Beyond Ideology: Alternative Therapies for Domestic Violence

By John Hamel, LCSW

Pre-publication chapter from J. Hamel (Ed.), Intimate partner and family abuse: A casebook of gender-inclusive therapy (Springer, 2008).

Domestic violence, also known as intimate partner abuse or intimate partner violence (IPV), has been recognized as a major public health problem, addressed through the collective efforts of national and state policy makers, law enforcement and the courts, social service organizations, and mental health professionals. The emphasis has been on a vigorous law-enforcement response with rigid distinctions between perpetrators, who are viewed as solely responsible for their actions, and victims, who are regarded as blameless and deserving of protection and assistance. Arrested perpetrators, overwhelmingly male, are incarcerated or mandated to complete a batterer treatment program, usually consisting of a same-sex psychoeducational group and often based on theories of patriarchy (e.g., the Duluth model; Pence & Paymar, 1993); their female victims are referred to shelters and other organizations where they obtain refuge, counseling, legal help, and other services.

This public policy approach has not been entirely effective. Although one source of IPV statistics, the National Crime Survey conducted by the U.S. Department of Justice, indicates that domestic violence assaults have dropped sharply since the early 1990s (Rennison, 2003), the decline has paralleled that of overall assaults in the United States (Davis, 2008). Furthermore, the preferred modality of offender treatment, same-sex group batterer intervention programs, or BIPs, has not been found to be significantly more effective in reducing rates of recidivism than arrest and monitoring by probation (Babcock, Canady, Graham, & Schart, 2007).

Recently, some family violence scholars and clinicians have explained this public policy failure as a consequence of what has become know as the *patriarchal paradigm,* or *gender paradigm,* a set of beliefs derived from feminist sociopolitical theory that has dominated the field for the past three decades and driven public policy and treatment as well as research, education, training, and primary prevention (Dutton, 2006, 2007; Dutton & Nicholls, 2005; Hamel & Nicholls, 2007). The paradigm justifies high rates of male arrests because domestic violence is assumed to be rooted in patriarchal social structures that presumably support and encourage individual men to maintain their status and privilege in the home through dominance and, when necessary, emotional and physical abuse. Thus, BIPs became the preferred intervention option, in contrast to traditional individual or family therapy, because both intrapsychic and relationship- or family-level systemic factors were dismissed as etiologically irrelevant, and the task of "reeducating" violent men to abandon their sexist ways could be more efficiently accomplished in the group setting. Indeed, there has been a consistent trend, driven primarily by coalitions of battered-women advocates and BIPs, toward institutionalizing the same-sex group format into the standards regulating batterer intervention in the various states (Austin & Dankwort, 1999; Maiuro, Hagar, Lin, & Olson, 2001).

From a mental health standpoint, the pervasiveness of the paradigm in the research literature and most professional trainings has stymied the efforts of family violence therapists to provide evidence-based treatment, including those working with cases involving clients not referred through the criminal justice system, cases in which the clinician is not legally restricted to the one-size-fits-all group model. A 1994 op-ed article in *Social Work,* the premier journal for social workers, was subtitled "The Case Against Couple Counseling in Domestic Abuse" and concluded rather tersely with the view, now thoroughly discredited, that "arresting batterers is actually the most effective 'therapeutic' intervention yet discovered" (Golden & Frank, 1994, p.

637). Restricted in their choice of techniques and modalities, it is not surprising that many clinicians find themselves reluctant to comfortably proceed with treatment and refer to paradigm-bound BIPs.

Still, mental health professionals should be aware that couples counseling and family counseling are not universally prohibited. A recent Internet search by this author of batterer intervention standards nationwide, with a sample of 41 states, found that although couples counseling is permitted as part of a comprehensive court-mandated batterer intervention program in only 15 states (36.6%), it is allowed as an adjunct, or implied as an adjunct, to BIPs in 11 states (26.8%) and is allowed after completion of group session in 15 states (36.6%).

Paradigms and Pioneers

Policies and interventions based on the patriarchal paradigm are doomed to fail because the paradigm is first and foremost an ideology; empirical findings that might disconfirm its tenets are ignored, explained away, or sometimes cited as evidence of a "backlash" by apostates who are seen at best as dangerously ignorant or at worst as actively seeking to undermine the rights of women (Dutton & Corvo, 2007). Recent works by Felson (2002), Mills (2003), Hamel and Nicholls (2007), and Dutton (2006) have called attention to this neglected body of research findings.

From the early years of the battered women's shelter movement, evidence has been amassing in challenge to the patriarchal paradigm, particularly the large-scale population surveys conducted by Murray Straus and his team at the University of New Hampshire Family Violence Research Laboratory (Straus, Gelles, & Steinmetz, 1980) and the work of Erin Pizzey, founder of the battered women's shelter movement (Pizzey, 1974, 1982). Straus and his colleagues found equal rates of verbal and physical assaults between intimate partners and determined that domestic violence is a complex phenomenon, with multiple etiological explanations, primary among them the dysfunctional and abusive patterns of behavior learned in one's childhood of origin (they also found much higher rates of physical injuries to female victims, which current research estimates to be at a ratio of approximately 2:1 over men—and higher for injuries requiring medical attention; Archer, 2000; Tjaden & Thoennes, 2000.) Pizzey, who in her women's refuge in England took in some of the most severe abuse cases, observed that half of these women had their own problems with rage and had been violent to their husbands, their children, or both.

Treatment models soon emerged that would take these and similar findings into account. Saunders (1977) challenged the theory of catharsis, at that time the prevailing view of aggression derived from psychoanalytic writings, as disempowering to the offender and endorsed both a social learning and systemic view. Recognizing the complexity and heterogeneous nature of IPV, he wrote, "Each case of marital violence needs to be assessed separately. No simple, recurring pattern emerges from case material on the development of intra-marital violence, and it is likely that none exists" (p. 45). Saunders stressed the importance of a proper assessment to determine levels of dangerousness. Therapy goals with abusive couples included teaching problem-solving and communication skills, increasing awareness of anger cues, and changing the consequences of violence (e.g., calling the police.) Curiously, despite offering research evidence and even a case example of female-perpetrated abuse, the author succumbed to the prevailing view at the time, that victims are nearly always women.

Deschner (1984) favored a phased approach in working with abusive couples, in which the partners were relegated to separate same-sex groups prior to coming together in skills-building, multi-couples groups. Neidig and Friedman (1984) also advocated a skills-building approach and the use of a multi-couples format. More importantly, they drew from theories of family therapy and called attention to systemic factors in IPV and the phenomenon of circular causality, eschewing rigid perpetrator–victim distinctions. In their view, labeling either partner a victim is to disempower that person and tacitly support efforts to seek retribution, thus guaranteeing a continuation of the abuse cycle.

"Blaming the abuser," wrote Flemons (1989), "is perhaps a more morally defensible position than blaming the abused, but it keeps us caught in the same dichotomous, either/or logic of attribution" (p. 5). Comparing domestic abuse to a manufacturing plant that dumps toxic waste into its community water supply, the author pointed out that it is easy to blame the offender and fine it, but the company is then likely to simply increase the cost of its product to offset the fines, a cost that is passed on to the consumer, and in the meantime the company finds other ways to save to the detriment of consumer safety. Ultimately, everyone pays.

> Who is responsible? We all are. We all benefit from the short-term benefits of industries which exploit the environment. . . . By affixing blame on a single company or on industry in general we obfuscate the cybernetic nature of systemic relations and allow the exploitation to continue. However, if we take the notion of "responsibility" not as an opportunity to blame but rather as a call to action, we enable ourselves to awake from the passing stupor engendered by the label "victim." (p. 7)

Margolin (1979) highlighted the reciprocal nature of domestic violence, noting that abuse by one partner, according to social learning principles, often produces compliance in the other. Furthermore, if abuse "works" for one partner, it can work for the other. Margolin correctly understood IPV as consisting of both physical and psychological components:

> Careful exploration of a couple's history with violence may reveal that both spouses have contributed to the escalation of anger with one spouse being the more verbally assaultive while the other is the more physically abusive. This places each partner in the role of both abuser and victim. The therapist can use this information to acknowledge each partner's pain and confusion as a victim as well as to help each partner accept responsibility for any actions that accelerated the abusiveness. The therapist can also reattribute the violence as a mutual problem rather than the fault of one partner. The goal of this reattribution is not to relieve either partner of responsibility for what has happened but to elicit both spouses' cooperation in seeing that the abusiveness is stopped. (p. 16)

Like Saunders (1977), Margolin was equally concerned about safety and understood the limits of the conjoint format. However, she did not seek to minimize female-perpetrated IPV. Her treatment for couples, remarkably sophisticated and progressive for its time, comprised a multipronged, comprehensive approach consisting of identifying the cues that contribute to angry exchanges, developing a plan of action to interrupt the conflict pattern, de-cuing the victim

(making victims aware of how their responses help maintain the abuse), modifying faulty cognitions regarding relationship functioning (e.g., unrealistic expectations), developing problem-solving skills, and improving the general tone of the relationship.

Feminist Critiques

Feminists were quick to criticize the couples format and systemic theories. According to Taggart (1985), for instance, systems theories do not adequately address issues of concern to women, such as battering, rape, and incest. James and McIntyre (1983) make the salient point that although family therapists were right in identifying the limitations of psychodynamic theories that studied the individual outside of the context of his intimate relationships, they made the same mistake in failing to acknowledge the broader context beyond the family system (i.e., the influence of the broader society and specifically its patriarchal structures that sanction male violence against women). "Systems theory," they wrote, "is a theory about the maintenance of problems—it is not a theory of causation" (p. 123).

Similar objections to systemic theory, reviewed in Hamel (2005, 2007), include Hansen and Harway's (1995) observation that family systems approaches too easily pathologize women by not taking social roles into account (e.g., the normal role of mothering is regarded as "overinvolvement") and Bograd's (1984) assertion that systems conceptualization and language fail to capture the human dimension of abuse (e.g., women do not stay in abusive relationships because of the "needs of the system," but rather out of fear and lack of resources).

Despite the chilling effect that the patriarchal paradigm has had in the field of domestic violence, feminist critiques of systems theory should not be readily dismissed. Many critiques, such as those just discussed, are quite reasonable and have helped further the growth of the family therapy field, especially when integrated into more comprehensive, evidence-based models.

Cook and Cook (1984), for instance, saw no contradiction between the feminist position that a battering husband is entirely responsible for his violence and the systemic view of the couple locked into a pattern of dysfunctional dynamics, in a recurrent cycle that serves to maintain the violence. They shared feminist concerns about safety risks when the therapist assigns equal blame to both partners in cases of unilateral male battering. Echoing the precautions put forth by Saunders (1977) and Margolin (1979), the authors offered this perspective:

> While there is experiential evidence to support this concern, we do not feel that the problem lies in the systemic approach to couple counseling *per se.* But there is a need for marital and family therapists to become aware of the special nature of battering problems and the necessity in most such cases to separate the couple for individual or segregated group treatment in the initial phases. (p 84)

Evolving Research

What, then, exactly is the "special nature of battering problems"? From interviews with severely battered women, Walker (1979, 1983) identified a three-phase cycle of abuse in which

the male batterer experiences a period of mounting internal tension (the first phase), eventually to explode in a verbal or physical assault upon the victim (the second phase). In the third phase, the male batterer experiences remorse, the abuse stops, and a period of reconciliation ensues, until the next cycle. Because the abuse is thought to be driven exclusively by factors internal to the batterer, rather than through a process of mutually escalating conflict, those factors would have to be addressed right from the outset. The question as to whether this work should be done concurrent to any couples or family sessions, or at some point later in the treatment, should be made on a case-b-case basis, and the therapist should be guided not only by considerations of physical and emotional safety but also by practical considerations—for example, can the batterer realistically attend to systemic factors and general relationship issues while identifying, accepting, controlling, and working through his or her rage and violence?

Issues of Patriarchy

According to the patriarchal paradigm, what drives these men is a need to dominate out of gender privilege. However, research suggests that although this may be the case for some men, battering, characterized by a chronic pattern of physical violence leading to injury in combination with the use of controlling and emotionally abusive behaviors, is essentially a product of disordered personality. Typology research (e.g., Holtzworth-Munroe & Stuart, 1994) has identified these men as either depressed with borderline features or having antisocial tendencies, and a growing number of studies of female batterers have yielded a similar profile (Babcock, Miller, & Siard, 2003; Henning, Jones, & Holdford, 2003; Simmons, Lehmann, Cobb, & Fowler, 2005). Sexist male attitudes *have* been linked to male-perpetrated IPV, but mostly in countries where the status of women is economically and politically low relative to men (Archer, 2006). Patriarchal factors and sexist male attitudes do not distinguish male IPV perpetrators from other men (Sugarman & Frankel, 1996), and there is no support for the view that most men endorse the use of IPV (Simon et al., 2001). In fact society is significantly more supportive of female-perpetrated IPV (Arias & Johnson, 1989; Straus, Kantor, & Moore, 1997).

Straus and Yodanis (1996) found that hostile attitudes toward the opposite sex were significantly correlated with female-perpetrated IPV but not with male-perpetrated IPV. Results of the International Dating Survey (Straus, 2006) indicate that there is a significant correlation between attitudes of dominance (e.g., "My partner needs to know that I am in charge") and partner violence for both males and females; the National Family Violence Survey found correlations between relationship dominance (measured as who has the final say in important family decisions) and IPV for husbands and for wives (Coleman & Straus, 1990); and a reanalysis of the National Violence Against Women Survey found that controlling behaviors predict physical assault equally for men and women (Felson & Outlaw, 2007)—these findings suggesting that it is the need to dominate and control, not patriarchy or male sexist ideology, that is at issue. Even in the most patriarchal countries, there is evidence of high levels of female violence, perpetrated for a variety of reasons, especially sexual jealousy (Archer, 2006; Pandey, 2007). This is because institutional power does not necessarily translate to personal power in any given home because personal power is derived from the strength of one's personality and is not therefore gender-bound and because dominance is also related to relationship power, or the extent to which one party is dependent (e.g., economically, emotionally) on the other (Felson, 2002). Indeed, the numbers of male and female perpetrators who engage in both controlling behaviors and physical violence upon their partners—one definition of battering and also known

as *intimate terrorism* (Johnson, 2000; Johnson & Leone, 2005)—are comparable (Felson & Outlaw, 2007; Graham-Kevan, 2007).

Clearly, same-sex batterer groups may be an appropriate treatment choice for some of these personality-disordered, dominant batterers, but many would benefit from intensive individual psychotherapy in lieu of, or in addition to, the group work. Partner-violent adults who have been raised in abusive homes carry within them feelings of shame, which they experience as anger and rage, and in their relationships they are as insecurely attached to their intimate partners as they were to their primary caregivers. Research by Follingstad, Bradley, Helff, and Laughlin (2002) suggests that intimate partner anger is related to anxious attachment and that aggressive males and females alike use coercive tactics as a means of preventing abandonment. For some individuals, the healing process of overcoming shame and building secure attachments can be accomplished only in the safety and security of the therapeutic relationship (Sonkin & Dutton, 2003).

Are societal factors therefore irrelevant? Research has documented the correlation, for instance, between perpetration of IPV and poverty (Hotaling & Sugarman, 1986; Straus & Gelles, 1990) and attitudes that support the use of violence (Sugarman & Frankel, 1996). Traditional attitudes may not distinguish abusive men from nonabusive men, but these attitudes have not entirely gone away. Abusers are driven primarily by personal characteristics, but some may *justify* their violence on the basis of gender. This is the case both for men, who may expect of their spouses unlimited quantities of "feminine" patience, love, and understanding, and for women, who may excuse their violence on the grounds that "he should be able to take it" (Cook, 1997; Fiebert & Gonzalez, 1997). These conditions cannot be understood simply through an individual-level or family analysis. Expanding on the work of Bronfenbrenner and Belsky, Dutton (2006) has provided mental health professionals a useful description of the multiple etiological roots of IPV. In this ecological model, the risk factors relevant to IPV for any particular individual can be found at different levels (see Table 1.1

The work of Bronfenbrenner and Belsky (Belsky, 1980; Dutton, 2006) has paralleled a reformist trend in the field of family therapy, advanced by a number of reform-minded researchers and practitioners; consequently, mental health professionals are today less preoccupied solely with the immediate family system and are free to fashion more sophisticated and effective interventions (Carlson, Sperry, & Lewis, 2005).

Interpersonal Dynamics: The Complexities of IPV

In determining the "special nature of battering problems," one must pay special attention to the microsystem because it is at this level where abusive relationships play themselves out. The most commonly recognized battering dynamic is the three-phase cycle postulated by Lenore Walker. However, it is hardly the only battering dynamic. Batterers with antisocial tendencies, for example—what Jacobsen and Gottman (1998) called *cobras* (in contrast to the equally dangerous *pit bulls*)—do not experience tension release upon assaulting their partner or contrition. Furthermore, Jacobsen and Gottman found that in some abusive relationships, which they called "Bonnie and Clyde couples," both partners engage in serious, repetitive abuse, with no clear victim or perpetrator. In the typology put forth by sociologist Michael Johnson (2000), these couples would fall in the category of *mutual violence control,* indicating that both perpetrate serious physical violence on the other, as well as high levels of controlling and emotionally abusive behaviors. This type of mutual battering can be found not only in the

general population but also to a large extent among couples where the man has been court-ordered to complete a BIP (Stacey, Hazelwood, & Shupe, 1994).

Johnson postulated another IPV category, *common couple violence,* referring to abuse that occurs within the context of a mutually escalating conflict, does not lead to serious injuries, and does not involve high levels of emotional abuse and control. This constitutes by far the greater proportion of IPV and is the type of abuse most amenable to systemic interventions involving the couple or family. As useful as these distinctions may be, however, they are hardly clear-cut. For instance, Simpson, Doss, Wheeler, and Christensen (2007) interviewed 273 couples seeking marital therapy and found empirical support for a two-category typology consisting of a low-level violence and physical injury group and a moderate-to-severe violence and physical injury group, roughly comparable to Johnson's intimate partner terrorism and common couple violence. They also found in the low-level violence group a number of highly emotionally abusive couples who really fit a batterer profile and in the moderate-to-severe violence group many couples who infrequently engaged in emotional abuse and would fit more closely into the category of common couple violence.

Unlike Walker, whose three-phase battering cycle was derived exclusively from interviews with victimized women, other researchers during the 1990s found evidence of other cycles, some from self-report questionnaires and interviews with both the male and the female partner (e.g., Cascardi & Vivian, 1995) and others from observations of high-conflict and abusive couples in the laboratory. From this research we know, for example, that marital aggression typically reflects "an outgrowth of conflict between both partners" (Cascardi & Vivian, 1995, p. 265), and that couples engage in *negative reciprocity,* characterized by attack–defend cycles in which insults and criticisms are met with a similar response (Burman, John, & Margolin, 1992), or by demand-withdraw cycles in which demands by either partner result in the other's withdrawal, thereby fostering resentments and guaranteeing a continuation of the power struggle (Babcock, Waltz, Jacobsen, & Gottman, 1993). A study by Jacobsen et al. (1994), whose sample of couples was selected for the existence of a battering husband, found that husbands are more domineering, but wives are more angry, belligerent, and contemptuous, and many of them would qualify for batterer treatment themselves.

It may be presumed that when conflict escalates to high levels, the female partner is more vulnerable to physical harm because of her usually (but not always) lesser strength and the possibility that the man's rage might overwhelm whatever chivalry and self-control he may have. There is evidence that at high levels of conflict, the woman is more likely than the man to withdraw (Ridley & Feldman, 2003), and at least one study (Jacobsen et al., 1994) found that once the man becomes violent, there is little that the woman can do to stop it. Nevertheless, a recent large-scale national survey found that in reciprocally violent relationships, men actually incur somewhat higher rates of physical injuries in comparison to women (25.3% vs. 20.0%; Whitaker, Haileyesus, Swahn, & Saltzman, 2007).

An exhaustive self-report study of 153 partner violent women by Ridley and Feldman (2003) concluded,

> The results reported here largely confirm that conflict-based communication responses and outcomes contribute to female domestic violence as well as male domestic violence (Feldman & Ridley, 2000). . . . Results regarding mutual verbal aggression are consistent with the findings of observational studies of domestic violence which suggest that attack-counterattack interactional sequences appear to

> be far more emotionally and behaviorally escalating than other types of negative communication sequences (Burman et al., 1992, 1993; Cordova et al., 1993; Sabourin, 1995). Research suggests that verbal aggression may escalate into physical aggression because (a) couples tend to "lock in" to dominant reciprocal response patterns, such as crosscomplaining and invalidation loops, contempt, defensiveness, and stonewalling (Gottman, 1979, 1994); (b) arguments tend to progress through three levels of escalation, the issue level, the personality level and the relationship level, each more difficult to address and contain (Stuart, 1980); (c) there is a high probability of retaliation in order to save face and prevent future attacks, particularly when the receiver believes the initial attack was intentional and illegitimate (Infante, et al., 1990; Roloff, 1996); and (d) the negative physiological and affective arousal of one partner, generated in verbally aggressive interactions, becomes mirrored in the other partner (Levinson & Gottman, 1983). (p. 167)

Furthermore, the Burman et al. study, as well as prior research (e.g., Telch & Lindquist, 1984), determined that the dynamics and communication styles of distressed, high-conflict couples are more similar to physically violent couples than they are to nondistressed, nonviolent ones, with low levels of self-esteem, poor communication and problem-solving skills, and high relationship conflict and dissatisfaction. In separate research, marital discord and underlying relationship issues were found to be the most accurate predictors of IPV within a couple (Pan, Neidig, & O'Leary, 1994). Combined, these findings blur the distinctions between perpetrator and victim and between battering and common couple violence and support the use of a systemic approach and conjoint treatment in a wider variety of cases than previously thought.

IPV and Family Violence

From her work with battered women and their children, Erin Pizzey (1982) offered the following observation:

> Instead of flowing with the warmth and the love of a happy family, children born into violent homes have had to survive against the violent and often incestuous onslaughts of their parents. Violent and incestuous families do not let each other go. The parents take little pleasure in each other's company, and use one or all of the children in the highly complex emotional theatre and battleground of the family. Betrayal is the key word in these families. Betrayed parents in turn betray their children. They rob them of their childhoods. They exploit them physically. They exploit them emotionally. They keep them on edge in a jealous rage for attention. Then when the children do finally break away, the rest of their lives are spent in reaction against their parents. (p. 161)

Recent research has supported this conception of domestic violence as an intergenerational, human, and family problem (Hines & Malley-Morrison, 2004). Children who have witnessed their parents physically abuse one another are at higher risk than other children for experiencing emotional and conduct disturbance, deterioration in peer and family relations,

and poor school performance (Wolak & Finkelhor, 1998), and they incur these problems regardless of the parent's gender (English, Marshall, & Stewart, 2003; Fergusson & Horwood, 1998; Johnston & Roseby, 1997; Mahoney, Donnelly, Boxer, & Lewis, 2003). They are at equal, or greater, risk for becoming depressed, engaging in substance abuse, and themselves perpetrating intimate partner abuse as adults regardless of whether the mother or the father was the abuser (Kaura & Allen, 2004; Langhinrichsen-Rohling, Neidig, & Thorn, 1995; Sommer, 1994; Straus, 1992). Other research has found a high correlation between perpetration of spousal abuse and child abuse for both genders (Appel & Holden, 1998; Margolin & Gordis, 2003; Straus & Smith, 1990). The overall impact on children of having witnessed interparental violence and the impact of having been physically abused are comparable (Kitzmann, Gaylord, Holt, & Kenny, 2003), but verbal and emotional abuse directed by a parent against a child may cause the greatest damage, both in the short run (English et al., 2003; Moore & Pepler, 1998) and in the long run (Dutton, 1998).

Family violence is a complex phenomenon. Although the most common pattern involves violence by the parents, against both each other and the children (Slep & O'Leary, 2005), abuse can take a variety of possible pathways (Appel & Holden, 1998; Davies & Sturge-Apple, 2007). Family violence is often reciprocal (Ullman & Straus, 2003) and sometimes initiated by the children, upon their parents and each other (Caffaro & Con-Caffaro, 1998; Lynch & Cicchetti, 1998; Moretti, Penney, Obsuth, & Odgers, 2007; Sheehan, 1997; Straus & Gelles, 1990). The one common element appears to be the role of stress in maintaining the various dysfunctional and abusive interactions (Margolin & Gordis, 2003; Salzinger et al., 2003).

Current Models

Over the past decade, mainstream domestic violence experts, including feminists, have acknowledged the usefulness of couples and family therapy (Greenspun, 2000; Potter-Efron, 2005; Stuart & Holtzworth-Munroe, 1995). From an assessment and treatment standpoint, the clinician benefits greatly from seeing multiple family members. Children can be a more reliable source of information about prevalence of abuse, and the clinician is better able to identify the factors that maintain the abuse, such as family beliefs about anger and violence, family structure (including organization, boundaries, hierarchies, and accessibility to outside influences), and the function of each person's behavior in the family context (Hamel, 2007).

Harris (2006) summarizes the case for utilizing conjoint therapy in cases of domestic violence:

1. Perpetrators who are violent only in their families, rather than generally, and do not have serious psychopathology, are more amenable to couples work
2. Many couples engage in reciprocal violence, which needs to be addressed to eliminate the relationship violence in general.
3. When women engage in IPV, they are at higher risk for being severely injured by their partners.

4. BIPs do not address the underlying relationship dynamics that cause and maintain relationship violence.
5. Many individuals in abusive relationships are too ashamed or afraid of seeking help on their own, and find the couples therapy label more appealing.
6. In the conjoint format, clients have the opportunity to practice with each other the anger management and communication skills they otherwise would learn separately.

In addressing the underlying relationship dynamics, the couples therapist also has the opportunity to address important childhood-of-origin issues and in doing so to identify how these issues become projected by one partner onto the other (Goldner, 1998). Research on adult attachment has determined that abusive couples are at a higher risk for violence when both partners are insecurely attached and especially when an anxiously attached partner with a fear of abandonment is paired with a dismissive partner who has a fear of intimacy (Bartholomew, Henderson, & Dutton, 2001; Bookwala, 2002; Roberts & Noller, 1998). In addressing this dynamic, akin to the attack-defend cycle previously discussed, and mechanisms such as projection, the couples therapist helps in the healing process of the individual parties while helping the couple correct their abusive dynamics.

Multimodal Treatment

Clinicians with a systemic perspective do not need to be limited to any particular modality or approach. Thinking systemically, as Bograd (1984) pointed out, does not mandate working with the partners together. Recent books by Hamel (2005), Hamel and Nicholls (2007), and Potter-Efron (2005) argue for a flexible, multimodal, and comprehensive approach, and Hamel (2005, 2007) stresses the importance of using a phased approach, regardless of modality, in which the abuse is addressed first prior to a more intensive, potentially stressful and emotionally dangerous exploration of trauma and childhood-of-origin issues.

Individual therapy, as previously noted, is appropriate for clients with serious psychopathology, for whom overcoming their violence requires far more than the acquisition of pro-social skills. Its advantages are primarily in the flexibility of fashioning a treatment plan suited to the client's individual needs. Murphy and Eckhardt (2006) argue that individual treatment can hold batterers more accountable in comparison to group treatment, particularly those groups that are too large or led by poorly trained facilitators who are unable to prevent negative role modeling and reinforcement.

Group is the ideal modality for offenders no longer with their partner and for those who remain violent and dangerous and require the acquisition of pro-social skills. Maiuro, Hagar, Lin, and Olson (2001) lament the rigidity of one-size-fits-all intervention policies but argue that there are advantages to group format, such as helping the batterer feel understood among peers and overcome not only denial but also feelings of shame and thus motivating him or her to stay in treatment. There are a number of alternatives to the anachronistic Duluth model that eschew confrontational tactics and are not based exclusively on patriarchal ideology, including those based in cognitive-behavioral approaches, collectively known as CBT (Price & Rosenbaum,

2007; Sonkin & Durphy, 1997). When tailored to the needs of the client, such groups may be more efficacious than the outcome research would indicate (Babcock et al., 2007). Among these are homogeneous, culturally specific groups, for Native Americans (Kiyoshk, 2003), Asians (Mun Wah, 1998), Latinos (Carrillo & Zarza, unpublished.), and African Americans (Williams, 1994); groups for parents who have abused their children as well as each other (Pratt & Chapman, 2007); and groups for at-risk, partner-violent, and family-violent adolescents (Langhinrichsen-Rohling, Turner, & McGowan, 2007). And finally, given that a disproportionately high number of batters come from populations with low socioeconomic status (SES), group is still the most economical modality.

Working in the modalities of couples or family, the clinician may see any number of individuals, in various combinations. This may involve the couple, either as a dyad (Coleman, 2007; Goldner, 1998; O'Leary & Cohen, 2007; Vetere & Cooper, 2007) or in group (Geffner & Mantooth, 2000; O'Leary, Heyman, & Neidig, 1999), the entire family, or selected members (Downey, 1997; Hamel, 2005, 2007; Potter-Efron, 2005; Thomas, 2007).

Outcome research on family therapy for IPV is essentially nonexistent; however, family therapy has consistently been found to be more effective in preventing relapse among substance abusers (Stanton & Shadish, 1997), an "acting out" population that shares many personality and behavior characteristics with partner-violent individuals (Potter-Efron, 2007). When compared to traditional BIP groups, couples counseling with low- to moderate-level IPV is as effective and just as safe (Dunford, 2000; O'Leary et al., 1999)—and significantly more effective for batterers who also have a substance abuse problem (Brannen & Rubin, 1996). Preliminary research suggests that traditional systems-oriented couples therapy of various schools (e.g., structural, strategic, narrative, solution-focused, emotion-focused) is as effective as a psychoeducational, skills-building approach to couples counseling (LaTaillade, Epstein, & Werlinich, 2006). However, the couples group format, which emphasizes skills-building, has been found in one study be somewhat more effective in reducing IPV recidivism and significantly more effective in changing pro-violent attitudes (Stith, Rosen, & McCollum, 2004) than the conjoint format.

In summary, current treatment programs as a whole have failed to significantly reduce domestic violence. As the research literature suggests, such programs have failed because they are based fundamentally on ideology rather than the body of empirical evidence. Alternative forms of treatment, reflective of a gender-inclusive, systemic, and multimodal perspective, have reemerged to challenge the dominant paradigm. Although these alternative approaches have only recently begun to be tested under experimental conditions, they are fundamentally rooted in the research data and would seem to hold much promise for intimate partner and family violence treatment in this new millennium.

References

Appel, A., & Holden, G. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*(4), 578–599.

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651–680.

Archer, J. (2006). Cross-cultural differences in physical aggression between partners: A social-role analysis. *Personality and Social Psychology Review, 10*(2), 133–153.

Arias, I., & Johnson, P. (1989). Evaluations of physical aggression among intimate dyads. *Journal of Interpersonal Violence, 4*(3), 298-307.

Austin, J., & Dankwort, J. (1999). Standards for batterer programs. *Journal of Interpersonal Violence, 14*(2), 152–168.

Babcock, J., Canady, B., Graham, K., & Schart, L. (2007). The evolution of battering interventions: From the dark ages into the scientific age. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 215–244). New York: Springer Publishing.

Babcock, J., Miller, S., & Siard, C. (2003). Toward a typology of abusive women: Differences between partner-only and generally violent women in the use of violence. *Psychology of Women Quarterly, 13,* 46–59.

Babcock, J., Waltz, J., Jacobsen, N., & Gottman, J. (1993). Power and violence: The relation between communication patterns, power discrepancies, and domestic violence. *Journal of Consulting and Clinical Psychology, 61*(1), 40–50.

Bartholomew, K., Henderson, A., & Dutton, D. (2001). Insecure attachment and abusive intimate relationships. In C. Culow (Ed.), *Adult attachment and couple psychotherapy* (pp. 43–61). New York: Brunner-Routledge.

Belsky, J. (1980). Child maltreatment: An ecological integration. American Psychologist, 35 (4), 320-325.

Bookwala, J. (2002). Adult attachment styles and aggressive behaviors in dating relationships. *Journal of Social and Personal Relationships, 15,* 175–190.

Bograd, M. (1984). Family systems approaches to wife battering: A feminist critique. *American Journal of Orthopsychiatry, 54,* 558–568.

Brannen, S., & 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*(4), 405–424.

Burman, B., John, R., & Margolin, G. (1992). Observed patterns of conflict in violent, nonviolent, and nondistressed couples. *Behavioral Assessment, 14,* 15–37.

Caffaro, J., & Conn-Caffaro, A. (1998). *Sibling abuse trauma: Assessment and intervention strategies for children, families and adults.* Binghamton, NY: Haworth Maltreatment & Trauma Press.

Carlson, J., Sperry, L., & Lewis, J. (2005). *Family therapy techniques.* New York: Routledge.

Carrillo, R., & Zarza, M. *An intervention model for Latino perpetrators of intimate partner violence: El hombre noble buscando balance.* Unpublished manuscript, available from the author at mzarza@ucla.edu

Cascardi, M., & Vivian, D. (1995). Context for specific episodes of marital violence: Gender and severity of violence differences. *Journal of Family Violence, 10*(3), 265–293.

Coleman, D., & Straus, M. (1990). Marital power, conflict and violence in a nationally representative sample of American couples. In M. Straus & R. Gelles (Eds.), *Physical violence in American families.* New Brunswick, NJ: Transaction.

Coleman, V. (2007). Dangerous dances: Treatment of domestic violence in same-sex couples. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 397–416). New York: Springer Publishing.

Cook, D., & Cook, A. (1984). A systemic treatment approach to wife battering*. Journal of Marital and Family Therapy, 10*(1), 83–93.

Cook, P. (1997). *Abused men: The hidden side of domestic violence.* Westport, CT: Praeger.

Davies, P., & Sturge-Apple, M. (2007). The impact of domestic violence on children's development. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 165–190). New York: Springer.

Davis, R. (2008). *Domestic violence: Intervention, policies and solutions.* New York: Taylor Francis CRC Press.

Deschner, F. (1984). *The hitting habit: Anger control for battering couples.* New York: Simon & Schuster.

Downey, L. (1997). Adolescent violence: A systemic and feminist perspective. *Australian & New Zealand Journal of Family Therapy, 18*(2), 70–79.

Dunford, F. (2000). The San Diego Navy experiment: An assessment of interventions for men who assault their wives. *Journal of Consulting and Clinical Psychology, 68*(3), 468–476.

Dutton, D. (1998). *The abusive personality.* New York: Guilford.

Dutton, D. (2006). *Domestic violence reexamined.* Vancouver: University of British Columbia Press.

Dutton, D. (2007). Thinking outside the box: Gender and court-mandated therapy. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 27–58). New York: Springer Publishing.

Dutton, D. G., & Corvo, K. C. (2007). The Duluth model: A data-impervious Paradigm and a Flawed Strategy. *Aggression and Violent Behavior, 12*, 658-667.

Dutton, D., & Nicholls**,** T. (2005). A critical review of the gender paradigm in domestic violence research and theory: Part I—Theory and data. *Aggression and Violent Behavior, 10,* 680–714.

English, D., Marshall, D., & Stewart, A. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence, 18*(1), 43–57.

Felson, R. (2002). *Violence & gender reexamined.* Washington, DC: American Psychological Association.

Felson, R., & Outlaw, M. (2007). The control motive and marital violence. *Violence and Victims, 22*(4), 387–407.

Fergusson, D., & Horwood, J. (1998). Exposure to interparental violence childhood and psychosocial adjustment in young adulthood. *Child Abuse & Neglect, 22*(5), 339–357.

Fiebert, M., & Gonzalez, D. (1997). Women who initiate assaults: The reasons offered for such behavior. *Psychological Reports, 80,* 583–590.

Flemons, D. (1989). An ecosystemic view of family violence. *Family Therapy, 16*(1), 1–10.

Follingstad, D., Bradley, R., Helff, C., & Laughlin, J. (2002). A model for predicting dating violence: Anxious attachment, angry temperament and a need for relationship control. *Violence and Victims, 17*(1), 35–47.

Geffner, R., & Mantooth, C. (2000). *Ending spouse/partner abuse: A psychoeducational approach for individuals and couples.* New York: Springer Publishing.

Golden, G., & Frank, P. (1994). When 50-50 isn't fair: The case against couple counseling in domestic abuse. *Social Work*, 39 (6), 636-637.

Goldner, V. (1998). The treatment of violence and victimization in intimate relationships. *Family Process, 37*(3), 263–286.

Graham-Kevan, N. (2007). Power and control in relationship aggression. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 87–108). New York: Springer Publishing.

Greenspun, W. (2000). Embracing the controversy: A metasystemic approach to the treatment of domestic violence. In P. Papp (Ed.), *Couples on the fault line: New directions for therapists* (pp. 154–179). New York: Guilford.

Hamel, J. (2005). *Gender-inclusive treatment of intimate partner abuse: A comprehensive approach.* New York: Springer Publishing.

Hamel, J. (2007). Gender inclusive family interventions in domestic violence: An overview. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 247–274). New York: Springer Publishing.

Hamel, J., & Nicholls, T. (2007). *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment.* New York: Springer Publishing.

Hansen, M., & Harway, M. (1995). Intervening with violent families: Directions for future generations of therapists. In M. Hansen & M. Harway (Eds.), *Battering and family therapy* (pp. 227–251). Newbury Park, NJ: Sage.

Harris, G. (2006). Conjoint therapy and domestic violence: Treating the individuals and the relationship. *Counseling Psychology Quarterly, 19*(4), 373–379.

Henning, K., Jones, A., & Holdford, R. (2003). Treatment needs of women arrested for domestic violence: A comparison with male offenders. *Journal of Interpersonal Violence, 18*(8), 839–856.

Hines, D., & Malley-Morrison, K. (2004). *Family violence in the United States: Defining, understanding, and combating abuse.* Thousand Oaks, CA: Sage.

Holtzworth-Munroe, A., & Stewart, G. (1994). Typologies of male batterers. *Psychological Bulletin, 116*(3), 476–497.

Hotaling, G. T., & Sugarman, D. B. (1986). An analysis of risk markers in husband to wife violence. *Violence and Victims, 1*(2), 101–124.

Jacobsen, N., & Gottman, J. (1998). *When men batter women.* New York: Simon & Schuster.

Jacobsen, N., Gottman, J., Waltz, J., Rushe, R., Babcock, J., & Holtzworth-Munroe, A. (1994). Affect, verbal content, and psychophysiology in the arguments of couples with a violent husband. *Journal of Consulting and Clinical Psychology, 62*(5), 982–988.

James, K., & McIntyre, D. (1983). The reproduction of families: The social role of family therapy? *Journal of Marital and Family Therapy, 9*(2), 119–129.

Johnson, M. (2000). *Conflict and control: Symmetry and asymmetry in domestic violence.* Paper prepared for the National Institute of Justice Gender Symmetry Workshop, Arlington, VA. Available by contacting author at mpj@psu.edu

Johnson, M., & Leone, J. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26*(3), 322–349.

Johnston, J., & Roseby, V. (1997). *In the name of the child.* New York: Free Press.

Kaura, S., & Allen, C. (2004). Dissatisfaction with relationship power and dating violence perpetration by men and women. *Journal of Interpersonal Violence, 19*(5), 576–588.

Kitzmann, K., Gaylord, N., Holt, A., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352.

Kiyoshk, R. (2003). Integrating spirituality and domestic violence treatment: Treatment of Aboriginal men. In D. Dutton & D. Sonkin (Eds.), *Intimate violence: Contemporary treatment innovations* (pp. 237–256). New York: Haworth Press.

Langhinrichsen-Rohling, J., Neidig, P., & Thorn, G. (1995). Violent marriages: Gender differences in levels of current violence and past abuse. *Journal of Family Violence, 10*(2), 159–175.

Langhinrichsen-Rohling, J., Turner, L., & McGowan, M. (2007). Family therapy and interpersonal violence: Targeting at-risk adolescent mothers. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 477–498). New York: Springer Publishing.

LaTaillade, J., Epstein, N., & Werlinich, C. (2006). Conjoint treatment of partner violence: A cognitive behavioral approach. *Journal of Cognitive Psychotherapy, 20*(4), 393–410.

Lynch, M., & Ciccheti, D. (1998). An ecological-transactional analysis of children and contexts. *Developmental Psychopathology, 10,* 235–257.

Mahoney, A., Donnelly, W., Boxer, P., & Lewis, T. (2003). Marital and severe parent-to-adolescent physical aggression in clinic-referred families: Mother and adolescent reports on co-occurrence and links to child behavior problems. *Journal of Family Psychology, 17*(1), 3–19.

Maiuro, R., Hagar, T., Lin, H., & Olson, N. (2001). Are current state standards for domestic violence perpetrator treatment adequately informed by research? A question of questions. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 21–44.

Margolin, G. (1979). Conjoint marital therapy to enhance anger management and reduce spouse abuse. *American Journal of Family Therapy, 7*(2), 13–23.

Margolin, G., & Gordis, E. (2003). Co-occurrence between marital aggression and parent's child abuse potential: The impact of cumulative stress. *Violence & Victims, 18,* 243–258.

Mills, L. (2003). *Insult to injury: Rethinking our responses to intimate abuse.* Princeton, NJ: Princeton University Press.

Moore, T., & Pepler, D. (1998). Correlates of adjustment in children at risk. In G. Holden, R. Geffner, & E. Jouriles (Eds.), *Children exposed to domestic violence* (pp. 157–184). Washington, DC: American Psychological Association.

Moretti, M., Penney, S., Obsuth, I., & Odgers, C. (2007). Family lessons in attachment and aggression. In J. Hamel & T. Nicholls (Eds.), *Family approaches to domestic violence: A guide to gender-inclusive research and treatment* (pp. 191–214). New York: Springer Publishing.

Mun Wah, L. (1998). Asian men and violence. In R. Carrillo & J. Tello (Eds.), *Family violence and men of color* (pp. 128–146). New York: Springer Publishing.

Murphy, C., & Eckhardt, C. (2006). *Treating the abusive partner: An individualized cognitive-behavioral approach.* New York: Guilford.

Neidig, P., & Friedman, D. (1984). *Spouse abuse: A treatment program for couples.* Champaign, IL: Research Press.

O'Leary, K., & Cohen, S. (2007). Treatment of psychological and physical abuse in a couples context. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 363–380). New York: Springer Publishing.

O'Leary, K., Heyman, R., & Neidig, P. (1999). Treatment of wife abuse: A comparison of gender-specific and conjoint approaches. *Behavior Therapy, 30,* 475–505.

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.

Pandey, V. (2007, September 20). Spouse abuse: It's the husband's turn now. *Daily News & Analysis.* Retrieved November 19, 2007, from http://www.dnaindia.com/dnaprint.asp?newsid=1122392.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model.* New York: Springer Publishing.

Pizzey, E. (1974). *Scream quietly or the neighbours will hear you.* Harmondsworth, England: Penguin.

Pizzey, E. (1982). *Prone to violence.* London: Hamlyn Press.

Potter-Efron, R. (2005). *Handbook of anger management: Individual, couple, family, and group approaches.* New York: Haworth Press.

Potter-Efron, R. (2007). Anger, aggression, domestic violence and substance abuse. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 437–456). New York: Springer Publishing.

Pratt, D., & Chapman, T. (2007). Family violence parent groups. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment.* New York: Springer Publishing.

Price, B., & Rosenbaum, A. (2007, July). *National survey of batterer intervention programs.* Presented at the International Family Violence and Child Victimization Research conference.

Rennison, C. (2003, February). *Intimate partner violence.* NCJ 197838. Washington, DC: U.S. Department of Justice/Office of Justice Programs. Retrieved 11/2/05 from www.ojp.usdoj.gov/bjs/pub/pdf/ipv01.pdf

Ridley, C., & Feldman, C. (2003). Female domestic violence toward male partners: Exploring conflict responses and outcomes. *Journal of Family Violence, 18*(3), 157–170.

Roberts, N., & Noller, P. (1998). The association between adult attachment and couple violence. In J. Simpson & W. Rholes (Eds.), *Attachment theory and close relationships* (pp. 317–350). New York: Guilford.

Salzinger, S., Feldman, R., Ing-mak, D., Mojica, E., Stockhammer, T., & Rosario, M. (2002). Effects of partner violence and physical child abused on child behavior: A study of abused and comparison children. *Journal of Family Violence, 17*(1), 23–52.

Saunders, D. (1977). Marital violence: Dimensions of the problem and modes of intervention. *Journal of Marriage and Family Counseling, 3,* 43–49.

Sheehan, M. (1997. Adolescent violence – Strategies, outcomes and dilemmas in working with young people and their families. *Australian and New Zealand Journal of Family Therapy*, 18(2), 80-91.

Simmons, C., Lehmann, P., Cobb, N., & Fowler, C. (2005). Personality profiles of women and men arrested for Domestic Violence: An analysis of similarities and differences. *Journal of Offender Rehabilitation, 41*(4) 63–81.

Simon, T., Anderson, M., Thompson, M., Crosby, A., Shelley, G., & Sacks, J. (2001). Attitudinal acceptance of intimate partner violence among U.S. adults. *Violence and Victims 16*(2), 115–126.

Simpson, L., Doss, B., Wheeler, J., & Christensen, A. (2007). Relationship violence among couples seeking therapy: Common couple violence or battering? *Journal of Marital and Family Therapy, 33*(2), 270–283.

Slep, A., & O'Leary, S. G. (2005). Parent and partner violence in families with young children: Rates, patterns, and connections. *Journal of Consulting and Clinical Psychology, 73*(3), 435–444.

Sommer, R. (1994). *Male and female perpetrated partner abuse.* Doctoral dissertation, University of Manitoba. University Microfilms International, ISBN-0-315-99064-3.

Sonkin, D., & Durphy, M. (1997). *Learning to live without violence.* Volcano, CA: Volcano Press.

Sonkin, D., & Dutton, D. (2003). Treating assaultive men from an attachment perspective. In D. Sonkin & D. Dutton (Eds.), *Intimate violence: Contemporary treatment innovations* (pp. 105–133). New York: Haworth Maltreatment & Trauma Press.

Stacey, W., Hazelwood, L., & Shupe, A. (1994). *The violent couple.* Westport, CT: Praeger.

Stanton, M., & Shadish, W. (1997). Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin, 122*(2), 170–191.

Stith, S., Rosen, K., & McCollum, E. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy, 30*(3), pp. 305–318.

Straus, M. (1992, September). *Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women*. Twenty-third Ross Roundtable on Critical Approaches to Common Pediatric Problems, M5796.

Straus, M. (2006, May). *Dominance and symmetry in partner violence by male and female university students in 32 nations.* Paper presented at conference on Trends in Intimate Violence Intervention, New York University.

Straus, M., & Gelles, R. (1990). *Physical violence in American families.* New Brunswick, NJ: Transaction.

Straus, M., Gelles, R., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family.* Newbury Park, CA: Sage.

Straus, M., Kaufman-Kantor, G., & Moore, D. (1997). Change in cultural norms approving marital violence from 1968 to 1994. In G. Kaufman Kantor & J. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp. 3-16). Thousand Oaks, CA: Sage.

Straus, M., & Smith, C. (1990). Family patterns and child abuse. In M. Straus & R. Gelles (Eds.), *Physical violence in American families* (pp. 245–262). New Brunswick, NJ: Transaction.

Straus, M., & Yodanis, C. (1996, August). *Gender hostility and violence against dating partners.* Paper presented at the XII World Meeting of the International Society for Research on Aggression, Strasbourg, France.

Stuart, G., & Holtzworth-Munroe, A. (1995). Identifying subtypes of maritally violent men: Descriptive dimensions, correlates and causes of violence, and treatment implications. In S. M. Stith & M. A. Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequences, and solutions* (pp. 162–172). Minneapolis, MN: National Council on Family Relations.

Sugarman, D., & Frankel, S. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence, 11*(1), 13–39.

Taggart, M. (1985). The feminist critique in epistemological perspective: Questions of context in family therapy. *Journal of Marital and Family Therapy, 11*(2), 113–126.

Telch, C., & Lindquist, C. (1984). Violent vs. non-violent couples. *Psychotherapy, 21*(2), 242–248.

Thomas, M. (2007). Treatment of family violence: A systemic perspective. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 417–436). New York: Springer Publishing.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence.* NCJ 181867. Washington, DC: National Institute of Justice.

Ullman, A., & Straus, M. (2003). Violence by children against mothers in relation to violence between parents and corporal punishment by parents. *Journal of Comparative Family Studies, 34,* 41–60.

Vetere, A., & Cooper, J. (2007). Couple violence and couple safety: A systemic and attachment-oriented approach to working with complexity and uncertainty. In J. Hamel & T. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 381–396). New York: Springer Publishing.

Walker L. (1979). *The battered woman.* New York: Harper & Row.

Walker, L. (1983). *The battered woman syndrome.* New York: Springer Publishing.

Whitaker, J., Haileyesus, T., Swahn, M., & Saltzman, L. (2007). Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health, 97*(5), 941–947.

Williams, O. (1994). Group work with African American men who batter: Toward more ethnically sensitive practice. *Journal of Comparative Family Studies, 25*(1), 91–101.

Wolak, J., & Finkelhor, D. (1998). Children exposed to partner violence. In J. Jasinski & L. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 184–209). Thousand Oaks, CA: Sage.