BIP agencies. Yet the state battering intervention advisory committee, previously disbanded for 3 years, was reconstituted by members who opposed the project. Although some committee members had ongoing projects which had not been vetted by this committee, our project was required to go through three hearings over 6 months before we were given restrictive permission to start the project and submit to them quarterly reports. One concern is about the potential risk of *any* contact with victims via telephone, e-mail, or mail out of “an abundance of caution.” The concern is that if the batterer finds that she has been reporting on him, he may retaliate against her. However, collecting victims’ reports of partners’ psychological and physical abuse is a requirement of any good experiment on an IPV intervention because it is the most important outcome variable. Moreover, these couples are carefully screened to rule out such controlling and retaliatory behaviors.

Victims’ safety is our first concern, and we must balance the potential risks and benefits of developing and testing novel interventions for subtypes of IPV. Although in clinical practice, acting with an abundance of caution is laudable, an overabundance of caution impedes science. Perhaps in no other field are the political barriers to scientific study greater, but perhaps in no other field will finding an effective intervention have a greater impact on changing public policy and the safety of families. As such, researchers can be both pro-feminist and pro-evidence-based practice in their endeavors (Armenti & Babcock, 2016). We are sensitive to the rationale for prohibiting conjoint treatment for some couples who have experienced IPV, but like Stith and McCollum (2011), we also believe that there are also many good reasons for offering conjoint treatment to carefully selected couples who choose to remain together.

## REFERENCES

- Antunes-Alves, S., & De Stefano, J. (2014). Intimate partner violence: Making the case for joint couple treatment. *The Family Journal*, *22*, 62–68. <http://dx.doi.org/10.1177/1066480713505056>
- Armenti, N. A., & Babcock, J. C. (2016). Conjoint treatment for intimate partner violence: A systematic review and implications. *Couple and Family Psychology*, *5*, 109–123. <http://dx.doi.org/10.1037/cfp0000060>
- Babcock, J. C., Armenti, N. A., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse*, *7*, 355–460.

- Babcock, J. C., Canady, B., Graham, K. H., & Schart, L. (2007). The evolution of battering interventions: From the dark ages into the scientific age. In J. Hamel & T. Nicholls (Eds.), *Family therapy for domestic violence: A practitioner's guide to gender-inclusive research and treatment* (pp. 215–244). New York, NY: Springer Publishing.
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*, 1023–1053.
- Babcock, J. C., Green, C. E., Webb, S. A., & Yerington, T. P. (2005). Psychophysiological profiles of batterers: Autonomic emotional reactivity as it predicts the antisocial spectrum of behavior among intimate partner abusers. *Journal of Abnormal Psychology, 11*, 445–455.
- Babcock, J. C., Jacobson, N. S., Gottman, J. M., & Yerington, T. P. (2000). Attachment, emotional regulation, and the function of marital violence: Differences between secure, preoccupied and dismissing violent and nonviolent husbands. *Journal of Family Violence, 15*, 391–409.
- Brannen, S. J., & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. *Research on Social Work Practice, 6*, 405–424. <http://dx.doi.org/10.1177/104973159600600401>
- Cleary Bradley, R. P., Drummey, K., Gottman, J. M., & Gottman, J. S. (2014). Treating couples who mutually exhibit violence or aggression: Reducing behaviors that show a susceptibility for violence. *Journal of Family Violence, 29*, 549–558. <http://dx.doi.org/10.1007/s10896-014-9615-4>
- Cleary Bradley, R. P., Friend, D. J., & Gottman, J. M. (2011). Supporting healthy relationships in low-income, violent couples: Reducing conflict and strengthening relationship skills and satisfaction. *Journal of Couple and Relationship Therapy, 10*, 97–116. <http://dx.doi.org/10.1080/15332691.2011.562808>
- Cleary Bradley, R. P., & Gottman, J. M. (2012). Reducing situational violence in low-income couples by fostering healthy relationships. *Journal of Marital and Family Therapy, 38*, 187–198. <http://dx.doi.org/10.1111/j.1752-0606.2012.00288.x>
- Dutton, D., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior, 11*, 457–483.
- Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse, 4*, 196–231. <http://dx.doi.org/10.1891/1946-656.0.4.2.196>
- Friend, D. J., Cleary Bradley, R. P., Thatcher, R., & Gottman, J. M. (2011). Typologies of intimate partner violence: Evaluation of a screening instrument for differentiation. *Journal of Family Violence, 26*, 551–563. <http://dx.doi.org/10.1007/s10896-011-9392-2>
- Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims, 3*, 187–203.
- Gottman, J. M., Jacobson, N. S., Rush, R. H., Shortt, J. W., Babcock, J., LaTaillade, J. J., & Waltz, J. (1995). The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers. *Journal of Family Psychology, 9*, 227–248.
- Gottman, J. M., Ryan, K., Carrère, S., & Erley, A. (2002). Toward a scientifically based marital therapy. In H. Liddle, D. Santisteban, R. Levant, & J. Bray (Eds.), *Family*

- psychology: Science-based interventions* (pp. 147–174). Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/10438-008>
- Hamberger, L. K., Lohr, J. M., Bonge, D., & Tolin, D. F. (1996). A large sample empirical typology of male spouse abusers and its relationship to dimensions of abuse. *Violence and Victims, 11*, 277–292.
- Hamel, J. (2013). *Gender-inclusive treatment of intimate partner abuse: Evidence-based approaches* (2nd ed.). New York, NY: Springer Publishing.
- Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*, 476–497.
- Jacobson, N. S., & Gottman, J. M. (1998). *When men batter women: New insights into ending abusive relationships*. New York, NY: Simon & Schuster.
- Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Lebanon, NH: Northeastern University Press.
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family, 62*, 948–963.
- Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review, 46*, 476–499. <http://dx.doi.org/10.1111/j.1744-1617.2008.00215.x>
- Lee, S., Aos, S., & Pennucci, A. (2015). *What works and what does not? Benefit-cost findings from WSIPP* (Doc. No. 15-02-4101). Olympia, WA: Washington State Institute for Public Policy.
- Leone, J. M., Johnson, M. P., Cohan, C. L., & Lloyd, S. E. (2004). Consequences of male partner violence for low-income minority women. *Journal of Marriage and Family, 66*, 472–491.
- Merk, W., Orobio de Castro, B., Koops, W., & Matthys, W. (2005). The distinction between reactive and proactive aggression: Utility for theory, diagnosis and treatment? *European Journal of Developmental Psychology, 2*, 197–220.
- Neidig, P. H., & Friedman, D. (1984). *Spouse abuse: A treatment program for couples*. Champaign, IL: Research Press.
- O'Leary, K. D., Heyman, R. E., & Neidig, P. H. (1999). Treatment of wife abuse: A comparison of gender-specific and conjoint approaches. *Behavior Therapy, 30*, 475–505. [http://dx.doi.org/10.1016/s0005-7894\(99\)80021-5](http://dx.doi.org/10.1016/s0005-7894(99)80021-5)
- Pan, H., Neidig, P., & O'Leary, K. (1994). Predicting mild and severe husband-to-wife physical aggression. *Journal of Consulting and Clinical Psychology, 62*, 975–981.
- Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York, NY: Springer Publishing.
- Stith, S. M., & McCollum, E. E. (2011). Conjoint treatment of couples who have experienced intimate partner violence. *Aggression and Violent Behavior, 16*, 312–318. <http://dx.doi.org/10.1016/j.avb.2011.04.012>
- Stith, S. M., McCollum, E. E., Rosen, K. H., & Locke, L. D. (2000). *Domestic violence focused couples treatment*. Unpublished manuscript, Virginia Polytechnic Institute, Falls Church, VA.
- Swan, S. C., Gambone, L., Caldwell, J., Sullivan, T., & Snow, D. (2008). A review of research on women's use of violence with male intimate partners. *Violence and Victims, 23*, 301–314. <http://dx.doi.org/10.1891/0886-6708.23.3.301>
- Texas Department of Criminal Justice. (2014). *Battering intervention and prevention program (BIPP) accreditation guidelines*. Retrieved from [http://www.tdcj.state.tx.us/documents/BIPP\\_Accreditation\\_Guidelines.pdf](http://www.tdcj.state.tx.us/documents/BIPP_Accreditation_Guidelines.pdf)

- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence* (NCJ 181867). Washington, DC: U.S. Department of Justice. Retrieved from <http://www.ojp.usdoj.gov/nij/pubs-sum/181867.htm>
- U.S. Attorney General. (1994). *Task Force on Family Violence: Final report*. Washington, DC: U.S. Department of Justice.
- Valladares Kahn, S., Epstein, N. B., & Kivlighan, D. M. (2015). Couple therapy for partner aggression: Effects on individual and relational well-being. *Journal Of Couple & Relationship Therapy, 14*(2), 95–115. <http://dx.doi.org/10.1080/15332691.2014.966879>
- Woodin, E. M., & O’Leary, K. D. (2010). A brief motivational intervention for physically aggressive dating couples. *Prevention Science, 11*, 371–383. <http://dx.doi.org/10.1007/s11121-010-0176-3>
- Wray, A. M., Hoyt, T., & Gerstle, M. (2013). Preliminary examination of a mutual intimate partner violence intervention among treatment-mandated couples. *Journal of Family Psychology, 27*, 664–670. <http://dx.doi.org/10.1037/a0032912>

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