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Examining Intervention Programs for Perpetrators and Victims of Intimate Partner Violence: A Review of Contemporary Approaches

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A systematic review of the effectiveness of intervention programs for perpetrators and victims of intimate partner violence (IPV) was conducted. Inclusion criteria for studies included publication in a peer-reviewed journal, a representative, community, or clinical sample, written in English, and conducted in the United States. A total of 40 articles were included. Comparisons to a prior review highlight developments in research in the past 10 years. Studies into batterer intervention programs, the predominant form of abuser intervention in the United States, found mixed support for their effectiveness in reducing IPV. Issues with program completion remain a problem. Research into victim–survivor programs proved more promising in both reducing IPV and ameliorating adverse mental health outcomes (i.e., depression and posttraumatic stress disorder). Recommendations for intervention and policy with future directions for IPV research are discussed.

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INTRODUCTION

This article is an updated state of knowledge to the original review on intervention effectiveness for perpetration of or victimization by physical, psychological, and sexual abuse forms of intimate partner violence (IPV; Eckhardt et al., 2013). This article follows the original format of those systematic reviews which includes a set of tables that go with this article, which can be found at www.domesticviolenceresearch.org. The previous Partner Abuse State of Knowledge (PASK) investigation into intervention effectiveness for both abusers and victims found that interventions for IPV perpetrators produced mixed results for effectiveness, with respect to lowering the risk for IPV, but that studies tended to have design flaws lowering the confidence in these findings (Eckhardt et al., 2013). The majority of interventions took place in batterer intervention programs (BIPs), the most common and traditional program for treating abusers. The majority of studies included in the prior review showed that BIPs were not more effective than the no-treatment control at preventing IPV. Interventions using alternative approaches, however, showed more promising results in lowering IPV risk, but there were only a handful of these studies. These findings counter assumptions utilized in state antidomestic violence coalitions in their policies that restrict funding to only traditional programs (Eckhardt et al., 2013), with additional research finding there is no empirical evidence to support the effectiveness of such Duluth model-inspired BIPs (Eckhardt & Schram, 2009).

Research examining interventions for survivors were more encouraging, though these evaluations also showed mixed results. Research into extended interventions (3 hours or more of contact), particularly those that used counseling and structured therapy, found that emotional regulation improved by reducing negative effects of abuse, such as posttraumatic stress disorder (PTSD) symptoms and depression (Johnson et al., 2011; Kubany et al., 2003, 2004). However, brief interventions (less than 3 hours of contact) yielded more mixed results, with some finding safety behaviors were improved while others did not.

The current article builds on the original reviews by updating the state of knowledge by reviewing literature on IPV intervention effectiveness for abusers and victims from the time of that review (2012) to the present (2023).

METHOD: SYSTEMATIC REVIEW

Parallel literature searches were conducted in PsycINFO, Web of Science, and PubMed. These databases were selected for their quality and depth of coverage on social science research (Norris & Oppenheim, 2007). Search terms and strategies

were identified through author team collaboration and through terms used in other, similar reviews (e.g., Graham et al., 2021). Key search terms included effectiveness for perpetrators and victims (e.g., treatment, batter intervention program, intervention, effectiveness, perpetrator, and victim) and relationship violence (e.g., IPV, domestic violence, and partner abuse) and U.S. (i.e., United States or US).

Inclusion–Exclusion Criteria

Studies analyzed in this review were overwhelmingly empirical studies that included an analysis of intervention effectiveness for perpetrators and/or victims, although well-researched qualitative studies and review articles were also included in this update to the PASK project. Studies were published in peer-reviewed journals. The studies involved in this review included (a) community samples representative of a specified population; (b) national samples, representative samples, or clinical samples with a representative comparison group; and (c) studies conducted in the United States. To be included, articles needed to define and operationalize intervention effectiveness and use IPV as an outcome variable. For inclusion, studies needed to be written in English. Exclusion criteria included studies that used university samples, were not written in English, did not take place in the United States, and did not address IPV.

Selection for inclusion was conducted in three stages. A screening of titles and abstracts was conducted followed by an appraisal using a quality assessment checklist, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021). Inclusion criteria for initial screening of titles and abstracts were (a) studies published in peer-reviewed journals, (b) studies on the evaluation of intervention effectiveness, and (c) studies used a community, national, or clinical sample. Titles and abstracts that did not clearly state this were examined using a quality appraisal to reduce review bias. Following the removal of duplicate articles, study quality was assessed using PRISMA, a well-validated appraisal tool approved for use in systematic reviews. Fifteen percent of all articles were reviewed with the checklist to assess reliability with 85% agreement. Discrepancies between reviewers were resolved through discussion and consensus.

The search returned 597 entries from PsycINFO, 454 from PubMed, and 4,645 from Web of Science (of which the first 600 entries were sampled). A total of 40 articles on the intervention effectiveness of IPV abuser and victim–survivor programs met the inclusion criteria described above and were subsequently included in this review. Five of the studies were literature reviews—three of intervention effectiveness for abusers (Babcock et al., 2016; Butters et al., 2021; Tripathi & Azhar, 2022) and two of victim-survivors (Hackett et al., 2016; Marrs Fuchsel & Brummett, 2021).

RESULTS: SUMMARY OF STATE OF RESEARCH (2013–2023)

Abuser intervention programs, whether traditional or alternative, tend to draw from feminist analysis and cognitive behavioral therapy (CBT) theories to underpin their treatment (Babcock et al., 2016; Cannon et al., 2015). The majority of research that assesses intervention effectiveness for abusers are traditional BIPs. Very few studies assessed the effectiveness of alternative abuser intervention programs. Following the previous PASK (Eckhardt et al., 2013), programs for IPV victim-survivors were divided into brief—with counseling or advocacy totaling less than 3 hours of contact—and extended intervention programs with more than 3 hours of contact. The "Results" section is organized in the same way as the previous PASK (see Eckhardt et al., 2013).

Traditional BIPs

Samples. Samples were variable in size and composition. One study had 14 participants (Barocas et al., 2023), one had 209 women (Brem et al., 2023), another 238 participants (Cannon et al., 2019), 74 participants (Brem et al., 2018), 146 women (Cannon & Ferreira, 2017), 169 offenders (McNeeley, 2021), 119 participants (Li et al., 2022), 16 participants (Davis et al., 2021), and 1,553 participants (Richards et al., 2021). BIPs mostly had men, but some included women (i.e., Barocas et al., 2023; Brem et al., 2023; Cannon et al., 2019).

Interventions. Interventions were also varied. For example, one study compared standard treatment with a restorative justice hybrid approach that resulted in decreased feelings of violence (Barocas et al., 2023). Several interventions were focused on reducing alcohol and substance use to produce follow-on effects to reduce IPV (Brem et al., 2018, 2023). Several studies also focused on parenting attitudes and behavior and their intersections with IPV (Cannon & Ferreira, 2017; Cannon et al., 2019). One study looked at BIP effectiveness in a prison setting, finding it did not reduce recidivism (McNeeley, 2021). Additionally, some research focused on sociodemographic characteristics, specifically low socioeconomic status and racial and ethnic minority status in assessing factors that contributed or not to BIP effectiveness (Davis et al., 2021; Li et al., 2022; Richards et al., 2021).

Study Design. Studies included in this review used diverse research designs including qualitative, phenomenological analysis (Barocas et al., 2023; Davis et al., 2021), quasi-experimental (McNeeley, 2021), randomized clinical trials (Brem et al., 2023; Stuart et al., 2013), and cross-control group design (Cannon et al., 2019; Cannon & Ferreira, 2017), to name a few.

Outcome Data. Primary outcome data focused on IPV-related measures, with the majority of studies using the Revised Conflict Tactics Scale (CTS-2; Straus et al., 1996), which has subscales that measure psychological aggression, physical

assault, sexual coercion, and IPV that caused injury (Brem et al., 2018, 2023; Cannon et al., 2019; Cannon & Ferreira, 2017; Li et al., 2022; Stuart et al., 2013). Measures of recidivism were also used across the literature reviewed (i.e., general rearrest, reconviction, reincarceration, supervised release revocation, and rearrests and convictions related to domestic violence; McNeeley, 2021; Stuart et al., 2013). Measures of no-shows, dropouts, and completers of intervention programs were also used (Cannon et al., 2019; Richards et al., 2021).

Effectiveness. Research into traditional BIPs has investigated the effectiveness of different interventions along with relationships between IPV and other characteristics. Research suggests male offenders who also identified as victims had reduced IPV behaviors after treatment (Crane et al., 2014), while some research suggests violent implicit attitudes predicted recidivism and attrition (Eckhardt & Crane, 2014). For example, several studies looked at the relationship among program completion, parenting, and IPV perpetration (Cannon & Ferreira, 2017; Cannon et al., 2019). Research has also begun to use sociodemographic data to better understand intervention effectiveness (Cannon et al., 2019; Cannon & Ferreira, 2017; Davis et al., 2021; Li et al., 2022). For example, Cannon et al. (2019) found no racial/ethnic differences with respect to IPV perpetration or parenting attitudes in their cross-control-designed study of a BIP. Similarly, research has begun to investigate BIPs for women (Barocas et al., 2023; Brem et al., 2023; Cannon et al., 2019). For example, Cannon et al. (2019) found treatment completion was positively associated with the CTS-2 negotiation scale and referral status for women batterers.

Another area of research highlighted in this review is the focus on comorbid impacts such as substance use, which has been shown to increase IPV (Brem et al., 2018, 2023) and its effect on intervention effectiveness (Crane et al., 2015; Stuart et al., 2013). For example, Crane et al. (2015) found the use of brief motivational interviewing led to a lower dropout rate and better attendance for binge drinkers, while Stuart et al. (2013) found in their randomized clinical trial that the standard BIP intervention, with a 90-minute alcohol intervention, improved substance abuse outcomes after the program, although this effect dissipated over time (by 12 months) with no significant differences in IPV outcomes. Richards et al. (2021), in their analysis of seven intervention programs in one state, found those who did not show up to the BIP tended to have less education and lower socioeconomic status and were more likely to have mental health problems and a history of drug crimes. Finally, one study investigated BIPs for incarcerated men finding the BIP did not prevent recidivism (McNeeley, 2021).

Alternative BIPs

Samples. Of the four studies that investigated the effectiveness of alternative BIPs, one had a sample of 228 in a community-based treatment setting (Murphy et al., 2018), one included 117 men who were married and had used violence in their relationships in the past year (Babcock & Potthoff, 2021), 135 male veterans/service members (Berke et al., 2017), and 82 partner-violent men (Semiatin et al., 2013).

Interventions. One study used motivational enhancement therapy to assess substance use and IPV (Murphy et al., 2018), one used a rumination and distraction paradigm developed by Nolen-Hoeksema and Morrow (Babcock & Potthoff, 2021), another used a trauma-informed cognitive behavioral intervention (Berke et al., 2017), and the final one employed a community treatment (Semiatin et al., 2013).

Study Design. Studies that investigated alternative BIPs used a variety of study designs, including randomized clinical trial (Murphy et al., 2018), random assignment (Babcock & Potthoff, 2021), and randomized control trial (Berke et al., 2017).

Outcome Data. Outcome measures included substance use diagnoses, motivation to change alcohol consumption and the CTS-2 (Murphy et al., 2018), physiological responses to rumination and distraction (Babcock & Potthoff, 2021), CTS-2 (Berke et al., 2017), and PTSD symptoms (Semiatin et al., 2013).

Effectiveness. Research found mixed support for intervention effectiveness for alternative BIPs. For example, Murphy et al. (2018) found brief alcohol interventions reduced IPV but that motivational enhancement therapy was not particularly effective. Some research suggests that timeout strategies as a form of reducing IPV are not likely to be successful but mindfulness strategies and physiological soothing, and reducing rumination may help reduce IPV perpetration (Babcock & Potthoff, 2021), while Semiatin et al. (2013) found therapeutic behaviors were linked to fewer instances of IPV.

Brief Victim Interventions

Samples. A handful of studies investigated brief victim interventions, which are defined as 3 hours or less of contact (Choo et al., 2016; Hailemariam et al., 2023; Rothman et al., 2020; Shayani et al., 2022). Samples included 50 women recruited from domestic violence shelters (Hailemariam et al., 2023), 40 women screened from an emergency department (Choo et al., 2016), 58 women veterans (Shayani et al., 2022), and 172 youth, majority of whom were Black or Hispanic girls, recruited from pediatric emergency departments or outpatient care services.

Intervention Conditions. Studies used a range of interventions including computer-based ones (Choo et al., 2016; Hailemariam et al., 2023), such as BSAFER

(Choo et al., 2016), Recovering from IPV through Strengths and Empowerment (RISE; Shayani et al., 2022), and a trauma-informed brief motivational interview-styled intervention, "Real Talk" (Rothman et al., 2020).

Study Design. Research into brief victim interventions employed several research designs including randomized clinical trial (Shayani et al., 2022), randomized control trial (Rothman et al., 2020), and randomized with control condition (Choo et al., 2016; Hailemariam et al., 2023).

Outcome Data. Outcome data were measures of IPV (Choo et al., 2016; Hailemariam et al., 2023; Rothman et al., 2020), including abuse perpetration measured using Goncy and Rothman's scale (Rothman et al., 2020), perceived impacts of the intervention with implementation recommendations (Shayani et al., 2022), and substance use (Choo et al., 2016; Hailemariam et al., 2023).

Effectiveness. Among this group of studies, the research on effectiveness is mixed in terms of reducing IPV, with some research finding a decrease in dating abuse (Rothman et al., 2020). As discussed in the prior PASK, it is difficult to impact reduction in IPV perpetration through interventions of victims because it relies on the transformative property of the abuser (Eckhardt et al., 2013). Research did show brief interventions had high completion rates and high feasibility (Choo et al., 2016; Hailemariam et al., 2023; Shayani et al., 2022).

Extended Victim Interventions

Samples. Samples included 181 mothers (Graham-Bermann & Miller-Graff, 2015), 32 women (Constantino et al., 2015), 70 mother/victim-survivors of IPV (Rizo et al., 2018), 89 African American women exposed to IPV (Taha et al., 2015), 274 Hispanic women (McCabe et al., 2016), and 93 Latina mothers (Clark et al., 2018).

Intervention Conditions. Extended interventions totaled more than 3 hours of contact. Several studies investigated the effectiveness of interventions for mothers (Clark et al., 2018; Graham-Bermann & Miller-Graff, 2015; Rizo et al., 2018), including the Moms' Empowerment Program, a 10-week, 10-session program intended to provide support and connect moms with resources (Clark et al., 2018; Graham-Bermann & Miller-Graff, 2015). The Health, Education on Safety, and Legal Support and Resources in IPV Participant Preferred (HELPP) program (Constantino et al., 2015). Several studies used culturally sensitive interventions (i.e., Nia) for racial minority female victim-survivors, including African Americans (Taha et al., 2015) and Hispanic women (McCabe et al., 2016).

Study Design. Multiple kinds of study designs were used including mixed methods with random group assignment to treatment or control (Constantino et al., 2015;

Clark et al., 2018; Graham-Bermann & Miller-Graff, 2015), quasi-experimental (Rizo et al., 2018), and a randomized trial (McCabe et al., 2016). Most studies employed a community-based intervention approach (Clark et al., 2018; Constantino et al., 2015; McCabe et al., 2016; Rizo et al., 2018).

Outcome Data. Studies also employed a range of outcome measures in addition to IPV prevalence, including mental health (i.e., anxiety, depression, and PTSD; Constantino et al., 2015; Graham-Bermann & Miller-Graff, 2015; Rizo et al., 2018), protective factors (i.e., social and personal support; Clark et al., 2018; Constantino et al., 2015; Taha et al., 2015), substance use (McCabe et al., 2016), and parenting outcomes (i.e., positive parenting; Graham-Bermann & Miller-Graff, 2015; Rizo et al., 2018). Several studies also focused on outcomes for culturally sensitive or relevant interventions including Taha et al. (2015) for African American women and McCabe et al. (2016) and Clark et al. (2018) for Hispanic women.

Effectiveness. The studies of extended victim interventions overall yielded positive results. Some research suggests that interventions may improve mental health outcomes, including depression and PTSD (Constantino et al., 2015; Graham-Bermann & Miller-Graff, 2015; Rizo et al., 2018). Some studies also suggested there may be a reduction in IPV (McCabe et al., 2016). These effects may be more pronounced for more at-risk victim-survivors (Taha et al., 2015).

Programs for Both Abusers and Victims

Some interventions focused on both abusers and victim-survivors through primarily couple-based interventions.

Samples. Interventions that treated both abusers and victims tended to be couple-based. For example, Roddy et al. (2018) had two samples—a community sample of 2,797 and a sample of 300 couples. Several studies focused on military partner violence. One study had a sample of 135 male veterans/service members and 111 female partners (Taft, Macdonald, et al., 2016) and 69 male veterans/service members and their female partners (Taft, Creech, et al., 2016). Other studies focused on substance use, with one study having a sample of 61 drug-abusing women and their male partners (Schumm et al., 2018) and another study having 836 patients (Ngo et al., 2018).

Intervention Conditions. Several studies employed web-based interventions (Ngo et al., 2018; Roddy et al., 2018); others used a couple's therapy approach (Ngo et al., 2018; Schumm et al., 2018), while two studies used a group therapy approach (Taft, Macdonald, et al., 2016; Taft, Creech, et al., 2016).

Study Design. Studies utilized a range of designs including community samples (Roddy et al., 2018; Schumm et al., 2018), random assignment to intervention or control groups (Ngo et al., 2018; Roddy et al., 2018) and a randomized control trial (Taft, Macdonald, et al., 2016;).

Outcome Data. The most frequent measure of IPV used was the CTS-2 (Schumm et al., 2018; Taft, Creech, et al., 2016), dating violence victimization (i.e., Conflict in Adolescent Dating Relationships Inventory; Ngo et al., 2018), and the Classifying Relationship Distress and Physical Abuse Interview (Roddy et al., 2018). Mental health outcomes were also measured including the generalized anxiety disorder scale and the Center for Epidemiologic Studies–Depression Scale (Roddy et al., 2018), depression (i.e., Brief Symptom Inventory; Ngo et al., 2018), and substance use, such as AUDIT-C (Ngo et al., 2018) and InDUC-L (Schumm et al., 2018).

Effectiveness. Taken together, studies found interventions for couples to be promising in reducing IPV. Some research found support for their intervention, such as Strength at Home Men's program, which found a reduction in controlling behaviors and reducing psychological and physical IPV. Other research found that individual-based therapy with or without couple-based therapy led to reducing psychological aggression and female-to-male physical assault (Schumm et al., 2018). While another study suggested even a brief intervention could reduce substance use and dating violence among adolescents (Ngo et al., 2018).

Summary of PASK 2.0

The current review summarizes the state of research into the effectiveness of IPV abuser and victim-survivor interventions over the past 10 years (2013–2023). Interventions have been organized into traditional BIPS, alternative BIPs, brief interventions for victims, extended interventions for victims, and interventions for couples. Whereas in the prior review (Eckhardt et al., 2013), all BIP studies had 100% men and all victim studies had 100% women, this review includes studies that had women in BIPs (Barocas et al., 2023; Brem et al., 2023; Cannon et al., 2019) and included men in victim groups (Schumm et al., 2018). No studies investigated nonheterosexual individuals or relationships of those identified as lesbian, gay, bisexual, trans, or queer (LGBTQ).

For traditional and alternative BIPs, treatment completion remains a key issue. While the research continues to be mixed on whether programs are effective or not, there is certainly a problem with program retention and completion. Treatment interventions overwhelmingly continue to employ feminist and/or CBT theories to inform their modalities. Few studies accounted for the bidirectionality of IPV (see Machado et al., 2024), which may be important for intervention effectiveness. While research into the efficacy of BIPs remains mixed, research into victim interventions

offered more promising results for reducing IPV. However, as the prior review notes, working with victims to reduce abusers' behavior relies on a transformative property that may not be sustainable, equitable, or efficient for the reduction and elimination of IPV (see Eckhardt et al., 2013). It remains unclear how long such impacts may last—with most studies using a follow-up time period of 6 months, with 12 months as the maximum time from treatment to assess recidivism. The role of race in abuser treatment and victim services efficacy remains not well understood. The research remains unclear on what kinds of interventions are effective and for whom.

One new area of research since the last review has been studies that investigated interventions for both abusers and victims through primarily couple-based interventions. Taken together, this limited body of research shows promising signs of reducing IPV.

Recommendations for Future Research

This review yielded insights into how research into intervention efficacy for IPV perpetrators and victims is evolving. Doing so has enabled us to identify recommendations for future research. Future research should continue to include women batterers and should also include an expanded focus on men who are victim-survivors. Similarly, research must investigate intervention efficacy for LBTQ-identified individuals (Cannon, 2023). Research suggests this community experiences IPV at similar or excessive rates as heterosexual couples (Hamel, 2013; Clayton et al., 2023), yet no research included in this review examined the efficacy of interventions for nonheterosexual or LGBTQ individuals. Similarly, the role of race and ethnicity in intervention efficacy remains not well understood. More research should build on research reviewed here (e.g., Cannon et al., 2019; Ferreira et al., 2017) in uncovering the role of race and ethnicity in treatment interventions for abusers and victim-survivors. Few studies accounted for the bidirectionality of IPV, which is another area for future studies, given research that suggests the prevalence of bidirectional IPV (Langhinrichsen-Rohling et al., 2012). Interventions designed and administered for bidirectional IPV are important to evaluate to determine their efficacy, which could be a key area for reducing IPV.

Another important area of research is to measure and inform treatment completion. As discussed in the prior PASK (Eckhardt et al., 2013), treatment completion remains a persistent issue. Improving treatment completion rates could have short- and long-term benefits in reducing IPV. Similarly, it remains unclear for how long treatment may be effective, which is another avenue for future research. Another area for future research is assessing the relationship among policy, funding, and interventions to better understand how programs are funded and how policies inform or constrain interventions. Doing so could aid in better understanding how policies and funding impact interventions and what this might

mean for intervention effectiveness, including what kinds of interventions work and for whom.

Implications for Intervention and Policy

There remains a disconnect in the research between policies that inform or govern interventions, particularly for abusers, and the efficacy of these programs (Cannon et al., 2021). Here, we focus on batterer interventions because they seek to address the knowledge, attitudes, and behaviors of those using violence in their intimate relationships. Below, we offer implications for victim-survivor services.

While studies of the relationship between policies and treatment effectiveness remain elusive, there is research that offers evidence-based suggestions for domestic violence perpetrator programs (Babcock et al., 2016). In their review of state standards, Maiuro and Eberle (2008) identify state standards written into legislation in 45 out of 50 states and how these standards inform BIP treatment modalities. In their comprehensive review, Babcock et al. (2016) argue there may be some small effect of BIPs in reducing IPV, but little evidence identifies which kinds of BIPs result in positive changes and for whom. Moreover, the authors suggest a series of recommendations for BIPs themselves, as well as for policies to better reflect insights garnered from research to inform perpetrator interventions. These include using treatment interventions being supported by the latest empirical evidence, programs that are administered by trained professionals, and utilizing a coordinated community response (Babcock et al., 2016, pp. 415–428).

While research reviewed here suggests interventions for victim-survivors may help reduce IPV in the short term, as pointed out in the prior PASK (Eckhardt et al., 2013), there are several limitations to this approach. First, victim-survivor interventions rely on a transformative property whereby the intervention on abusers is mediated by the intervention for victim-survivors. This creates a complex system for reducing IPV through victim-survivor interventions. There are benefits for victim-survivors to help address adverse mental health outcomes, such as depression and PTSD, through interventions that focus on their own well-being. State and federal policies should provide resources and treatment modalities that support such interventions which can help ameliorate some of the worse suffering associated with experiencing IPV.

Building on these points, many academic medical and engineering programs have what is known as a "clinical translation unit," which seeks to take advances from academic research and translate them into changes in practice. We would like to see something analogous to that in this arena. An example that illustrates this point can be found in the literature on batterer typologies. We have known for decades that men who perpetrate IPV are not a homogenous group and that each of the different subtypes has their own, unique developmental pathways and motivations for using IPV in their relationships. Importantly, research suggests that

alternative interventions to traditional Duluth-informed BIPs may lower IPV risk (Eckhardt et al., 2013). However, we still cling to legislative policies that mandate a "one-size-fits-all" intervention approach, despite a significant body of research evidence that suggests this is bad policy (e.g., Cannon, 2023; Cannon et al., 2016; Hamel et al., 2020; Price & Rosenbaum, 2009). This poor fit between programming and batterer subtype could be a key factor in explaining some of the recidivism experienced in the studies cited here, though that variable remains unexplored. This is just one example where the research knowledge eclipses the current practice paradigm, even though the research is well-established and readily accessible.

CONCLUSION

This review provided insights into research on the effectiveness of IPV interventions for abusers and victim-survivors since the prior PASK (2012–2023). Since the prior PASK review (Eckhardt et al., 2013), there has been progress made in terms of studying treatment programs for women IPV abusers. Treatment interventions continue to use CBT and feminist theory to guide their interventions. Research continues to be mixed on the efficacy of interventions for abusers, while services for victim-survivors tend to report a positive impact. Gaps in the field remain, particularly regarding abuser treatment efficacy for vulnerable or marginalized subgroups (i.e., LGBTQ and minoritized race/ethnicity groups). More research is needed to better understand these gaps as well as linkages among policies, resource allocation, and intervention efficacy.

Tables containing summaries of all studies referenced in this review can be found at www.domesticviolenceresearch.org.

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