

**#17 The Effectiveness of Intervention Programs for Perpetrators and
Victims of Intimate Partner Violence**

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(A) *Study, Purpose, Method, and Findings.*

Given the alarmingly high prevalence of intimate partner violence (IPV) and the serious physical, psychological, and interpersonal consequences experienced by victims of such abuse, it is critical to examine the effectiveness of attempts to rehabilitate IPV offenders, prevent recurrent abuse, and alleviate suffering experienced by survivors. Over the last 35 years, both in the U.S. and in many other parts of the world, increasing efforts have been made to criminalize IPV, mandate psychosocial rehabilitation for offenders, and provide safety, support, and counseling for victims. However, prior research evaluating the effectiveness of such programs has questioned the extent to which these interventions actually achieve these important goals.

Consistent with the overall goals of the *Partner Abuse State of Knowledge Project*, the goal of the current review is to provide an up-to-date, descriptive synthesis of empirical research on the effectiveness of interventions designed to (a) reduce and end perpetration of IPV, and (b) increase victim well-being and safety perpetrators and victims of IPV. Considerable emphasis is placed on presentation and descriptive summary not only of the main study findings, but also the specific methodological details for each investigation reviewed. Important caveats and study limitations are also considered. The goal is to provide a concise overview of the state of knowledge in this area that we hope will be of considerable use to practitioners, policy makers, and researchers.

The review involved a detailed summary of all studies published primarily since 1990 using randomized or quasi-experimental designs that compared an active intervention program to a relevant comparison condition. These studies included 20 studies investigating the effectiveness of ‘traditional’ forms of batterer intervention programs (BIPs) aimed at perpetrators of IPV, 10 studies that investigated the effectiveness of alternative formats of BIPs, 16 studies of

brief intervention programs for IPV victim-survivors, and 15 studies of more extended intervention programs for IPV victim-survivors.

Results indicated that interventions for IPV perpetrators showed mixed evidence of effectiveness regarding their ability to lower the risk of IPV, and available studies had many methodological flaws that produced biased findings affected by various design and interpretive limitations (see table 1). More recent investigations of novel programs with alternative content have shown more promising results in reducing IPV likelihood (see table 2), although caution is in order given the limited scope of this research and challenges affecting whether these novel interventions can indeed be broadly implemented in criminal justice settings. Among interventions for victim-survivors of IPV, a range of therapeutic approaches have been shown to produce enhancements in emotional functioning, with the strongest support for CBT approaches in reducing negative symptomatic effects of IPV. Studies examining brief interventions for victim-survivors have reported inconsistent effects (see table 3). Several studies have found significant increases in safety behaviors, but enhanced use of community resources is often not found. Overall, it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization. Among more structured interventions for survivor-victims, supportive advocacy in community settings has been shown to reduce the frequency of re-victimization relative to no-treatment controls, although rates of re-victimization remain alarmingly high in these studies (see table 4).

(B) *Implications for Intervention and Policy.*

The results of this review suggest at least two important recommendations regarding intervention programs for IPV perpetrators and victims. First, the accumulated findings suggest that some intervention programs for IPV perpetrators and victims are effective at reducing the likelihood of IPV and improving individuals' quality of life. However, the quality of research underlying these findings is not of consistently high quality, the breadth of findings is quite limited, and the strength of these effects varies considerably depending on the population studied. Nevertheless, if one asks the question of whether there is evidence indicating whether programs are indeed effective at preventing new episodes of violence and improving the lives of survivor-victims, then the answer appears to be a somewhat qualified 'yes.' This affirmative conclusion applies more directly to interventions for victim-survivors, whereas conclusions about interventions for perpetrators are far more equivocal.

Second, there is little evidence to indicate the superiority of one type of intervention over another. The available research suggests that a wide variety of interventions appear to reduce or eliminate IPV among perpetrators and victims. Thus, there is no empirical justification for agencies, state organizations, judges, mental health professionals, or others involved in improving the lives of those impacted by IPV to limit the type of services offered to clients, or to restrict the theoretical and ideological underpinnings of such methods. For example, some of the strongest IPV-preventive effects among BIPs were associated with alternative, non-traditional interventions that focus on constructs such as readiness to change or motivational enhancement methods. This suggests that practitioners and policymakers should consider and attempt to implement a variety of different intervention methods for both perpetrators and victims in order to reduce IPV.

(C) Recommendations for Future Research.

The results of this review also indicate that the research base underlying this area of inquiry is severely limited. We were able to identify only 30 studies of BIPs and 31 studies of intervention for victim-survivors that met our inclusion criteria. This is a critically small number of intervention studies for an area of such public health significance. A variety of important limitations were present among available studies. Most were conducted in the U.S., most presented the kinds of biased conclusions that follow from the use of non-randomized designs, most had significant design implementation problems, and there were few attempts at replication. Future researchers in this area would be wise to broaden the type of interventions under evaluation to extend beyond the typical and traditional intervention packages than currently exist, and to examine whether specific components of interventions are associated with behavior change. In addition, researchers should extend the types of outcomes assessed beyond measures of recidivism, and to study a wider range of perpetrators and victims (e.g., studying female perpetrators and/or male victims; examining treatment effectiveness in non-U.S. samples).

About the Authors

Christopher Eckhardt, Ph.D. is an Associate Professor of Psychological Sciences at Purdue University, West Lafayette, IN. Dr. Eckhardt received his BA from the University of Michigan (1989) and his Ph.D. in Clinical/School Psychology from Hofstra University (1994). Prior to coming to Purdue, he was on the faculties of Southern Methodist University in Dallas, TX and the Univ. of North Carolina –Wilmington. Dr. Eckhardt’s research has investigated risk factors for intimate partner violence as well as factors that may predict successful/unsuccessful treatment outcomes among men assigned to partner violence abatement programs. His research has examined whether men who abuse their partners exhibit cognitive disturbances and intense emotional states (such as anger arousal problems) during emotionally charged relationship conflicts, including those that involve alcohol intoxication. A second line of research has investigated the relation between readiness to change and outcomes of treatment programs for abusive offenders. Dr. Eckhardt has published more than 40 scientific articles and books/book chapters on intimate partner violence, which has been supported by research grants from the National Institute of Mental Health, the H.F. Guggenheim Foundation, Alcoholic Beverage Medical Research Foundation, National Institute of Alcohol Abuse and Alcoholism, US Department of Justice, and the Centers for Disease Control and Prevention.

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PASK#17 Online Tables - Table 1. Studies Examining the Effectiveness of Traditional BIPs.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
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Table 1. Studies Examining the Effectiveness of Traditional BIPs.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Dutton, D. G. (1986). The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. <i>Violence and Victims, 1</i>, 163-175.</p>	<p>N = 137 (men $n = 100$, women $n = 37$)</p> <p>Age:</p> <ul style="list-style-type: none"> • Tx. group: $M = 34.6$ • Control group: $M = 34.4$ <p>Location: U.S. regional</p> <p>Education:</p> <ul style="list-style-type: none"> • Tx. group: $M = 11.2$ • Control group: $M = 10.8$ <p>Employment:</p> <ul style="list-style-type: none"> • Tx. group: 45% • Control group: 48% 	<p>Design: quasi-experimental</p> <p>Intervention ($n = 50$): group therapy consisting of cognitive-behavioral modification, anger management, and assertiveness training. The treatment group consisted of only those men who completed treatment.</p> <p>Control group ($n = 50$): Men arrested and convicted of wife assault but not treated due to practical considerations (i.e., probation expired before spot in treatment group was available), because they were deemed unsuitable for treatment, or because they attended fewer than four treatment sessions.</p> <p>Men were mandated to receive treatment by probation officer and/or therapist.</p> <p>Intent-to-Treat: All participants who dropped out of treatment and those assigned to treatment but</p>	<p>Primary Outcome: The rate of IPV recidivism in the untreated control group was 40% ($n = 20$); in contrast, the IPV recidivism rate in the treated group was 4% ($n = 2$). The authors reported a binomial effect size of 0.36; the authors stated that this implied that “treatment improves the non-recidivist rate from 60% to 90% according to police records.”</p> <p>On the CTS, both husbands’ self-reports and wives’ reports indicated a significant decrease in both severe violence and verbal aggression from pre- to post-treatment. However, some wives ($n = 8$) reported an increase in verbal aggression; of these, four reported no physical violence and four reported their husbands continued to engaged in severe physical violence four or more times per year.</p>

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		<p>never attended were included in the experimental group for analyses.</p> <p>Outcome Measures: Police records were examined over a three year period post-conviction. Pre- and post-treatment CTS reports were obtained from a subsample ($n = 37$) of men and their female partners. Pre-treatment data was obtained from men at the time of treatment; data from the women were obtained within five weeks of males' commencement of treatment. Post-treatment data were obtained from males and female partners separately, ranging from six months to three years ($M = 2$ yrs) post-treatment.</p> <p>Follow-Up Attrition: All participant criminal justice data ($n = 100$) were available at follow-up. All wives ($n = 37$) filled out the CTS as their "interview" at some point between 6 months and 3 years post-treatment. All husbands ($n = 37$) filled out and returned self-report measures at some point between 6 months and 3 years post-treatment.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Chen, H., Bersani, S., Myers, S. C., & Denton, T. (1989). Evaluating the effectiveness of a court-sponsored abuser treatment program. <i>Journal of Family Violence, 4</i>, 309–322.</p>	<p>N = 221 Age: <i>M</i> = 33 Sex: 100% male Race: 61% White, 39% non-white Employment: 57% employed</p>	<p>Design: quasi-experimental, non-equivalent control group.</p> <p>Interventions: Individuals in treatment condition (<i>n</i> = 120) were convicted batterers referred to <i>Time Out</i> program during a 20-month period. The program consists of two phases. In <i>Phase one</i>, participants attended four, 2-hour sessions during which they viewed three videotapes depicting domestic violence that served as the basis for discussion, with an emphasis on the topics of control, denial, and isolation, which would be targeted during <i>Phase two</i>. In <i>Phase two</i>, participants attended four, 2-hour sessions that were less structured and focused on discussions of various topics relevant to family violence (e.g., stress management).</p> <p>The control group (<i>n</i> = 101) was created from municipal court records and consisted of matched controls also convicted of DV.</p> <p>Program Attrition: 37% of the sample did not attend the mandated minimum 75% of sessions; one-third</p>	<p>Primary Outcome: Results indicated that only those who attended 75% or more of the treatment session showed decreased recidivism. Individuals who attended less than 75% of treatment sessions were not statistically different from the comparison group in regards to recidivism rates.</p> <p>Issues/Concerns: The interval between treatment conclusion and follow-up assessment of criminal records was not reported. An extended period of time versus immediate appraisal would have substantially different conclusive meaning.</p>

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		<p>of non-completers did not attend any sessions.</p> <p>Intent-to-Treat: Approximately 65% ($n = 78$) of participants attended at least 75% ($n = 90$) of treatment program sessions. Approximately 37% ($n = 44.4$) of participants failed to attend at least 75% of sessions. About 12% ($n = 14.4$) of these non-completers did not attend any sessions. All participants who dropped out of treatment or were assigned to treatment but never attended a session were included in the experimental group for analyses.</p> <p>Outcome Measure: Criminal arrest records.</p> <p>Follow-Up Attrition: 100% ($n = 221$) of participant criminal justice data were available for follow-up. Follow-up assessment of the <i>treatment</i> group occurred after a mean number of 430 days post-sentencing. Follow-up assessment of the <i>control</i> group occurred after a mean number of 471 days post-sentencing.</p>	

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<p>Edleson, J. L., & Syers, M. (1991). The effects of group treatment for men who batter: An 18-month follow-up study. <i>Research in Social Work Practice, 1</i>, 227–243.</p>	<p>$N = 70$ (those providing 18-month follow-up data; original intent-to-treat sample was $N = 283$)</p> <p>Age:</p> <ul style="list-style-type: none"> • Range = 18-56 • $M = 33.7$ ($SD = 8.3$) <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> • White: 72.9% • Black: 7.1% • Hispanic: 1.4% • Asian: 1.4% <p>Location: U.S. regional</p> <p>Education: $M = 13.7$ ($SD = 2.2$)</p> <p>SES:</p> <ul style="list-style-type: none"> • Under \$10,000: 32.8% • \$10,000 to \$29,999: 44.3% 	<p>Design: experiment consisting of random assignment to one of three treatment groups.</p> <p>Assignment: Participants were assigned randomly.</p> <p>Types of intervention:</p> <ul style="list-style-type: none"> • Self-help model: loosely structured and facilitated by a former batterer who refrained from additional violence for at least one year, was trained in group facilitation, and had previous experience facilitating self-help groups. A professional consultant was available during the group sessions as back-up. Topics for group discussion were driven by group members and group members were encouraged to share personal examples/stories. Four specific topics were discussed at some point during the intervention: 1) personal responsibility for violence behavior, 2) developing a personal plan for being nonviolent, 3) use of time-out as 	<p>Primary Outcomes: There were no significant differences between the group models on reports of physical violence, regardless of intensity level. Education and combined models were equally effective in reducing reports of violence; those in the self-help group (21.1%) reported less violence than those in the education (36.4%) and combined (37.9%) groups.</p> <p>Secondary Outcomes. No differences were found in reports of violence between the 12- and 32-session programs; however, there was a trend for the 32-session program to be more effective than the 12-session group in reducing reports of violence (23.3% reported violence in the 32-session group in comparison to 40% of the 12-session group).</p> <p>Additional findings:</p> <ul style="list-style-type: none"> • Men reporting prior involvement in the court-system and no prior mental health treatment at intake were significantly less likely to be reported as violent at the 18-month follow-up. • There were no significant differences between group models, and between groups of differing treatment length, on reports of terroristic threats.

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	<ul style="list-style-type: none"> Over \$30,000: 15.7% 	<p>a way to diffuse tension, and 4) how violence develops along a cycle.</p> <ul style="list-style-type: none"> Education model: Heavily structured group, led by professional facilitator, based on lectures, videotaped and role-play demonstrations, and group discussion. Group discussion centered primarily on the material presented during the group session and use of personal examples was kept at a minimum. Five modules were presented over the course of treatment: 1) Introduction, 2) Abuse: How it happens, 3) Abuse: It's impact on people in my life, 4) Why has abuse become a part of my life, and 5) How to change. Group members completed reading and homework assignments directly related to the topic. Combined model: combined elements of the self-help and educational groups. Each group began with a brief check-in period, followed by presentation of educational lectures, and then 	

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		<p>time to discuss personal issues. The information presented was essentially the same as the education model, except that the information was presented in less detail to allow time for group discussion.</p> <p>Each intervention was offered at two intensity levels: 1) 12 sessions and/or 2) 32 sessions. The 12-session groups met once a week for 2 hours and 15 minutes, while the 32-session groups met twice a week, also for 2 hours and 15 minutes. A total of six groups of each model-intensity combination were offered over a 12-month period. Groups in the first six months were offered in the 32-session format, while groups in the latter six months were offered in the 12-session format.</p> <p>Program Attrition: Of the 283 males commencing BIP, 153 (54.1%) completed the program. Of these, 70 provided 18-month follow-up data.</p> <p>Intent-to-Treat: Did not use intent-to-treat analyses. Those who did not</p>	

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		<p>complete the treatment program were not contacted for follow-up interviews.</p> <p>Outcome Measures: Female partner reports of violence during phone interview; if female unavailable, male interviewed.</p> <p>Follow-Up Attrition: Only about 46% ($n = 70$) of the 153 men who completed the program finished the follow-up by telephone interview (or their partners) at 18 months post-treatment.</p>	
<p>Palmer, S., Brown, R., & Barrera, M. (1992). Group treatment program for abusive husbands: Long-term evaluation. <i>American Journal of Orthopsychiatry</i>, 62, 276-283.</p>	<p>N = 59, recruited over a 16 month period</p> <p>Males only, Canadian sample. No demographic data provided.</p>	<p>Design: Experimental design using randomization.</p> <p>Assignment: Participants were assigned using a block randomization procedure. Males assigned to treatment if new group was to begin within three weeks; otherwise assigned to control.</p> <p>Experimental Group ($n = 30$): Court-involved males for an IPV offense mandated to attend BIP, which consisted of a 10-session</p>	<p>Primary Outcome: Men in the experimental group were significantly less likely to reoffend than men in the control group (10% vs. 31%, respectively).</p> <p>Secondary outcomes:</p> <ul style="list-style-type: none"> - No differences between groups in total number of police reports for non-IPV offending. - No differences between groups in pre-post BIP change scores on a personality measure.

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		<p>intervention. BIP content was client-centered, psychoeducational, and cognitive-behavioral: (1) understanding violence and its consequences; (2) issues of denial and responsibility; (3) anger control; (4) enhancing self-esteem; and (5) relationship skill building.</p> <p>Control Group (n = 29): Court-involved males for an IPV-related offense not mandated to attend BIP. Some voluntarily sought treatment.</p> <p>Program Attrition: 30% of those in the treatment group failed to complete the program</p> <p>Intent-to-Treat: All participants were included in analyses of treatment outcome.</p> <p>Outcome Measures: Questionnaires mailed to participants 12 months post-BIP; average time for measures to be returned was 16-18 months post-BIP. Police reports of post-adjudication reoffending assessed at 12 months after last participant completed BIP.</p>	<p>Notes/Issues: Numerous methodological concerns. (1) No information provided about how this small sample was derived or the sample size of the intent-to-treat sample, leaving open the possibility of selection bias for the total sample. (2) The authors noted that there were ethical concerns about the project at the treatment site, but these issues were not elaborated upon. (3) Female partner reports were not used to assess reoffending. (4) Length of follow-up police reports of recidivism not equivalent across participants; some had 12-month post-BIP recidivism data, others were tracked for as long as 24 months post-BIP. (5) While there was an effect for assignment to condition, the authors did not find an association between attendance at BIP and reoffending, again suggesting the presence of external variables that may have contributed to study outcomes.</p>

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		<p>Follow-Up Attrition: The average follow-up period for offender and partner outcome data was 16-18 months. A 50% ($n = 15$) return rate was obtained from those in the treatment group, while the control group had a return rate of 61% ($n = 17$). 30% ($n = 10$) of partners of men in the treatment group returned follow-up data compared to 11% ($n = 3$) of partners of men in the control group. 98% ($n = 58$) of participant criminal data was available at 12-month follow-up.</p>	
<p>Syers, M., & Edleson, J. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. <i>Journal of Interpersonal Violence</i>, 7, 490-502.</p>	<p>N = 358 male IPV perpetrators</p> <p>196 (54.8%) female partners were reassessed at the 6 month follow-up and 121 (33.8%) at the 12-month follow-up</p> <p>Perpetrator Demographics: <i>M</i> age = 32.0</p> <p>Race/Ethnicity:</p>	<p>Design: Quasi-Experimental, nonequivalent control group.</p> <p>Offenders adjudicated on an IPV offense were classified into three groups based on 6-month follow-up recidivism reports:</p> <ul style="list-style-type: none"> - reoffender originally mandated to BIP ($n = 25$) - reoffender not originally mandated to BIP ($n = 87$) - males who did not reoffend ($n = 72$) <p>Intent-to-Treat: All offenders</p>	<p>Primary outcomes:</p> <p>At the 6-month follow-up, there were no significant differences among the groups in violence recidivism rates: rearrested and mandated to BIP = 32.4% ($n = 12$); rearrested and not mandated to BIP = 44.8% ($n = 39$); not rearrested = 38.9% ($n = 28$); $X^2(2) = 4.72, p < .09$.</p> <p>At the 12-month follow-up, there were marginally significant differences among the groups in violence recidivism rates: rearrested and mandated to BIP = 20.0% ($n = 5$); rearrested and not mandated to BIP = 39.2%</p>

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	<ul style="list-style-type: none"> - % European-Americans = 43.9 - % African-Americans = 42.7 - % American Indian = 8.9 - % Asian-American = 1.7 <p>Education:</p> <ul style="list-style-type: none"> - Up to high school = 50.0 - More than high school = 30.7 <p>Income:</p> <ul style="list-style-type: none"> - % No income = 31.0 - % less than 10k = 14.8 - % 10k – 29.9k = 25.4 - % 30k or more = 4.5 	<p>originally mandated to BIP, regardless of program completion, were included in the analyses.</p> <p>Outcome Measures: Police arrest reports and female partner reports of IPV collected during an interview.</p> <p>Follow-Up Attrition: At the 6-month follow-up, 54.8% (<i>n</i> = 196) of victims could be reached for interview. At the 12-month follow-up, interview data were obtained from 33.8% (<i>n</i> = 121) of victims. Criminal justice records were available for 100% (<i>n</i> = 358) of offenders at time of retrieval.</p>	<p>(<i>n</i> = 20); not rearrested = 48.9% (<i>n</i> = 22); $X^2(2) = 5.65, p < .09$.</p> <p>Secondary outcomes: Strongest predictor of DECREASED recidivism was first-time police visits to home.</p> <p>Notes/Issues: Only those males who could be followed for 6- and 12-months were included in the analyses, potentially biasing subsequent reports the association between BIP and recidivism since those in the follow-up portion of the study were better educated and reported higher income levels.</p>
Dobash, R., Dobash, R. E., Cavanagh, K., &	N = 256 (men <i>n</i> = 122, women <i>n</i> = 134)	Design: Men who were mandated to attend one of two batterer	Primary Outcome: According to court records, 7% (<i>n</i> = 4) of men in the treatment

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<p>Lewis, R. (1996). Reeducation programs for violent men—An evaluation. <i>Research Findings</i>, 46, 309–322.</p>		<p>intervention programs, CHANGE or Lothian Domestic Violence Probation Project (LDVPP) ($n = 51$) men, were compared to those receiving traditional sanctions (i.e., probation, court, prison) ($n = 71$).</p> <p>Intent-to-Treat: Insufficient information to determine.</p> <p>Outcome data: Official re-arrest data and reports from female partners (treatment $n = 47$; comparison $n =$ 81). Data were gathered at three time points: sentencing (Stage 1), 3 months after the initial assessment (Stage 2), and 12 months after the initial assessment (Stage 3).</p> <p>Attrition Due to Follow-Up: Separate interviews were achieved at Stage 1 with 51 men and 47 women in the Program Group and with 71 men and 87 women in the Other Criminal Justice (OCJ) Group. At Stages 2 and 3 they were mailed separate questionnaires. These were completed at Stage 2 by 80% ($n =$ 41) of men and 83% ($n = 39$) of women in the program group and 72% ($n = 51$) of men and 77% ($n =$</p>	<p>group and 10% ($n = 7$) of men in the control group were re-arrested on domestic violence charges during the 12-month follow-up period.</p> <p>According to female partners' reports, men in the treatment group showed greater reduction in violent and intimidating behavior than men in the control group. At Stage 2, 30% ($n = 15$) of men in the treatment group had perpetrated at least one act of violence compared to 62% ($n = 44$) of men in the control condition. At Stage 3, 33% ($n = 17$) of men in the treatment group had perpetrated additional violence, compared to 75% ($n = 53$) of the control group.</p> <p>Secondary Outcomes: Women with partners in the treatment group reported less frequent violence during the follow-up period. Whereas 16% of women with partners in the control group reported five or more incidents at Stage 2, none of the women with partners in the treatment group reported frequent violence. At Stage 3, 37% of women with partners in the control group reported frequent violence in comparison to 7% of women with partners in the treatment group.</p> <p>Women with partners in the treatment group reported significant reductions in</p>

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		<p>67) of women in the OCJ Group. By Stage 3, questionnaires were returned by 53% ($n = 27$) of men and 60% ($n = 28$) of women in the program group and 49% ($n = 35$) of men and 57% ($n = 50$) of women in the OCJ Group. Criminal justice data for 100% ($n = 13,319$) of the participants were available at each follow-up period.</p>	<p>perpetrators' controlling behavior, such as threatening violence, restricting social life, and shouting. In comparison, women with partners in the control group did not report such changes.</p> <p>In comparison to women with partners in the control group, who reported no change or deterioration in their partners, women with partners in the treatment group were more likely to report feeling happy, more relaxed, and less frightened after their partners completed treatment.</p> <p>Issues/Concerns: Final sample consists of only 13% of offenders charged with violence towards a partner in the study time frame. No information was provided about how this sample was derived, leaving open the likelihood of selection concerns in interpreting these results.</p>
<p>Saunders, D.G. (1996). Feminist cognitive-behavioral and process psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models.</p>	<p>$N = 218$</p> <p>All male.</p> <p>M age = 32.4</p> <p>% African-American = 14%</p> <p>% Asian-American =</p>	<p>Design: Randomized experiment.</p> <p>Participants randomly assigned into one of two groups that met 2.5 hours weekly for 20 weeks:</p> <p>Feminist Cognitive Behavioral treatment (FCBT) ($n = 91$ attended</p>	<p>Primary Outcomes: The difference in recidivism rates for males completing at least 16 sessions of FCBT (45.9%) and PPT (48.5%) was not significantly different.</p> <p>There were no significant group differences on measures of psychological aggression,</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p><i>Violence & Victims, 11, 393-414.</i></p>	<p>1% % Caucasian/Euro-American = 78% % Latino/Hispanic = 3% % Native American = 4%</p> <p><i>M</i> yrs education = 12.6</p> <p>% not completing high school = 18% % some college = 23% % college degree = 11%</p> <p>% Court referred = 76%</p>	<p>first session): structured group intervention focusing on didactic sessions on communication and cognitive skills, skills training in relaxation, consciousness-raising exercises about sex roles and gender issues, and cognitive/behavioral rehearsal of these issues.</p> <p>Process Psychodynamic treatment (PPT) (<i>n</i> = 87 attended first session): less structured approach that focused on group process factors, uncovering traumatic childhood events, exploring emotional reactions to these recollections, and transferring lessons learned from these experiences to current relationships.</p> <p>Program Attrition: 38% (<i>n</i> = 82); 18% (<i>n</i> = 40) of participants never attended a single session; 82% (<i>n</i> = 178) attended the first group session; 62% (<i>n</i> = 136) completed program)</p> <p>Intent-to-Treat: Those who did not attend at least 16 of the 20 sessions were excluded from the analyses.</p> <p>Primary Outcome Measures: (1) Women's reports of physical</p>	<p>non-DV crimes against persons, any criminal activity, or self-/partner-reported positive or negative changes as a function of treatment.</p> <p>Interaction effects: Those with a Dependent Personality Disorder diagnosis had lower recidivism rates in PPT groups and higher rates in FCBT treatment.</p> <p>Those scoring higher on MCMI-assessed antisocial personality disorder had significantly lower post-treatment recidivism rates in FCBT groups and higher rates in PPT groups. A similar pattern of treatment x trait interaction effects was found for males with higher Hypomania scores, and males with higher pre-treatment relationship satisfaction.</p> <p>Secondary outcomes: While a variety of childhood trauma, affective/emotional, and cognitive variables were related to violent behavior, they did not predict differential outcomes of treatment.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>and psychological IPV as measured by a modified CTS (79% response rate).</p> <p>(2) Men's reports of violence as measured by modified CTS when female reports unavailable,</p> <p>(3) Official state police arrest records.</p> <p>Secondary Outcome Measures: - personality dynamics (MCMI-I); relationship satisfaction; attitudes towards woman abuse (IBWB); self-esteem (Rosenberg); hostility (BDHI); attitudes towards women (ATWS); democratic decision making (PDI); level of conflict; anger towards partner (NAI); jealousy; depression (BDI).</p> <p>Follow-Up Attrition: Partner reports were received at any point between 18-54 months following treatment termination, with 86% (<i>n</i> = 55) and 72% (<i>n</i> = 52) response rates from the FCBT and PPT groups respectively. All criminal records were available for the sample (<i>n</i> = 218) at follow-up.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Babcock, J. C., & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. <i>Journal of Family Psychology, 13</i>, 46-59.</p>	<p>N = 355</p> <p>Age: $M = 32.65$ ($SD = 9.57$)</p> <p>Sex: 100% male</p> <p>Race/Ethnicity: 41% Caucasian; 36% African American; 7% Hispanic; 9% Asian; 8% other.</p> <p>Location: Greater Seattle area</p> <p>Education: 19% less than high school degree; 45% high school degree/GED; 36% some college/degree.</p> <p>SES: \$0 to \$5,000/month ($M = \\$1,158$/month, $SD = \\$846.44$/month).</p>	<p>Design: Longitudinal/quasi-experimental. Treatment completers were compared to non-completers and perpetrators who were incarcerated in lieu of treatment.</p> <p>All participants were court-mandated to attend a local treatment program.</p> <p>Types of intervention: DV group treatment only ($n = 133$), DV group treatment plus chemical dependency treatment ($n = 128$), chemical dependency treatment only ($n = 21$), alternative treatment (e.g., individual treatment) ($n = 23$), or incarceration ($n = 55$).</p> <p>Group treatments consisted of 26 weekly sessions and 6 monthly sessions thereafter. Of those in group DV, 31% ($n = 106$) completed treatment; 43% ($n = 69$) of those assigned to chemical dependency treatment completed the course of treatment. About 60% ($n = 234$) of the sample were non-completers, with 23% ($n = 55$) having their probation revoked, 2 participants died, and in 1 case, the jurisdiction</p>	<p>Primary Outcome: Overall, treatment completion was found to be inversely associated with recidivism: At the 2-yr follow-up, non-completers were significantly more likely to have committed one or more DV offenses.</p> <ul style="list-style-type: none"> - Relative to 8% of treatment completers, 23% of non-completers and 62% of incarcerated individuals had reoffended. - Number of sessions attended was negatively associated with post-treatment re-arrest and accounted for unique variance in the prediction of recidivism, even after controlling for criminal history and demographic differences. - A small effect size ($d = .30$) between treatment completion and recidivism was reported at follow-up. <p>Secondary Outcome: Individuals that were incarcerated were the most likely to commit additional DV and other criminal offenses. This relationship remained even after controlling for prior criminal record and demographic variables. Finally, perpetrators completing substance treatment only were as likely as treatment non-completers to reoffend.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>expired. Of the non-completers, 58% ($n = 123$) did not complete a single session.</p> <p>Outcome Measure: Participants met with probation officers once a month for 2 years. Criminal records were reviewed 2 years after the initial arrest, 1 year post-treatment for DV, to determine recidivism.</p> <p>Follow-Up Attrition: At 2 year follow-up, about 95% ($n = 339$) of participant criminal record data were available from police reports. 87% ($n = 45$) of the incarcerated participants had recidivism data available at follow-up.</p>	
<p>Dunford, F. W. (2000). The San Diego Navy experiment: An assessment of interventions for men who assault their wives. <i>Journal of Consulting and Clinical Psychology</i>, 68, 468–476.</p>	<p>N = 861 U.S. Navy couples</p> <p>Age: $M = 27$</p> <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> • Caucasian: men = 48%, women = 40% • African American: men = 	<p>Design: Randomized clinical trial.</p> <p>Interventions: Participants randomly assigned to one of four conditions: 1) Men’s CBT group, 2) Conjoint group, 3) Rigorous monitoring group, or 4) Control group.</p> <p>Men’s CBT group: Cognitive-behavioral therapy based group. Men attended weekly sessions for six months and then monthly</p>	<p>Primary Outcome:</p> <p>Overall, there were no differences found among any of the four treatment groups on the four outcome measures. None of the treatments appeared to be any more or less effective than the rest in reducing recidivism.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>35%, women = 28%</p> <p>Education: $M = 12.6$ years</p> <p>Income: $M = \\$2,594$ total family income per month before taxes</p> <p>Rank: $M =$ Petty Officer Third and Fourth Class (equivalent of Private First Class and Corporal, respectively, in the Army)</p>	<p>sessions for another 6 months. Weekly sessions were comprised of both didactic (e.g., addressed attitudes towards women and violence, cognitive restructuring, communication skills) and process activities (e.g., dealing with issues that emerged during didactic portion of session). Monthly groups consisted of review and process activities.</p> <p>Conjoint group: treated perpetrators and victims simultaneously using CBT groups for 26 weeks, followed by six monthly sessions. The sessions also consisted of both didactic and process activities.</p> <p>Rigorous monitoring group: Consisted of individual counseling for 12 months by a case manager at the Family Advocacy Center (FAC). Participants were informed that their behavior was being monitored and that their commanding officers would be advised of new instances of abuse. Progress reports were sent to perpetrators' commanding officer after each individual treatment session. A record search was</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>completed every six weeks to determine if perpetrators had been arrested or referred to court anywhere in San Diego County. Monthly calls were placed to female partners to inquire about new instances of abuse.</p> <p>Control group: Men did not receive treatment. Female spouses in this condition, like those in the other conditions, received preliminary assistance called <i>stabilization and safety planning</i> to ensure that they were not in immediate danger.</p> <p>Program Attrition: Seventy-one percent ($n = 611$) of participants completed the study. Fifteen percent ($n = 129$) were discharged from the Navy during experiment. Another 14% ($n = 120$) dropped out due to transfers, failing to attend sessions, and seeking alternative treatment.</p> <p>Intent-to-Treat: All participants who dropped out of treatment and those assigned to treatment but never attended a session were included in the experimental group for analyses.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Outcome Measures: 1) a self-report episodic measure for female partners which assessed the number of incidents occurring across three levels of abuse (feeling endangered, physically assaulted, and/or injured); 2) a modified version of the Conflict Tactics Scale (CTS) administered to female partners; 3) official police and court records; and 4) time to first re-assault.</p> <p>Follow-Up Attrition: A baseline interview was taken before treatment began, a second interview was conducted at the conclusion of the first 6 months of treatment, and 2 more interviews were conducted at subsequent 6-month intervals. The rate of follow-up data availability for each collection point was as follows: first interview, 86% ($n = 740$); second interview, 82% ($n = 706$); third interview, 78% ($n = 671$); and fourth interview, 75% ($n = 645$). Criminal justice records were available for 100% ($n = 861$) of the participants at each follow-up period.</p>	
Taylor, B. G., Davis, C.	N = 376	Design: Randomized clinical trial.	Primary Outcomes:

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>R., & Maxwell, C. D. (2001). The effects of a group batterer treatment program: A randomized experiment in Brooklyn. <i>Justice Quarterly</i>, 18, 171-201.</p>	<p>Age: $M = 33$ years</p> <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> • 36% African American • 28% Hispanic • 21% West Indian • 16% Caucasian, Asian, or other <p>Location: Kings County, Brooklyn, NY</p> <p>Education:</p> <ul style="list-style-type: none"> • 33% less than H.S. diploma • 33% H.S. diploma/GED • 33% some college <p>SES: $M = \\$16,000$/year</p>	<p>Participants were randomly assigned to one of two intervention conditions:</p> <p>(1) Treatment ($n = 190$) – males participated in the Duluth-model-based Alternatives to Violence (ATV) program. The group combined didactics and process components to address different aspects of domestic violence and encourage participants to accept responsibility for their actions. All groups were led by a male/female team and were conducted in English or Spanish. Participants were mandated to complete 40 hours over an eight week period.</p> <p>(2) Control ($n = 186$) -- Participants were required to complete 40 hours of community service over a 2-week period (e.g., painting senior centers, cleaning up playgrounds, clearing vacant lots, etc.).</p>	<p>At 6 months post-sentencing, the experimental group showed a significantly lower rate of recidivism than the control group based on criminal justice records. This finding remained significant 12 months post-sentencing, but the magnitude of the relationship had diminished.</p> <p>At both the 6 month and 12 month follow-ups, the experimental group showed significantly fewer incidents of recidivism than the control group.</p> <p>According to victim reports, at the 6 month follow-up, there were no significant differences between the two groups when looking at reports of “any violence.” However, when looking at “severe” violence, though non-significant, the treatment group showed a 50% reduction in severe violence perpetrated from the baseline. Prior arrest and Hispanic ethnicity were risk factors for perpetrating severe violence. Findings during the 12 month follow-up mirrored those from the 6 month follow-up.</p> <p>Notes/Issues:</p> <p>(1) Of the 11,000 IPV cases adjudicated during the study period, only 376 cases were enrolled due to the</p>

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		<p>A pattern of non-attendance was grounds for dismissal in both conditions; in the treatment condition, three non-excused absences resulted in dismissal.</p> <p>Intent-to-Treat: All participants in the experimental group, regardless of their treatment completion, were included in the analyses.</p> <p>Outcome Measures: Recidivism data were collected from multiple sources, including victim self-reports and official criminal justice records.</p> <ul style="list-style-type: none"> - Female partners were interviewed at three time points: at the time of sentencing, 6 months after sentencing, and 12 months after sentencing. - Police records were examined 12-months post-sentencing for new victims' complaints and for re-arrest data. <p>Follow-Up Attrition: The initial partner interview was conducted at sentencing with a return rate of 51%</p>	<p>requirement that the judge, prosecutor, and defendant had to all agree on the post-adjudication intervention recommendation. Suggests that other selection-bias variables may compromise the degree of generalizability to broader population of IPV offenders.</p> <p>(2) In 53 of the cases, the judge over-rode the random assignment and assigned individuals to receive treatment who had been randomized into the control condition.</p> <p>(3) While there was an effect for being <i>assigned</i> to a BIP, there was no evidence that <i>attendance</i> at the BIP was responsible for the positive outcomes. While more men completed an 8-wk version of the BIP than the original 26-wk version, those in the 8-wk BIP had recidivism rates equivalent to the control group (i.e., the lowest rate of reoffending was observed in the 26-wk group). Thus, the program effect may be one of violence suppression/supervision rather than elimination of violent or criminal behavior, an effect supported by subsequent analyses by Maxwell et al. (2010).</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>(<i>n</i> = 181). The 6- and 12-month follow-up rates were 48% (<i>n</i> = 171) and 50% (<i>n</i> = 186) respectively. Criminal justice records were accessed for 100% (<i>n</i> = 376) of offenders at the 12-month follow-up.</p>	
<p>Feder, L., & Dugan, L. (2002). A test of the efficacy of court-mandated counseling for domestic violence offenders: The Broward Experiment. <i>Justice Quarterly</i>, 19, 343-375.</p>	<p>N = 404 males</p> <p>Age: 19 – 71 years (<i>M</i> = 35, <i>SD</i> = 10)</p> <p>Race:</p> <ul style="list-style-type: none"> • Caucasian = 57% • African-American = 36% • Hispanic = 6% <p>Location: South Florida</p> <p>Education: 9% college graduates</p> <p>SES: <i>M</i> = \$20,688</p>	<p>Design: Randomized clinical trial.</p> <p>Treatment group (<i>n</i> = 230): men in this condition were sentenced to receive one year of probation and mandated to attend one of five 26-week, group batterer intervention programs based on the Duluth model.</p> <p>Control group (<i>n</i> = 174): men in this condition received one year of probation but no batterer intervention program.</p> <p>How Assigned: Participants were randomly assigned to the group based on a computer generated docket number. Odd numbers were assigned to the control group; even numbers were assigned to the experimental group.</p> <p>Program Attrition: Overall, 29%</p>	<p>Primary Outcomes: The groups did not differ in recidivism rates; however, additional analyses showed that for men assigned to a batterer intervention program, each intervention session attended reduced likelihood of future recidivism.</p> <p>Secondary Outcomes: There were no differences between the treatment and control groups on the measure of social desirability.</p> <p>There were no differences between the two groups on the Inventory of Beliefs About Wife Beating or on the Attitudes Towards Women Scale at any of the time points. In addition, neither group showed a change in beliefs or attitudes over time.</p> <p>There were also no differences between groups in regard to how much blame they attributed to their partner for the incident. There was no change in this belief over time in either group.</p>

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		<p>attended all sessions, 95% missed five or fewer sessions. Make-up of missed sessions was required; about 66% ($n = 153$) eventually attended all sessions. Thirteen percent ($n = 30$) of the treatment group completed zero sessions, and 9 (3.9%) were classified as non-completers. Ninety-seven percent ($n = 169$) of control group did not attend any treatment sessions. Three percent ($n = 5$) of the control group attended treatment sessions (by choice).</p> <p>Intent-to-Treat: All participants who dropped out of treatment and those assigned to treatment but never attended were included in the experimental group for analyses.</p> <p>Outcome Measures: Data were gathered from the perpetrator, victim, and official records. Perpetrators were interviewed at the time of adjudication and 6 months post-adjudication. Victims were interviewed at the time of adjudication and 6 and 12 months post-adjudication. Probation records were checked one year post-</p>	<p>There were no differences between the two groups on how likely they thought there were to abuse their partner in the future.</p> <p>Notes/Issues:</p> <ul style="list-style-type: none"> - Judge overrode random assignment for 14 cases (3.5%), changing assignment from Control to Treatment. - Substantial follow-up data attrition; 50% of male defendants, and 30% of female partners, assessed at 6-month follow-up. Only 22% of female partners assessed at 12-month follow-up.

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		<p>adjudication to assess for recidivism.</p> <p>The revised Conflict Tactics Scale (CTS2) was used to assess verbal, physical, and sexual abuse. Perpetrators beliefs about the appropriateness of domestic violence were assessed with the Inventory of Beliefs About Wife Beating. Men’s perceptions of appropriate roles for women were assessed with the Attitudes Towards Women scale. A single item asked whether perpetrators believed the offense that brought them to court should be treated as a crime. Perpetrators were asked to rate how much their partners were blamed for the incident that occurred. They were also asked to indicate how likely they were to hit their partner again in the next year. Parallel interviews were conducted with female partners to corroborate perpetrator self-reports.</p> <p>Follow-Up Attrition: At the 6-month follow-up, 50% of male defendants, and 30% of female partners were interviewed. Only 22% of female partners were assessed at 12-month</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Jones, A. S., & Gondolf, E. W. (2002). Assessing the effects of batterer program completion on reassault: An instrumental variables analysis. <i>Journal of Quantitative Criminology</i>, 18, 71-98.</p>	<p><i>N</i> = 640 males across three sites.</p> <p>Age:</p> <ul style="list-style-type: none"> - % 18-25 = 20 - % 26-35 = 48 - % 36-65 = 31 <p>Race:</p> <ul style="list-style-type: none"> - % White = 43 - % African-American = 26 - % Latino = 24 - % other = 7 <p>Education:</p> <ul style="list-style-type: none"> - % < High School = 23 - % high school graduate = 38 - % some college = 25 - % college graduate = 13 <p>% Not Employed = 28</p>	<p>follow-up.</p> <p>Design: Quasi-experimental design comparing completers to non-completers using instrumental variable analyses.</p> <p>Original study (Gondolf, 1999) based on four intervention locations: (each <i>n</i> = 210).</p> <ul style="list-style-type: none"> - Pittsburgh program: pretrial referrals; 12 weekly sessions; referrals given for substance abuse treatment and psychotherapy. - Denver program: treatment mandated as part of sentencing; 36 weekly sessions; assessment and psychotherapy provided, along with in-house alcohol treatment sessions, and women’s case management. - Dallas program: treatment mandated as part of sentencing; 12 weekly sessions; in addition to batterer intervention provided individual assessment and psychotherapy, along with 	<p>Primary Outcomes: Program completers were 40 percentage points less likely to re-offend than non-completers at the 15-month follow-up.</p> <p>Notes/Issues: Using a propensity score matching statistical approach, Jones, D’Agostino, Gondolf, and Heckert (2004) reported that program completion reduced the probability of reassault during the 15-month follow-up by 33% for the full sample, and by nearly 50% for the court-ordered men.</p>

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		<p>women's groups.</p> <ul style="list-style-type: none"> - Houston program: treatment mandated as part of sentencing; 24 weekly sessions; support for battered women and referrals for substance abuse treatment. <p>Present analyses based on only 3 of these 4 sites due to one site having different pattern of outcomes (higher levels of reoffending) relative to others.</p> <p>Participants were the first 20 to 25 men appearing to the program intake each month until 210 men were recruited from each site. 82% ($n = 525$) of men were court-mandated to attend treatment, while the remaining 18% ($n = 115$) entered the programs voluntarily.</p> <p>Follow-up period spanned 15 months; female partners were contacted within 2 weeks of male entering treatment program and then every 3 months after.</p> <p>Intent-to-Treat: Due to this study design, an intent-to-treat philosophy</p>	

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		<p>cannot be applied; those who dropped out of treatment were compared to those who completed treatment using instrumental variable analyses to control for unmeasured variable influence on outcome measures.</p> <p>Outcome Measures: Re-assault as reported by the female partners using a series of questions from the Conflict Tactics Scale (CTS) physical aggression subscale and inventories assessing non-physical abuse such as controlling behaviors, verbal abuse, and threats.</p> <p>Follow-Up Attrition: By the 15-month follow-up assessment, 25% ($n = 160$) of partners were unable to be contacted.</p>	
<p>Shepard, M. F., Falk, D. R., & Elliot, B. A. (2002). Enhancing coordinated community responses to reduce recidivism in cases of domestic violence. <i>Journal of Interpersonal Violence, 17</i>, 551-569.</p>	<p>N = 798</p> <ul style="list-style-type: none"> • 1994 $n = 261$ • 1996 $n = 217$ • 1997 $n = 220$ • 1998 $n = 100$ <p>Age: 1994:</p>	<p>Design: Quasi-experimental, non-equivalent comparison group design.</p> <p>All offenders participated in the Men's Nonviolence Program. Data were collected during a pre-intervention period (1994), a pilot year (1996) and two intervention periods (1997 and 1998).</p>	<p>Primary Outcomes: Among the baseline group, the 1994 group of men, rates of recidivism were significantly higher than among the 1996, 1997, or 1998 groups. These differences remained statistically significant at the 6- and 12-month follow-ups among the 1997 and 1998 men.</p> <p>Being court-mandated to attend treatment</p>

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	<ul style="list-style-type: none"> • Younger than 21 = 9% • 21-30 = 45% • 31-40 = 24% • 41-50 = 9% • Older than 50 = 4% <p>1996:</p> <ul style="list-style-type: none"> • Younger than 21 = 9% • 21-30 = 35% • 31-40 = 36% • 41-50 = 14% • Older than 50 = 2% <p>1997:</p> <ul style="list-style-type: none"> • Younger than 21 = 10% • 21-30 = 37% • 31-40 = 27% • 41-50 = 15% • Older than 50 = 3% <p>1998:</p> <ul style="list-style-type: none"> • Younger than 21 = 7% 	<p>The comparison groups included the following:</p> <ul style="list-style-type: none"> • 1994 male offenders compared to 1996 male offenders • 1994 male offenders compared to 1997 male offenders • 1994 male offenders compared to offenders from the first 6 months of 1998 <p>Interventions:</p> <ul style="list-style-type: none"> • Domestic Abuse Intervention Project (DAIP): coordinated community response program that coordinated the interventions of battered women’s advocates, police, prosecutors, probation officers, judges, and rehabilitation services. • Enhanced DAIP (EDAIP): enhanced the coordinated community response program by including a danger assessment completed by the police, this information was collected by women’s advocates and shared with probation 	<p>predicted recidivism at the 6, 12, and 18 month follow-ups. In addition, failure to complete the program significantly predicted recidivism at the 6 and 18 month follow-ups. Similarly, men who attended few sessions were more likely to have recidivated at the 12 month follow-up.</p> <p>In addition, results support the use of a batterer categorization by probation officers to predict recidivism. With one exception, offenders categorized as less dangerous were less likely to recidivate over the study period; the exception to this was that Category 4 (most dangerous) offenders were less likely to recidivate than Category 3 offenders.</p> <p>Overall, the data showed support for implementation of the EDAIP. Offenders completing the program during the intervention years (1997 and 1998) had significantly lower rates of recidivism at the 6, 12, and 18 month follow-up periods.</p> <p>Notes/Issues: Despite best efforts, the enhanced intervention was not consistently implemented during the intervention periods of 1997 and 1998, at which point they should have been fully implemented. For example, police completed danger assessments in only 37% of documented cases. The sentencing</p>

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	<ul style="list-style-type: none"> • 21-30 = 36% • 31-40 = 30% • 41-50 = 13% • Older than 50 = 2% <p>Race/Ethnicity:</p> <p>1994:</p> <ul style="list-style-type: none"> • American Indian = 9% • Asian American = 0% • African American = 2% • Hispanic = 0% • White = 87% • Other = 0% <p>1996:</p> <ul style="list-style-type: none"> • American Indian = 12% • Asian American = 1% • African American = 3% • Hispanic = 1% • White = 83% • Other = 0% <p>1997:</p>	<p>officers. Probation officers took the danger assessment information into account as part of the pre-sentence investigation. Probation officers used information collected to make sentencing recommendations using the sentencing recommendation matrix. Finally, a computerized monitoring system was developed.</p> <p>Duration of treatment varied. In 1994 and 1996, men were required to complete 27 sessions. In 1997 and 1998 the protocol was changed and men were required to complete 33 sessions.</p> <p>Intent-to-Treat: Those who did not complete the program were included in the analyses.</p> <p>Outcome Measures: Official criminal justice records were examined to determine type of recidivism – investigated for violence, charged with violence, or convicted of violence.</p>	<p>recommendation matrix was only used in slightly more than half of cases (55%). Finally, there were extensive delays in getting the computerized monitoring system fully operational. Overall the protocol seemed to be inconsistently implemented.</p>

PASK#17 Online Tables - Table 1. Studies Examining the Effectiveness of Traditional BIPs.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<ul style="list-style-type: none"> • American Indian = 15% • Asian American = 0% • African American = 2% • Hispanic = 0% • White = 80% • Other = 1% <p>1998:</p> <ul style="list-style-type: none"> • American Indian = 12% • Asian American = 3% • African American = 2% • Hispanic = 0% • White = 82% • Other = 0% <p>Location: Duluth, MN</p>	<p>Attrition Due to Follow-up: Criminal justice data was available for those who were in the program for the years 1994, 1996, and 1997 (87.5%, <i>n</i> = 698) at 6-, 12-, and 18-month follow-up sessions. For those in the program in 1998 (12.5%, <i>n</i> = 100), criminal justice records were only available at the 6- and 12-month follow-up sessions due to time constraints in the study.</p>	
<p>Gordon, J. A. & Moriarty, L. J. (2003). The effects of domestic violence batterer treatment on domestic violence batterer</p>	<p>N = 248 males</p> <p>Age:</p> <ul style="list-style-type: none"> • Treatment: <i>M</i> = 34.77 • Control: <i>M</i> = 	<p>Design: Quasi-experimental; study conducted retrospectively</p> <p>Experimental group (<i>n</i> = 132): Men sentenced to community corrections services (local probation</p>	<p>Primary Outcome:</p> <p>There were no differences between the two groups in their rates of recidivism. The likelihood of reoffending was the same across groups.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>treatment and domestic violence recidivism. <i>Criminal Justice and Behavior</i>, 30(1), 118-134.</p>	<p>32.22</p> <p>Sex: 100% male</p> <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> • Caucasian <ul style="list-style-type: none"> ○ Treatment: 58% ○ Control: 64% • Non-Caucasian: <ul style="list-style-type: none"> ○ Treatment: 42% ○ Control: 35% <p>Location: Chesterfield County, Virginia</p> <p>Education:</p> <ul style="list-style-type: none"> • Less than high school diploma <ul style="list-style-type: none"> ○ Treatment: 25% ○ Control: 42% • High school diploma or equivalent <ul style="list-style-type: none"> ○ Treatment: 65% ○ Control: 52% 	<p>supervision) and, in addition, mandated to attend a batterer intervention program</p> <p>Control group ($n = 116$): Men sentenced to community corrections services, but <i>not</i> mandated to a batterer intervention program</p> <p>Intent-to-Treat: The researchers retained in their analyses the 39% ($n = 51$) of participants who dropped out of treatment.</p> <p>Outcome Measures: Recidivism, defined as the number of re-arrests and reconvictions for DV-related charges according to court records.</p> <p>Follow-Up Attrition: At 12-month follow-up, 100% ($n = 248$) of participant criminal justice records were available.</p>	<p>Secondary Outcomes:</p> <ul style="list-style-type: none"> - The number of prior arrests/convictions was associated with a higher likelihood of recidivism. - Substance use was also associated with a higher likelihood of reoffending. - Among those who were mandated to treatment, attending more sessions was associated with lower likelihood of reoffending; those who attended all sessions were less likely to reoffend and had a lower rate of re-arrest/reconviction.

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<ul style="list-style-type: none"> • College degree or higher <ul style="list-style-type: none"> ○ Treatment: 8% ○ Control: 5% 		
<p>Morrel, T. M., Elliott, J. D., Murphy, C. M., & Taft, C. (2003). A comparison of cognitive-behavioral and supportive group therapies for male perpetrators of domestic abuse. <i>Behavior Therapy, 34</i>, 77–95.</p>	<p>N = 86</p> <p>Age: $M = 34.7$ years ($SD = 7.8$)</p> <p>Sex: 100% male</p> <p>Race/Ethnicity:</p> <ul style="list-style-type: none"> • 60% Caucasian • 30% African American • 3% Asian American • 2% Native American • 1% Hispanic • 2% "other" <p>Location: Howard County, Maryland</p> <p>Education: $M = 13.1$ years ($SD = 2.7$)</p>	<p>Design: Quasi-experimental</p> <p>Experimental Groups:</p> <p><i>Cognitive-Behavioral Group Therapy (CBT)</i> ($n = 48$): Consisted of time dedicated to didactics, as well as time to address personal and relationship issues. The didactic portion addressed the following areas in the sequence shown.</p> <ul style="list-style-type: none"> • motivation to end abusive behavior and commitment to nonviolent relationships • crisis-management strategies • anger management techniques including cognitive restructuring of angry thoughts • communication skills <p><i>Supportive Group Therapy (ST)</i> ($n = 38$): Therapists provided brief instruction in using time-out as a crisis-management skill, but otherwise refrained from using any</p>	<p>Primary Outcome:</p> <p>In both conditions, participants showed a significant decrease in IPV and IPV-related injuries, but there were no significant differences between the two groups. Overall, both groups were associated with a significant reduction in violence and these treatment gains were maintained at the 6-month follow-up.</p> <p>Secondary Outcomes: Contrary to expectations, those in the ST group reported greater increases in self-efficacy to refrain from future violence. Collateral partner reports also indicated greater use of non-aggressive negotiation tactics among those in the ST group than the CBT group.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>SES: net monthly income of \$1,800 (<i>SD</i> = \$1,900)</p>	<p>active skill training interventions. Therapists encouraged a supportive group environment and sessions typically focused on relationship issues and ending abusive behavior.</p> <p>Although assignment to group was not completely randomized, it was unsystematic. Offenders were assigned to the next scheduled group. The type of group to be conducted (CBT or ST) was determined prior to assigning offenders to the group.</p> <p>Both groups consisted of 16 weekly sessions lasting 2 hours and were co-led by a male-female team.</p> <p>Intent-to-Treat: Of the 118 participants who presented for intake, only 72% (<i>n</i> = 86) started treatment. Those participants assigned to treatment but never started were excluded from the analyses. Of those who began treatment, 86% (<i>n</i> = 74) completed a substantial amount of treatment, while 14% (<i>n</i> = 12) dropped out. Those who dropped from treatment were included in the analyses.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Program Attrition: 86% of the sample attended 75% or more sessions; there were no differences across treatment conditions.</p> <p>Outcome Measures: Participants were interviewed pre- and post-treatment and corroborating reports for also obtained from collateral partners at pre-, post-, and six-months following treatment with the Revised Conflict Tactics Scale (CTS-2). Criminal justice records were also examined 22 to 36 months post-treatment. Secondary outcome measures included self-esteem, assessed with the Rosenberg Self-Esteem Scale, and self-efficacy to abstain from future violence, assessed with a 15-item questionnaire.</p> <p>Follow-Up Attrition: 72% (<i>n</i> = 63) of partners were interviewed at the post-treatment assessment; 61% (<i>n</i> = 54) were assessed at the 6-month follow-up. Court records for DV re-arrest were available for 36 months post-treatment for 100% (<i>n</i> = 86) of the sample.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Bennett, L.W., Stoops, C., Call, C., & Flett, H. (2007). Program completion and re-arrest in a batterer program system. <i>Research on Social Work Practice, 1</i>, 42-54.</p>	<p>N = 549 (original pre-BIP screening sample: N = 899). Final sample size reflects those who attended a batterer program and had complete follow-up data.</p> <p>Sex = 100% male.</p> <p>Location = Cook County, IL</p> <p><i>M</i> Age:</p> <ul style="list-style-type: none"> - Completers: 35.4 - Dropouts: 34.5 <p><i>M</i> Monthly Income:</p> <ul style="list-style-type: none"> - Completers: 1951.1 - Dropouts: 1287.4 <p>% Married</p> <ul style="list-style-type: none"> - Completers: 45.8 	<p>Design: Quasi-experimental comparison of completers vs. dropouts using instrumental variables analysis.</p> <p>Group consisted of court-involved males on probation for partner-related domestic violence charge and referred to one of 31 different BIPs.</p> <p>Program Attrition Rate: Of those assigned to treatment, 45.9% (<i>n</i> = 413) completed the program, 15.1% (<i>n</i> = 136) started but did not complete the program.</p> <p>Outcome Measures: Re-arrest as determined by Illinois State Police database. Categories of re-arrest included (1) domestic violence, (2) other interpersonal violence, (3) drug-related, and (4) other crime.</p> <p>Follow-Up Attrition: Follow-up data were based on police reports. 100% (<i>n</i> = 549) of participant criminal justice data were available for follow-up. The mean elapsed time between program intake and follow-up was 2.4 years.</p>	<p>Primary Outcome: There was a significant difference in recidivism rates between completers (14.3%) and non-completers (34.6%). The dichotomous outcome effect size was small in magnitude, <i>h</i> = .31.</p> <p>If the control group is modified to include offenders who were adjudicated on an offense related to intimate partner violence but never referred to BIP, the non-completer recidivism rate drops to 27.1%, the completer/non-completer difference is rendered non-significant, (<i>h</i> = .10).</p> <p>Secondary Outcome: Variables contributing to program completion (and included in instrumental variables analysis) were motivation to change, employment, being Latino, and not being single.</p> <p>Issues/Concerns: 425 out of 899 participants had the problem of missing data. Dummy variables were created to fill the missing data based on expectation maximization procedure.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<ul style="list-style-type: none"> - Dropouts: 30.1 % Employed full-time: - Completers: 69.0 - Dropouts: 43.4 % Black: - Completers: 26.2 - Dropouts: 41.9 % White: - Completers: 35.1 - Dropouts: 33.8 % Latino: - Completers: 34.4 - Dropouts: 19.9 % High School Graduate: - Completers: 71.2 - Dropouts: 		

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Gondolf, E. W. (2007). Culturally-focused batterer counseling for African-American men. <i>Criminology and Public Policy</i>, 6, 341-366.</p>	<p>68.4</p> <p>N = 503 African-American males mandated to batterer intervention program by the Pittsburgh (PA) domestic violence court.</p> <p>Age:</p> <ul style="list-style-type: none"> • 43% were under age 30 <p>Location: Pittsburgh, PA</p>	<p>Design: randomized clinical trial.</p> <p>Types of intervention: 1) culturally-focused counseling (CF) ($n = 165$); 2) African-American-only conventional counseling (AA) ($n = 152$); and 3) racially-mixed conventional counseling (MX) ($n = 186$).</p> <p>Conventional counseling consists of cognitive-behavioral group therapy format that focuses on the nature and impact of abuse, consequences of abuse, accepting responsibility for abuse, coping skills, and beliefs/attitudes that contribute to abuse.</p> <p>The culturally-focused program was developed by an expert in culturally-focused curriculums.</p> <p>The duration of all three counseling options was 16 weeks.</p> <p>Intent-to-Treat: All participants who dropped out of treatment and those assigned to treatment but never</p>	<p>Primary Outcome:</p> <p>Re-assault: There were no significant differences found among the three groups in regard to re-assault rate. The rate of re-assault in the CF group was 21% ($n = 65$), 28% ($n = 43$) in the AA group, and 20% ($n = 37$) in the MX group. There were no significant differences among the groups in perpetration of severe abuse. This same pattern of findings was reported during the follow-up period. It was hypothesized that racial identification would moderate the relationship between treatment group assignment and re-assault, however this hypothesis was not supported.</p> <p>DV Re-arrest: Men in the CF group were about twice as likely as men in the MX group to be re-arrested for domestic violence (CF = 15%; MX = 7%).</p> <p>Secondary Outcomes: There were no significant differences among groups in rates of re-arrest for other violence crimes. Men in the AA group were significantly less likely to be re-arrested for alcohol and/or drug-related crimes than men in the other groups. Men in the AA group had lower rates of overall re-arrest than men in the other groups.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>attended were included in the experimental group for analyses. About 74% ($n = 372$) out of 503 men were reassigned before starting the treatment program, yet were still included in the study. Program completion was assessed in the final analyses as a controlling variable.</p> <p>Outcome Measures: Re-assault, which was assessed with items from the Conflict Tactics Scale and re-arrest records for domestic violence. Female partner reports were obtained at 3, 6, 9, and 12 months after the initial interview.</p> <p>Follow-Up Attrition: At 12 month follow-up, only 23% ($n = 116$) of the treatment group were assessed. At 6-month follow-up, 68% ($n = 343$) of female partners were assessed; at 12-month follow-up, 66% ($n = 333$) of female partners were assessed. Criminal arrest records were available at 12 month follow-up for 100% of participants ($n = 503$).</p>	<p>Issues:</p> <ul style="list-style-type: none"> - 26% of cases were reassigned to a different condition after initial randomization due to problems with scheduling or location of the intervention.

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Labriola, M., Rempel, M., & Davis, R. C. (2008). Do batterer programs reduce recidivism? Results from a randomized trial in the Bronx. <i>Justice Quarterly</i> 25, 252–282;</p>	<p>N = 420 males Age: $M = 30.8$ Race/Ethnicity: • Caucasian = 18% • Black = 40% • Hispanic = 42%</p> <p>Location: Bronx, New York.</p> <p>Education: $M = 10.8$ years • Completed H.S./GED = 50%</p>	<p>Design: Randomized clinical trial.</p> <p>Experimental Conditions: 1) <i>Batterer program and monthly monitoring</i> ($n = 102$): participants in this condition were sentenced to attend a batterer intervention program and receive monthly monitoring as usual. 2) <i>Batterer program and graduated monitoring</i> ($n = 100$): participants in this condition were sentenced to attend a batterer intervention program and receive graduated monitoring. In the graduated monitoring condition, offenders reported to the court for their initial appearance four weeks after being sentenced. They then presented to the court during weeks 10, 18, and 26 rather than monthly. For those who fell out of compliance at any point in time, they were then required to reappear to court 2 and 4 weeks after it was determined they were noncompliant. Once compliance was re-established, they were returned to the graduated schedule.</p>	<p>Primary Outcome: There were no significant differences in recidivism rates between those mandated to a BIP in comparison to those not receiving treatment.</p> <ul style="list-style-type: none"> - During the 1-year post-sentencing period, 29% of those mandated to treatment were re-arrested, while 26% of those who did not attend a BIP were re-arrested. - Of those re-arrested, 16% of the treatment group and 12% of the non-treatment group were re-arrested for a DV-related charge. Furthermore, 12% of the treatment group and 9% of the non-treatment group were arrested for criminal contempt. <p>There were no significant differences in recidivism rates as a function of type of monitoring.</p> <ul style="list-style-type: none"> - During the 1-year post-sentencing period, 28% of those receiving monthly monitoring and 27% of those receiving graduated monitoring were re-arrested. Of those, 13% and 14% were respectively re-arrested for domestic violence. - 11% of those receiving monthly monitoring and 10% of those receiving graduated monitoring were re-arrested for criminal contempt.

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		<p>3) <i>Monthly monitoring only</i> ($n = 109$): received the usual monthly monitoring only; no treatment.</p> <p>4) <i>Graduated monitoring only</i> ($n = 109$): received the graduated monitoring only; no treatment.</p> <p><u>Treatment</u>: Offenders were mandated to attend one of two batterer intervention programs – Domestic Violence Accountability Program (DVAP) or Fordham Tremont. Both programs met weekly for 26 weeks and sessions were 75 minutes long. Both groups used rolling admission and allowed three unexcused absences. Failure to complete the program was defined as missing more than three unexcused sessions or by two consecutive unexcused absences. Both programs are psychoeducational in nature, but in addition, the Fordham Tremont program has a substantial focus on cognitive-behavioral treatment.</p> <p><u>Program Attrition</u>: 39% ($n = 74$) of those in the treatment groups failed to complete treatment.</p>	<p>Condition assignment had no effect on time to first offense.</p> <p>Secondary Outcomes: Overall, 46% of victims reported experiencing some type of re-abuse. Treatment condition and monitoring type were not significantly associated with the likelihood of re-abuse.</p> <p>Those variables that predicted a significant <u>delay</u> in the time to first arrest included fewer prior convictions, older age, Hispanic ethnicity, being employed, living with intimate partner at baseline, and being originally arrested on a misdemeanor as opposed to a felony.</p>

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		<p>Intent-to-Treat: Five percent ($n = 12$) of participants were assigned to a treatment program but failed to attend a session and were placed in jail as a result. These participants were included in the treatment group for analysis even though they never experienced treatment.</p> <p>Outcome Measures: Official re-arrest records were examined for 1) re-arrests for any crime, 2) rearrests for domestic violence, and 3) re-arrests for criminal contempt (typically refers to new DV charges with the same victim). Information on recidivism was collected one-year post-sentence. A portion of offenders tracked for 18 months, and some were tracked for a one-year period post-monitoring. Victims were also interviewed with items from a modified CTS.</p> <p>Follow-Up Attrition: At 12-month follow-up, 100% ($n = 420$) of offender court records were assessed; 85.6% ($n = 360$) of offenders were reviewed at 18-</p>	

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		<p>months; and 78.1% ($n = 328$) were reviewed at 24-months. At 12-month follow-up, only 25% ($n = 106$) of victims were interviewed.</p>	
Rempel, M., Labriola, M., & Davis, R. C.	<p>N = 606</p> <ul style="list-style-type: none"> • (monitoring 	Design: Quasi-experimental; matched control group.	<p>Primary Outcomes: There were no significant differences between</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>(2008). Does judicial monitoring deter domestic violence recidivism? Results of a quasi-experimental comparison in the Bronx. <i>Violence Against Women</i>, 14, 185-207.</p>	<p>sample)</p> <ul style="list-style-type: none"> • $n = 219$ (matched controls) <p>Age:</p> <ul style="list-style-type: none"> • Monitoring sample: $M = 30.7$ • Matched controls: $M = 31.4$ <p>Race/Ethnicity: Monitoring Sample:</p> <ul style="list-style-type: none"> • 40% Black • 42% Hispanic • 18% Caucasian/Other <p>Matched Controls</p> <ul style="list-style-type: none"> • 42% Black • 42% Hispanic • 16% Caucasian/Other <p>Location: Bronx Misdemeanor Domestic Violence Court</p> <p>Education:</p>	<p>The experimental group ($n = 387$) consisted of batterers recruited for another study (see Labriola et al., 2008). All participants in the experimental group were assigned to receive monitoring (traditional monthly monitoring or graduated monitoring) and a portion was randomly assigned to attend a batterer intervention program (BIP).</p> <ul style="list-style-type: none"> - The monitoring component consisted of the offender appearing monthly before a Judicial Hearing Officer (JHO), who reviewed the offender's responsibilities, summarized the terms of the offender's sentence and noted the results of a criminal record check performed just prior to the appearance. Offenders were also reminded they were subject to a restraining order. For those offenders attending a BIP, the number of sessions attended was noted. <p>The matched control group ($n = 219$) consisted of males convicted or</p>	<p>the experimental and matched control group in regard to probability of recidivism. At 1-year post-sentence, 27% of those who received monitoring and 24% of the matched controls were re-arrested for any crime. Thirteen percent in the monitoring group and 14% of matched controls were subsequently re-arrested on DV charges, and 10% from both samples were re-arrested on criminal contempt charges.</p> <p>In terms of the number of re-arrests for any crime and for DV, those in the monitoring group averaged fewer total re-arrests than those in the matched control group at the 1-year follow-up. However, at 18-months post-sentencing, these group differences were no longer significant.</p> <p>There were no differences between the two groups in time from post-sentencing to first recidivist event.</p> <p>Secondary outcomes: Older age and higher stakes in conformity (e.g., employment) predicted significantly lower rates of general re-offending; however, these variables were not significant when looking specifically at DV re-offending.</p>

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	<p>Monitoring sample: <i>M</i> = 10.8 years Matched Controls: <i>M</i> = 11.0 years</p>	<p>adjudicated on identical charges as the experimental group, but who received a Conditional Discharge and were not required to attend a BIP or receive monitoring.</p> <p>Intent-to-Treat: All those assigned to the experimental group (<i>n</i> = 387) were included in the analyses.</p> <p>Outcome Measures: Criminal justice records were obtained for one year post-sentencing and, for a majority of cases, up to 18 months post-sentencing. Three types of re-offending were examined: (1) re-arrest for any crime, (2) re-arrest for DV, and (3) re-arrest for criminal contempt (re-arrest for DV with the same victim).</p> <p>Follow-Up Attrition: All participant criminal information (<i>n</i> = 606) was available at 12-month follow-up. At 18-month follow-up, criminal record information was available for 85% (<i>n</i> = 330) of those in the monitoring group and 84% (<i>n</i> = 184) of those in the control group.</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Coulter, M., & VandeWeerd, C. (2009). Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers' intervention program. <i>Violence and Victims</i>, 24, 139-152.</p>	<p>N = 17,999 (Participants with matched recidivism data: <i>n</i> = 13,319)</p> <p>Age: <i>M</i> = 34.5 years</p> <p>Sex: 66.4% male, 15.9% female</p> <p>Race: 63.4% White, 27.0% African American, .03% Hispanic, 1.17% Other</p> <p>Location: Hillsborough County, Florida</p> <p>Education: 12% less than h.s., 42% h.s., 16.5% college</p>	<p>Design: quasi-experimental; criminal justice record review</p> <p>Individuals convicted on domestic violence charges and mandated to attend treatment were screened to determine the appropriate level of treatment needed. Offenders were screened and assigned to a Level 1, Level 2, or Level 3 program. Program levels were associated with severity of past and current violence along with necessity of specialized services (e.g., mental health, chemical dependence):</p> <ul style="list-style-type: none"> - Level 1 (by statute could only be recommended by judge): 8 to 12 week psychoeducational program. <ul style="list-style-type: none"> • <i>n</i> = 1,672 • 85.2% completed treatment - Level 2: 26- week psychoeducational program (e.g., Duluth and Emerge protocols). <ul style="list-style-type: none"> • <i>n</i> = 13,349 • 70.3% completed treatment - Level 3: 26-week to 1 year of psychoeducation program plus 	<p>Primary Outcome: Across all programs, treatment completers were less likely to be re-arrested for domestic violence (8.4%) or other crimes (17.2%) in comparison to those who did not complete treatment (21.2% were re-arrested for domestic violence-related charges and 33.8% were re-arrested on other criminal charges).</p> <p>This same pattern of results held across levels of treatment.</p> <ul style="list-style-type: none"> - In Level 1, 8.8% of completers were re-arrested on domestic violence charges in comparison to 23.4% of non-completers. - At Level 2, 8.3% of completers were re-arrested on domestic violence charges in comparison to 21.1% of non-completers. - Finally, at Level 3, 8.6% of completers were re-arrested for domestic violence charges in comparison to 20% of non-completers. - For crimes other than domestic violence, the rates were 18.1%, 16.7%, and 19.4% and 33.1%, 32%, and 39.7%, respectively, when comparing completers to non-completers at levels 1, 2, and 3. <p>Secondary Outcomes: Completion rates</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>services tailored to additional needs such as psychiatric, psychological, or chemical dependency services.</p> <ul style="list-style-type: none"> • $n = 2,978$ • 57.5% completed treatment <p>Program Attrition: 85% ($n = 1,424$) of the offenders in level 1 programs, 70.3% ($n = 9,386$) in level 2 programs, and 57.5% ($n = 1,712$) in level 3 programs completed their program, with an overall program completion rate of 69.6% ($n = 12,527$) across all levels.</p> <p>Intent-to-Treat: All participants who dropped out of treatment and those assigned to treatment but never attended were included in the experimental group for analyses.</p> <p>Outcome Measure: Post-treatment criminal records were accessed to determine recidivism. The follow-up assessments recurred annually, beginning with DV participants who were assigned to treatment in 1995, and continuing until the end of the study in 2004. Therefore, participants who were assigned</p>	<p>remained stable over the course of the program, and re-arrest rates across all levels dropped between 1995 and 2000, increased slightly between 2000 and 2002, and then dropped again between 2002 and 2004.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>treatment in 1995 had a much longer follow-up period than those who were assigned treatment in 2004.</p> <p>Follow-Up Attrition: Follow-up was based on re-arrest rates. A “matching” procedure was conducted to identify DV offenders at follow-up as ‘re-arrestees’ or ‘other’. Due to incorrect/missing information, some participants did not completely match as re-arrestees according to police records. Cases were considered recidivist when the matching procedure was at least 85% accurate, which occurred for 74% (<i>n</i> = 13,319) of the 17,999 participants.</p>	

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
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Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Brannen, S.J., & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. <i>Research on Social Work Practice, 6</i>, 405-424.</p>	<p>N = 98 (49 couples)</p> <p>Age: CT: $M = 32.2$ ($SD = 6.5$); GST: $M = 30.8$ ($SD = 6.8$)</p> <p>Education: CT: $M = 12.4$ ($SD = 1.7$); GST: $M = 11.7$ ($SD = 2.1$)</p> <p>Sex: Heterosexual couples; 50% male; 50% female</p> <p>Race/Ethnicity: 8% African American 23% Anglo 4% Asian 65% Hispanic</p> <p>SES: 25% unemployed</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions: 1) Couples Treatment (CT; $n = 22$ couples): Conjoint groups based on Neidig and Friedman’s (1984) CBT model. . C with 6-8 couples and a male-female therapist team. Treatment focused on accepting personal responsibility, using security procedures, anger control; problem solving. Each session involved instruction, behavior rehearsal, and feedback.</p> <p>2) Gender-Specific Group Therapy (GST; $n = 26$ couples): couples divided into separate men’s and women’s groups. Treatment based on Domestic Abuse Project (DAP) interventions.</p> <p>GST Men’s Groups: Use CBT strategies, focuses on the male as the primary abuser and addresses power issues, accountability, and victim safety.</p>	<p>Primary Outcomes:</p> <p>Significant condition effects favored CT at post-treatment with respect to physical abuse, severe physical abuse, and marital satisfaction. These effects were interpreted in light of a significant alcohol abuse by treatment interaction on psychological abuse, physical abuse, and severe physical abuse. Those with alcohol problems fared substantially better in CT than GST.</p> <p>Rates of any male to female violence at 6 month follow-up were low, and very similar across conditions (8.3% in CT; 7.1% in GST).</p> <p>Notes / Issues: All outcome analyses of abusive behavior are based on victim partner report. The measure used at 6 months follow up was not a standardized behavior inventory, and may underestimate physical assault prevalence.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Location: San Antonio, TX</p> <p>Other Characteristics: Intact couples who indicated a desire to stay together. Referred by court. 65% married; 35% cohabiting 25% had problems with alcohol</p>	<p>GST Women’s Groups: Use CBT strategies to focus on empowerment, self-protection, reducing dependency and increasing social support, myths and beliefs about violence, and power and control in relationships.</p> <p>Therapists were social workers who only provided treatment within whichever condition they expressed an interest in conducting.</p> <p>Length / Duration of Treatment: 12 sessions of 1.5 hrs. duration.</p> <p>How Assigned to Conditions: Specific details not reported</p> <p>Follow-Up Number / Length: Assessment conducted at the end of treatment; more limited data on recidivism collected by phone at a 6 month follow-up</p> <p>Follow-Up Attrition: 7 of 49 couples not included in analyses; 6 women dropped out of the GST and 1 woman dropped out of CGT. Six month follow up data available on</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>62% of couples</p> <p>Outcome Measures: Participants: - Official records of criminal DV to corroborate partner reports</p> <p>Partner: - Modified Conflict Tactics Scale (MCTS) - McMaster Family Assessment Device (FAD, Version 3) - Global distress subscale of Marital Satisfaction Inventory - Long-term Evaluation Form</p>	
<p>O’Leary, K. D., Heyman, R.E., & Neidig, P.H.(1999). Treatment of wife abuse: A comparison of gender-specific and conjoint approaches. <i>Behavior Therapy, 30</i>, 475-505.</p>	<p>N = 150 (75 couples)</p> <p>Demographics below are for the 37 couples who completed treatment:</p> <p>Age: <i>M</i> = 36.2 for women (<i>SD</i> = 7.9). <i>M</i> = 38.4 for men (<i>SD</i> = 8.8).</p> <p>Race / Ethnicity: one wife was African American, one wife was Hispanic; one</p>	<p>Design: Quasi-Randomized Experiment.</p> <p>Treatment Conditions: 1) Physical Aggressive Couples Treatment (PACT; <i>n</i> = 23 couples): Conjoint groups with 6-8 couples and a male-female therapist team. Treatment focused on eliminating psychological and physical aggression, accepting responsibility for escalation of angry interchanges, recognizing and controlling self-angering thoughts; communicating effectively; increasing caring and mutually pleasurable activities; and</p>	<p>Primary Outcomes: Repeated measures MANOVA analyses revealed that both mild and severe physical aggression decreased significantly from pretreatment to post-treatment and follow-up, with no significant effects for gender of aggressor or treatment condition. Although two-thirds of the husbands maintained cessation of severe aggression during the year following treatment, only one-fourth of the husbands were completely free of physical violence. Very similar cessation and maintenance rates were obtained for wives aggression.</p> <p>Secondary Outcomes: Significant improvements at post-treatment and</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>husband was African American; the remainder of treatment completers were Caucasian.</p> <p>Sex: Heterosexual couples; 50% male, 50% female</p> <p>Education: $M = 13.5$ years ($SD=1.9$) for women; 13.6 years ($SD= 1.8$) for men.</p> <p>SES: Income $M = \\$51,454$ ($SD = 23,380$); about average for the county population</p> <p>Location: Suffolk County, NY (Suburban Long Island)</p> <p>Other Characteristics: Community sample recruited via newspaper. Reported 2 or more instances</p>	<p>respecting one another.</p> <p>2) Gender-Specific Therapy (GST; $n = 14$ couples): couples divided into separate men’s and women’s groups:</p> <p>GST Women’s Groups: Six to eight women were treated by a female therapist. Treatment focused on recognizing characteristics of abusive relationships, understanding the emotional effects abuse; coping with emotional reactions to negative events; and exploring advantages and disadvantages of staying in the marriage.</p> <p>GST Men’s Groups: Six to eight men were treated by a male therapist. Treatment focused on decreasing psychological and physical aggression, accepting responsibility, understand the negative effects of violence on others, recognizing the cycle of violence, controlling anger, and communicating requests rather than demands.</p> <p>How Assigned to Conditions:</p>	<p>follow-up were also found for both spouses' marital adjustment, husbands' taking responsibility for aggression, and wives' depression. No differential effects of treatment condition were found, except that husbands (but not wives) had greater improvements in marital adjustment in PACT versus GST. Wives' improvements in marital adjustment appeared to be predicted by husband's improved communication in PACT and by husbands' reduced emotional abuse in GST. Reliable change in relationship adjustment was found for 58% of wives and 53% of husbands.</p> <p>Notes/Issues: Data provided only on treatment completers; no intent-to-treat analyses available. Statistical power to detect effects is modest due to relatively small sample size. Data are provided to support treatment adherence and discriminability. Violence recidivism rates are high in both conditions.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>of husband to wife physical aggression in past year, no husband substance dependence, no serious wife injuries, wife felt comfortable with conjoint therapy and not afraid of living with husband.</p>	<p>After baseline assessment, couples were put on the waiting list for the next group. Groups generally alternated between PACT and GST with some exceptions made due to staffing concerns. Once 6-8 couples were available, group was initiated.</p> <p>Program Attrition: Of 75 randomized couples, 5 (7%) never attended group, and 33 (44%) dropped out with fewer than 10 sessions.</p> <p>Follow-Up Number / Length: Conducted at the end of the 14 week treatment (post) and one year after treatment (follow-up) via questionnaires and interviews conducted in person or by telephone.</p> <p>Follow-up Attrition: Of the 37 (49%) treatment completers, 31 (84%) participated in the follow-up assessment.</p> <p>Outcome Measures: Participants:</p> <ul style="list-style-type: none"> - Modified Conflict Tactics Scale (MCTS) - Dominance/Isolation items 	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>from Psychological Maltreatment of Women Scale</p> <ul style="list-style-type: none"> - Beck Depression Inventory - Dyadic Adjustment Scale (DAS) - Spouse Verbal Problems Checklist <p>Partners:</p> <ul style="list-style-type: none"> - Modified Conflict Tactics Scale (MCTS) - Dominance/Isolation items from Psychological Maltreatment of Women Scale - Beck Depression Inventory - Dyadic Adjustment Scale (DAS) - Spouse Verbal Problems Checklist 	
<p>Stith, S.M., Rosen, K.H., & McCollum, E.E. (2004). Treating Intimate Partner Violence within Intact Couple Relationships: Outcomes of multi-couple versus individual couple therapy. <i>Journal of Marital and Family Therapy</i>, 30, 305-318.</p>	<p>N = 102 (42 couples in experiment condition plus 9 comparison couples)</p> <p>Age: Men: $M = 38.3$ ($SD = 11.3$) Women: $M = 35.6$ ($SD = 11.3$)</p> <p>Sex: Heterosexual couples, 50% male,</p>	<p>Design: Quasi-randomized experiment</p> <p>Treatment Conditions: Domestic Violence Focused Couples Treatment (DVFACT) was delivered in two formats:</p> <ol style="list-style-type: none"> 1) Single couple treatment ($n = 20$ couples) 2) Multi-couple group treatment ($n = 22$ couples) 	<p>Primary Outcomes:</p> <p>For men, attitudes supportive of wife beating decreased significantly in the MC condition but not in the SC and Control conditions, and this treatment by time interaction was significant.</p> <p>Marital satisfaction increased more over time in the MC condition than in SC and control, and this interaction was significant and did not differ for men and women.</p> <p>Marital aggression (psychological, minor</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>50% female</p> <p>Race / Ethnicity: 63% Caucasian 25% African American 13% Other</p> <p>Location: Northern VA (DC Metro Area; Suburban)</p> <p>Education: Men: 33% HS or less; 25% some college; 42% bachelors or higher Women: 23% HS or less; 41% some college; 36% bachelors or higher</p> <p>SES: 30% reported income of < \$20,000; 43% = 20,000-40,000. 27% > 40,000</p> <p>Other Characteristics: Participants referred by probation, IPV providers, therapists,</p>	<p>DVFCT is a feminist-informed approach that is based on solution- focused therapy and integrates aspects of narrative therapy, Bowen family systems; and CBT. All treatments were delivered by male- female co-therapy teams (including the single-couple therapy).</p> <p>Theoretical approach was the same in both conditions.</p> <p>Comparison group (<i>n</i> = 9 couples) were those who completed pre and post-tests but did not participate in treatment.</p> <p>How Assigned to Condition: Alternating (4-6 couples assigned to individual couples therapy; next 4-6 to group; etc.).</p> <p>Length of Treatment: 12 weeks</p> <p>Number / Length of Follow-ups: Self-report assessment 6 months after treatment. Phone assessment 2 years later to with female partners only to determine if the couple was still together and if there had been any additional acts of physical</p>	<p>physical and severe physical) likewise declined more in MC than in the SC and control conditions.</p> <p>, 6 month male violence recidivism rates by female report were significantly lower in MC than the other conditions: 43% in SC 25% in MC 67% Control</p> <p>At 2-year follow-up, recidivism was significantly lower in treated groups than control, and treated groups were also more likely to have remained together in the relationship</p> <p>Notes / Issues: The N's for the post-treatment analyses were very low; 9 couples in SC; 11 couples in MC, and 5 in control.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>lawyers, and newspaper advertisements. Inclusion: willing / comfortable with couples therapy and not in fear, no substance use problems, no history of serious injury. 75% of couples were married.</p>	<p>aggression.</p> <p>Program Attrition: ICT: 70% completed treatment GCT: 73% completed treatment</p> <p>Follow-up Attrition: Seventy-six percent (<i>n</i> = 39) provided complete data at the 6 month follow-up. At two year follow-up, 45% (<i>n</i> = 23) female partners were able to be contacted for data collection.</p> <p>Outcome Measure: Participants: <ul style="list-style-type: none"> - Revised Conflict Tactics Scale (CTS2) - Kansas Marital Satisfaction Scale (KMSS) - The Inventory of Beliefs about Wife Beating (IBWB) Partners: <ul style="list-style-type: none"> - Revised Conflict Tactics Scale (CTS2) - Kansas Marital Satisfaction Scale (KMSS) </p>	
<p>Easton, C.J., Mandel, D.L., Hunkele, K.A., Nich, C., Rounsaville,</p>	<p>N = 78 Substance Abuse</p>	<p>Design: Randomized Experiment Treatment Conditions:</p>	<p>Primary Outcomes: Breathalyzer and urine toxicology analysis did</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>B.J., & Carroll, K.M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach. <i>The American Journal on Addictions</i>, 16, 24-31.</p>	<p>Domestic Violence (SADV) group ($n = 40$): Age: ($M = 38.1, SD = 9.4$) Ethnicity: African American 30.0%; European American 52.5%; Latino American 10.0% Education: High school degree or higher 75.0%; Less than high school degree 25.0% Relationship: Single/divorced 50.0% Employed: Full-time 38.0%; Part-time 2.6%; Unemployed 28.9% Years of use: - alcohol : ($M = 18.2, SD = 9.0$) - marijuana: ($M = 6.0, SD = 9.1$) - cocaine: ($M = 3.7, SD = 7.6$) - opiate: ($M =$</p>	<p>1) SADV is a manualized CBT approach focusing on substance use, interpersonal violence, and the relationship between the two. 2) TSF is the standard community clinic intervention for substance use in this population</p> <p>Groups consisted of one therapist and a maximum of 10 patients.</p> <p>Length / Duration of Treatment: 12 sessions of 1.5 hours in duration.</p> <p>How assigned to groups: Participants assigned through urn randomization to balance allocation of important prognostic variables.</p> <p>Program Attrition: 4% ($n = 3$) were randomly assigned to treatment but never attended a session; 96% ($n = 75$) participants completed at least one treatment session; 83% ($n = 62$) completed the full 12 weeks of treatment.</p> <p>Follow-up Number / Length: Assessments conducted at the end of</p>	<p>not show a significant difference between the SADV and TSF groups during the 12 weeks of treatment. Participant reports of physical violence use decreased from 42.1% to 10.0% pre to post-treatment for those in the SADV group, compared to a reduction from 22.2% to 6.9% for those in the TSF group [$\chi^2 = 7.0, p < 0.03$]. Analysis of within group differences in the frequency of violence use indicated that those in the SADV saw a reduction in monthly violent episodes from pretreatment ($M = 6.6, SD = 2.1$) to post-treatment ($M = 0.95, SD = 0.72$), while those in the TSF group showed a slight increase in monthly frequency ($M = 0.36, SD = 2.2; M = 0.73, SD = .75$, respectively) [$t = 1.6, p < 0.114$].</p> <p>At final follow-up, no significant difference was observed between the SADV and TSF groups for the frequency of physical violence [$F = 0.36, p < 0.55$]</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>0.3, <i>SD</i> = 2.1) Number of arrests: (<i>M</i> = 5.3, <i>SD</i> = 5.2) - DV arrests: (<i>M</i> = 2.2, <i>SD</i> = 2.2) - Violent arrests: (<i>M</i> = 2, <i>SD</i> = 3.4)</p> <p>Twelve-Step Facilitation (TSF) group (<i>n</i> = 38): Age: (<i>M</i> = 39, <i>SD</i> = 8.8) Ethnicity: African American 36.8%; European American 44.7%; Latino American 10.5% Education: High school degree or higher 82.0%; Less than high school degree 18.0% Relationship: Single/divorced 76.0% Employed: Full-time 74.0%; Part-time 10.8%; Unemployed 16.2% Years of use:</p>	<p>treatment, 3 months post-treatment, and 6 months post-treatment for both participants and their partners</p> <p>Follow-up Attrition: 55% of female partners provided collateral data in total across the follow-up periods. Partner response rate data was not provided for the three follow-up assessment points. Participant response rate data was not provided for the follow-up assessment points or their rate of reporting overall.</p> <p>Outcome Measures: Participants: - Structured Clinical Interview for <i>DSM-IV</i> - Addiction Severity Index - Revised Conflict Tactics Scale (CTS2) Partners: - CTS2 over the telephone</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<ul style="list-style-type: none"> - alcohol : ($M = 20.2, SD = 9.2$) - marijuana: ($M = 2.2, SD = 5.6$) - cocaine: ($M = 1.5, SD = 4.1$) - opiate: ($M = 0$) Number of arrests: ($M = 3.9, SD = 2.5$) <ul style="list-style-type: none"> - DV arrests: ($M = 2.1, SD = 1.9$) - Violent arrests: ($M = 1, SD = 1.3$) 		
Gondolf, E.W. (2008). Outcomes of case management for African American men in batterer counseling. <i>Journal of Family Violence, 23</i> ,173-181.	N = 684 Age: 12% under 30; otherwise not reported Education: 8% some college, otherwise not reported Race / Ethnicity: 100% African-American SES: 15% income under \$3000; 17%	Study Design: Quasi-Experiment (Cohort Design) Treatment Conditions: Case Management ($n = 202$). Based on individual needs assessment, participants were referred to community services which could include employment and educational service, parenting classes, and treatment for alcohol and/or psychological problems. Case managers made periodic follow-up phone calls to monitor referral contacts and provide support. Case management was also	Primary Outcomes: No significant differences between conditions on program completion, rates of re-assault, victim’s perceptions of safety, or re-arrest Secondary Outcomes: Service contacts were significantly higher in CM; accounted for by help seeking from informal sources. Help seeking was not significantly associated with lower violence recidivism, although some trends in the data suggest lower recidivism for those who received additional services outside the batterer program. Notes / Issues: A prior formative evaluation revealed difficulties in implementation of case

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>unemployed</p> <p>Location: Pittsburgh, PA</p> <p>Other Characteristics: 12% married</p>	<p>intended “to educate men to the formal and informal supports in their community and motivate them to access and use these supports.” (p. 175).</p> <p>Comparison Group (<i>n</i> = 484). No case management.</p> <p>Intent-to-treat: the men who contacted additional services were compared to those who did not make contact to evaluate the impact of treatment-received.</p> <p>Length / Duration of Treatment: variable; one consultation and follow-ups.</p> <p>How Assigned to Conditions: Consecutive cases for 14 months received CM; Comparison group drawn from a previous cohort who participated in a study of culturally—focused therapy.</p> <p>Follow-Up Number / Length: Victim partner contacts conducted at 3 month intervals for 12 months after treatment.</p>	<p>management, including often poor follow-through on referrals and limited quality of available referrals.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Follow-Up Attrition: Data on 16% of partners were not analyzed for service contacts as they were not able to report on the partner's activities.</p> <p>Outcome Measures: Participants: - Official criminal records Partners: - Conflict Tactics Scale - Perceptions of safety - Report of abusive man's service contacts</p>	
<p>Musser, P. H., Semiatin, J. N., Taft, C. T., & Murphy, C. M. (2008). Motivational interviewing as a pregroup intervention for partner-violent men. <i>Violence and Victims, 23</i>, 539-557.</p>	<p>N =108 Age: $M = 35.7$, $SD = 8.6$ Sex 100% male Race / Ethnicity: 50% White, 44% African American, 3% Asian, 2% American Indian/Alaskan Native, 2% Hispanic /Latino Education: $M = 13.1$ yrs. ($SD = 2.6$) Employment: 82% full time, 9% part</p>	<p>Design: Quasi-Randomized Experiment</p> <p>Treatment Conditions: 1) Motivational Intake (MI; $n =55$) Consisted of two 45-minute motivational interviews during the intake process. Second session included structured assessment feedback on abusive behavior, anger, relationship adjustment, and perceived pros and cons of abuse. 2) Structured Intake Control (SI; $n= 53$): In place of one MI session,</p>	<p>Primary Outcomes: No significant condition by time interaction was found for readiness to change from before to after intake.</p> <p>There was a significant multivariate difference between conditions on indicators of treatment engagement in group CBT. Significant differences favored the MI condition on CBT homework compliance both early and late in treatment and therapist ratings of the working alliance late in treatment. No significant differences were found for group treatment attendance.</p> <p>In objective coding of early group CBT sessions,</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>time, 7% unemployed, 2% temporarily laid off from seasonal work SES: \$25,000-\$30,000 per year Location: Howard County, MD (suburban) Background: 79% court ordered to treatment, 6% had a court case pending, and 16% had no legal involvement for domestic abuse.</p>	<p>participants completed an additional structured interview on antisocial personality. The second intake session consisted of a treatment orientation conducted in small-group format. In SI, therapists were instructed to answer questions openly and without defensiveness, to listen empathetically but refrain from using other techniques of MI.</p> <p>How Assigned to Conditions: Participants were assigned to MI or SI in alternating cohorts. Each sequential block of 12 intake cases were assigned to the same study condition and then constituted a treatment group for the subsequent 16-session cognitive-behavioral group therapy (CBT) program.</p> <p>Length of Treatment: Two intakes conducted 1-2 weeks apart followed by a 16-session standard CBT group.</p> <p>Follow-Up Number / Length: Collateral partners provided data on abusive behavior at pre-treatment, post-CBT group, and 6 months after group CBT. Outcomes also involved in-session reports</p>	<p>those in MI displayed significantly greater responsibility assumption and endorsement of group value.</p> <p>Significantly more of those in MI also sought help from sources outside the IPV program (66% vs. 41% in SI).</p> <p>Rates of physical assault at 6 month follow-up were lower for those in the MI, but the effect was only marginally significant ($p < .10$).</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>throughout group CBT.</p> <p>Follow-Up Attrition: Collateral data on abuse at 6-month follow-up available for 68% of MI cases and 66% of SI cases</p> <p>Outcome Measures: Participants:</p> <ul style="list-style-type: none"> - Safe-at-Home Instrument for Assessing Readiness to Change Intimate Partner Violence (SIRC) - Working Alliance Inventory (WAI) - Assignment Compliance Rating Scale (ACRS) <p>Partners:</p> <ul style="list-style-type: none"> - Conflict Tactics Scale / Revised Conflict Tactics Scale hybrid 	
<p>Alexander, P. C., Morris, E., Tracy, A., & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized clinical trial. <i>Violence and Victims</i>, 25, 571-587.</p>	<p>N = 528 English-speaking (<i>n</i> = 375)</p> <ul style="list-style-type: none"> • Cognitive Behavioral Therapy Gender Reeducation (CBTGR; <i>n</i> = 	<p>Design: Randomized Experiment</p> <p>Treatment Conditions: 1) Stages-of-Change Motivational Interviewing group treatment (SOCMI): The first 14 sessions relied upon experiential change processes most helpful in early (precontemplation</p>	<p>Primary Outcomes: In logistic regression, treatment condition significantly predicted victim report of physical, but not psychological aggression, at follow-up. Overall, significantly fewer partners of men assigned to SOCMI reported having experienced physical aggression at follow-up. There was a significant interaction between treatment type and initial readiness to change on victim report of physical aggression at</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>175)</p> <ul style="list-style-type: none"> • Stages-of-Change Motivational Interviewing Group (SOCMI; $n = 200$) <p>Spanish-speaking ($n = 153$)</p> <ul style="list-style-type: none"> • CBTGR ($n = 106$) • SOCMI ($n = 47$) <p>English-speaking CBTGR: Age: ($M = 35.4, SD = 10.4$) Education: ($M = 13.0, SD = 3.3$) Ethnicity: White 29.9%, African American 45.5%, Latino 14.4%, Other 10.2% Employed: 45.9% Court-Mandated: 97.1% Immigrants: 23.4%</p> <p>English-speaking SOCMI:</p>	<p>and contemplation) stages of change, and the final 12 sessions focused on behavioral changed processes most helpful in later (preparation and action) stages.</p> <p>2) Cognitive Behavioral Therapy Gender Reeducation group treatment (CBTGR): This standard abuser intervention program used behavioral techniques to reduce the risk of continued abuse. It immediately addressed the minimization and denial that surround Intimate Partner Violence (IPV) by working to have clients directly acknowledge their use of abuse in the first session and to engage in meaningful discussion of pros and cons of abuse by the second session. Focuses on the abuser’s beliefs and assumptions that lead to his misinterpretation of his partner’s behavior and to his justification of his violent behavior.</p> <p>How Assigned to Conditions: Assigned randomly within the constraints of their work schedules.</p> <p>Length of Treatment:</p>	<p>follow-up. Partners of men who were less ready to change reported less physical aggression at follow-up in SOCMI; partners of men who were more ready to change reported less physical aggression at follow-up in CBTGR.</p> <p>Secondary Outcomes: Longer time between group start-date and follow-up predicted physical aggression outcome. Language spoken did not predict outcome. Spanish speakers in this study exhibited significantly more denial of their behavior, as seen by decreased levels of interpartner agreement about the IPV.</p> <p>Notes/Issues: The main limitation is the very low number of partner follow-ups obtained (less than 25% of the sample).</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Age: ($M = 36.6, SD = 9.9$) Education: ($M = 12.5, SD = 4.1$) Ethnicity: White 29.6%, African American 45.5%, Latino 11.1%, Other 13.3% Employed: 55.8% Court-Mandated: 93.3% Immigrants: 27.5%</p> <p>Spanish-speaking CBTGR Age: ($M = 33.3, SD = 8.4$) Education: ($M = 8.22, SD = 4.8$) Ethnicity: White 2.0%, African American 0%, Latino 96.0%, Other 2.0% Employed: 28.0% Court-Mandated: 100% Immigrants: 76.4%</p> <p>Spanish-speaking SOCM I</p>	<p>26 weeks</p> <p>Follow-Up Number / Length: Victim partners were contacted at 6 and 12 months post-treatment for follow-up.</p> <p>Follow-Up Attrition: A total of 118 victims were contacted at either 6 or 12 month follow-up; 27 were considered unusable; data analyzed on 91.</p> <p>Outcome Measures: Participants: - Conflict Tactics Scales – Revised (CTS2) - University of Rhode Island Change Assessment (URICA)</p> <p>Partner: - CTS2 - Danger Assessment Scale (DAS)</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Age: ($M = 31.1$, $SD = 7.0$) Education: ($M = 8.9$, $SD = 4.8$) Ethnicity: White 0%, African American 0%, Latino 93.0%, Other 7.0% Employed: 30.8% Court-Mandated: 95.3% Immigrants: 23.4% 72.3 Sex: 100% male Location: Montgomery County, MD (suburban).</p>		
<p>Woodin, E. M., & O’Leary, K. D. (2010). A brief motivational intervention for physically aggressive dating couples. <i>Prevention Science, 11</i>, 371-383.</p>	<p>N = 100 (50 couples) Age: Range = 18-25 Women: ($M = 19.6$, $SD = 1.3$) Men: ($M = 20.3$, $SD = 1.4$) Sex: Heterosexual dating couples (50%</p>	<p>Design: Randomized experiment Treatment Conditions: 1) Motivational Feedback Condition (MFC; $n = 25$ couples): Participants received individualized feedback on aggression, risk factors, and consequences. Therapists used Motivational Interviewing to discuss behavior change. Efforts were made</p>	<p>Primary Outcomes: There was a significant overall reduction in physical aggression perpetration. MFC participants reduced their physical aggression at a significantly greater rate than control participants. The decline in aggression was also greater for women than for men within the MFC condition. Psychological aggression declined significantly across time with no significant differences across conditions or genders.</p>

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>male; 50% female)</p> <p>Race / Ethnicity: African-American: 4% women, 6% men Caucasian: 58% women, 60% men Native American: 0% women, 6% men Native Hawaiian/Pacific Islander 0% women, 6% men Other: 4% women, 8% men More than 1 race: 8% women, 20% men</p> <p>Hispanic Ethnicity (assessed separately): 16% women, 12% men</p> <p>Location: Stony Brook, University (NY)</p> <p>Education: Modal level of completed education for both genders was</p>	<p>to emphasize personal responsibility and avoid partner blame.</p> <p>2) Minimal Feedback Control (<i>n</i> = 25 couples): Received a 10 minute non- motivational session and did not participate in a conjoint feedback session. Each partner was individually provided with brief written feedback about their overall relationship adjustment on the Dyadic Adjustment Scale (DAS).</p> <p>All couples received a relationship brochure addressing communication, conflict, expectations, and when to get help.</p> <p>How Assigned to Condition: After completing a 2-hour assessment session, couples were randomly assigned to condition.</p> <p>Length / Duration of Treatment Feedback / intervention was provided during one session. In MET, each individual received feedback for up to 45 minutes followed by a conjoint interview for 15 minutes.</p>	<p>Participants in the MFC condition became significantly less accepting of female psychological aggression compared to controls, and women in MFC became significantly less accepting of men’s psychological aggression than control women.</p> <p>Secondary Outcomes: : MFC participants had greater reductions in harmful drinking following the intervention than controls.</p> <p>Across the entire sample, reductions in physical aggression over time were predicted by reductions in psychological aggression and by reduced acceptance of male and female psychological aggression.</p>

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>2 years of college Women: All enrolled in college full-time Men: 84% enrolled full-time in college, 4% part-time, 12% were not in college</p> <p>SES: Median yearly family of origin income was \$70,000-\$79,999 for both women and men</p> <p>Other Characteristics: Eligibility criteria included dating for at least 3 months, no history of marriage or cohabitation, at least 1 act of male-to-female physical aggression reported by either partner on the Revised Conflict Tactics Scales (CTS2), no history of serious injury or significant fear of partner. Average relationship length</p>	<p>Number / Length of Follow-ups: Participants completed online follow-up surveys 3, 6, and 9 months after the feedback session that were identical to those completed during the assessment session.</p> <p>Follow-up Attrition: Follow-ups were completed by at least one partner for 88% of couples at 3 months, 90% at 6 months, and 62% at 9 months.</p> <p>Outcome Measures: Participants: - Revised Conflict Tactics Scale - Fear of Partner Scale (FPS)</p> <p>Partners: - Revised Conflict Tactics Scale - Fear of Partner Scale (FPS)</p>	

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	was 21.5 months (<i>SD</i> = 18.4).		
<p>Mbilinyi, L. Neighbors, C., Walker, D.D., Roffman, R.A., Zegree, J., Edleson, J., & O'Rourke, A. (2011). A Telephone Intervention for Substance-Using Adult Male Perpetrators of Intimate Partner Violence. <i>Research on Social Work Practice, 21</i>, 43-56.</p>	<p>N = 124</p> <p>Age: <i>M</i> = 39.4, range = 18-67</p> <p>Sex: 100% male</p> <p>Race/Ethnicity: White/Caucasian 65% Black/African American 17% Asian 2% American Indian/Alaska Native 4% Native Hawaiian/Pacific Islander 3% Multiracial 2%; Other 7%</p> <p>Education: At least some college 77% High school/ (GED) or less: 23%</p> <p>SES: 64% had a household income of \$40,001 or</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions:</p> <p>1) Motivational Enhancement Therapy (MET; <i>n</i> = 58): Received a personalized phone feedback form by mail and one MET session for 60-90 minutes within 1 -3 weeks of the baseline assessment.</p> <p>2) Mail Control (<i>n</i> = 66): Received educational materials via mail that discussed health, psychological, legal, and social consequences of substance use and domestic violence but provided no personalized information.</p> <p>Length of Treatment: 1 session</p> <p>Follow-Up Number / Length: Assessments were conducted 1-week and 30-days post-intervention</p> <p>Follow-Up Attrition: 14 participants lost to follow up 9 participants in MET failed to</p>	<p>Primary Outcomes: MET participants were marginally ($p < .10$) more likely to attend an individual session to discuss treatment options (41% vs. 27%).</p> <p>MET led to significantly lower physical and psychological aggression at follow-up</p> <p>Drinking and drug use at follow-up did not differ between conditions</p> <p>Control participants were more likely to seek help at 1 week follow up, no other differences in help seeking for IPV or substance abuse</p> <p>MET led to greater reductions in perceived norms for IPV (perception of how often others engage in IPV) and in perceived norms for drinking.</p>

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>more</p> <p>Other Characteristics: Recruited from the community through multi-media marketing. They had IPV behavior and substance use in past 90 days, no recent treatment for IPV or substance abuse (SA), no recent arrest or involvement with the courts for IPV or SA and no imminent danger to partner.</p>	<p>complete the intervention</p> <p>Intent-to-treat: Those lost to follow-up and those who discontinued treatment were included in the analysis.</p> <p>Outcome Measures: Participants:</p> <ul style="list-style-type: none"> - CTS2 - Psychoactive Substance Use Disorder section of Structured Clinical Interview for <i>DSM-IV</i> - Daily Drinking Questionnaire (DDQ) - Form 90 - Drinking Norms Rating Form (DNRF) 	
<p>Scott, K., King, C., McGinn, H., & Hosseini, N. (2011). Effects of motivational enhancement on immediate outcomes of batterer intervention. <i>Journal of Family Violence</i>, 26, 139-149.</p>	<p>N = 486; 141 (29%) screened as resistant using a 6-item scale. Resistant men were assigned to the two study conditions with some comparisons involving non-resistant cases.</p> <p>Age: Range 18-68 <i>M</i> = 35.1 years (<i>SD</i> =</p>	<p>Design: Quasi-randomized experiment with assignment based on creation of groups</p> <p>Treatment Conditions: 1) Motivational Enhancement Intervention (MET; <i>n</i> = 39). 6-week closed “pre”-group followed by 10 weeks of Duluth-style program. Therapists trained to use motivational interviewing strategies. Weeks 1-2, told their story; weeks 3-</p>	<p>Primary Outcomes: Treatment dropout rates were significantly different. Dropout for resistant clients was 53.5% in standard group vs.15.8% in MET. (38.9% for non-resistant clients in standard groups)</p> <p>Resistant clients did not differ significantly by treatment condition in counselor final ratings of accountability or engagement in group.</p> <p>Other Comments: The number of counselor final reports in each treatment condition is not</p>

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>9.6)</p> <p>Sex: 100% male</p> <p>Race / Ethnicity: Predominantly Canadian of European descent</p> <p>Location: Southwestern Ontario, Canada.</p> <p>SES: 34% unemployed or on govt. assistance</p> <p>Other Characteristics: 68% on probation; 12% early intervention sentencing; 20% voluntary (self- referred)</p>	<p>4, multi-generational lessons about violence and intimacy; week 5, video/discussion on defensive attitudes about abuse; week 6, power and control wheel and preparation for standard group.</p> <p>2) Standard Intervention Condition (<i>n</i> = 99): 16-week Duluth-style program. Therapists used “mild to medium confrontation” (p. 142) to address resistance and victim blaming.</p> <p>How Assigned to Conditions: MET groups were composed of the first 12 men attending intake once an MET group was scheduled; otherwise all were assigned to SI.</p> <p>Length of Treatment: 6 weeks of MET in experimental group; 16 weeks total of group in both conditions.</p> <p>Follow-up: Counselors provided final “discharge” reports immediately after treatment on 262 clients, which were then rated by researchers for accountability and engagement.</p>	<p>reported. The number and scope of outcome variables were quite limited, and include no measurement of abusive behavior.</p>

PASK#17 Online Tables - Table 2. Studies Examining the Effectiveness of Alternative BIPs

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		Outcome Measure: Participants: - Treatment Behaviors in Batterer Intervention Program Activities Scale (TBBIPA)	

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
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Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>McFarlane, J., Soeken, K., Reel, S., Parker, B., Silva, C. (1997). Resource used by abused women following an intervention program: Associated severity of abuse and reports of abuse ending. <i>Public Health Nursing, 14</i>, 244-250.</p>	<p>N = 199</p> <p>Age: range = 14 - 42 yrs. M = 23.2, SD = 5.6; 29.6% were teenagers (≤ 19 yrs)</p> <p>Sex: 100% Female</p> <p>Race / Ethnicity: 35% African-American; 33% Hispanic; 32% White non-Hispanic</p> <p>Location: Public prenatal clinics</p> <p>SES: All women had incomes below the poverty level and were eligible for public assistance.</p> <p>Other Characteristics: Participants reported physical or sexual</p>	<p>Design: Quasi-experiment with an ethnically-stratified cohort control</p> <p>Intervention Conditions:</p> <p>Intervention Group (N = 132): Followed the protocol developed by McFarlane and Parker (1994). Participants received three intervention sessions evenly spaced throughout pregnancy. The intervention focused on safety planning, community resource use, and reduction of self-blame for abuse</p> <p>Comparison Group (N = 67): After baseline assessment, participants were offered a wallet-sized card with information on community resources for abuse. They received no counseling or education.</p> <p>How Assigned to Condition: Women who had delivered within the prior 2 months and screened positive for abuse were recruited for</p>	<p>Primary Outcomes: Controlling for resource use at study entry, there was no significant condition difference in resource use at 6 months. At 12 months, the comparison group reported significantly more resource use than the intervention group. There were no significant condition differences at 6 or 12 months in use of police.</p> <p>Secondary Outcomes: At both follow ups, 14% of women had called the police and 30% had used one or more community resources. Severity of abuse predicted resource use, and continuation of abuse predicted use of police. Resource use was lowest for Hispanic and legally married women and highest for older and more educated women.</p> <p>Notes / Issues: The non-randomized design produced groups that differed in resource use at the initial assessment, with the comparison group having higher levels of use. Although these differences were controlled statistically, the analysis of condition differences may have been influenced by pre-existing differences in tendency to use resources.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>assault by an intimate partner in the year prior to or during their pregnancy.</p>	<p>the control group. After the control group was recruited, the intervention group was then recruited.</p> <p>Intervention group participants received three sessions evenly spaced throughout pregnancy. Sessions lasted approximately 30 minutes.</p> <p>Attrition: 17 participants (9%) were lost to follow-up.</p> <p>Follow-ups: Comparison group participants were assessed at baseline (within the first 8 weeks after delivery) and at follow-ups 6 and 12 months post-delivery. Intervention group members were assessed at baseline (during pregnancy) and follow-ups 2, 6, and 12 months post-delivery.</p> <p>Outcome Variables: Community resource use including shelters, church, battered women's groups, legal assistance, health care, victim assistance programs, counseling, and police.</p>	

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Muelleman, R., & Feighny, K. (1999). Effects of an emergency department-based advocacy program for battered women on community resource utilization. <i>Annals Of Emergency Medicine</i>, 33(1), 62-66.</p>	<p>N = 222</p> <p>Age: Minimum age 18. No other information provided.</p> <p>Sex: 100% female</p> <p>Education: No info. provided</p> <p>Race / Ethnicity: Intervention condition group was 75% African American. No other information provided.</p> <p>SES: No info. Provided.</p> <p>Location: Kansas City, MO, US.</p>	<p>Design: Quasi-experimental cohort design</p> <p>Intervention Conditions: BRIDGE Intervention (n = 105): Goal was to help women in the ED access community resources. After a woman was identified to have IPV related injuries, she was offered an opportunity to meet with an advocate in the ED. The advocate addressed safety issues, and provided education about the cycle of violence and community resources.</p> <p>Control (n = 117): Received usual care in the ED.</p> <p>How Assigned to Condition: The control condition consisted of consecutive cases seen prior to the program implementation. The intervention condition was a consecutive sample seen after program implementation.</p> <p>Length / Duration of Treatment: One meeting with the advocate which lasted about 1.5 hours.</p>	<p>Primary Outcomes: A significantly higher proportion of BRIDGE participants than controls sought shelter and shelter-based counseling after their ED visit.</p> <p>No significant difference was found in the proportion who made a call to the police during follow-up. Of those who did not file a police report at the time of ED visit, a greater proportion in the BRIDGE condition subsequently called the police (29% vs. 18% of controls). No differences were found in protection orders. No significant difference was found in the proportion who returned to the ED for IPV-related injuries.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Follow-ups: No in-person follow-up was conducted. Police data were gathered an average of 65 weeks after ED visit; ED return data gathered over an average of 56 weeks</p> <p>Attrition: For the intervention condition, 57% of those approached agreed to participate.</p> <p>Outcome Variables: Use of shelter, shelter counseling services, police calls, protection orders, and repeat emergency department visits for IPV.</p>	
<p>Parker, B., McFarlane, J., Soeken, K., Silva, C., Reel, S. (1999). Testing an intervention to prevent further abuse to pregnant women. <i>Research in Nursing & Health</i>, 22(1), 59-66.</p>	<p>N = 199</p> <p>Age: range = 14-42 yrs.; M = 23.2, SD = 5.6; 30% were aged 19 or younger.</p> <p>Sex: 100% Females</p> <p>Race / Ethnicity: 35% African-American, 32% White, 33% Hispanic</p>	<p>Design: Quasi-Experiment. Ethnically stratified cohort design.</p> <p>Intervention Conditions: Counseling Intervention (n = 137): Participants received 3 counseling sessions that were based on the McFarlane and Parker abuse prevention protocol (1994a). The sessions addressed safety planning, decision making, problem solving, and use of community resources. In addition, half the intervention group was invited to attend three additional</p>	<p>Primary Outcomes: Women in the intervention condition experienced significantly less physical and non-physical abuse (on the ISA) at 6 and 12 month follow-up as compared to the controls.</p> <p>On the SVAW scales, the overall test of differences approached significance, and the specific scales revealed lower threats of violence and violence in the intervention condition at both 6 and 12 months. Women in the intervention condition also reported using significantly more safety behaviors than controls.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Education: M = 10.4, SD = 2.37</p> <p>SES: All participants had incomes below the poverty level and were eligible for public assistance.</p> <p>Location: Public health clinics in Texas and Virginia.</p> <p>Other Characteristics: Participants reported physical or sexual assault from a male partner in the year prior to or during their pregnancy, and reported still being in the relationship. 46% were married or living with their partner, 30% were separated, 19% were in a relationship but not living together.</p>	<p>counseling and information sessions led by workers from the local shelter.</p> <p>Comparison / Control (n = 67): Participants were given a wallet-sized card with information on community resources for abuse, including law enforcement, shelter, legal aid, and crisis counseling.</p> <p>How Assigned to Condition: The comparison group was recruited first during post-delivery visits. After that, the intervention group was recruited during pre-natal visits.</p> <p>Length / Duration of Treatment: Intervention group participants received three sessions evenly spaced throughout pregnancy. Sessions lasted approximately 30 minutes. Of those invited to attend additional counseling and information sessions, 49% did not attend any of them.</p> <p>Attrition: 17 participants (9%) were lost to follow-up.</p>	<p>Notes / Issues: The study was originally designed as a 3 group experiment (with counseling along and counseling plus additional support groups as two distinct intervention conditions). Due to limited attendance of support groups and finding no difference between intervention conditions, these two groups were combined for analyses. The assessment schedule was different between conditions. The intervention group was first assessed for abuse while they were pregnant, whereas controls were first assessed during sometime in the 8 weeks after delivery.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Follow-ups: Comparison group participants were assessed at baseline (within the first 8 weeks after delivery) and at follow-ups 6 and 12 months post-delivery. Intervention group members were assessed at baseline (during pregnancy) and follow-ups 2, 6, and 12 months post-delivery.</p> <p>Outcome Variables: Index of Spousal Abuse; Severity of Violence Against Women Scales</p>	
<p>McFarlane, J., Soeken, K., Wiist, W. (2000). An evaluation of interventions to decrease intimate partner violence to pregnant women. <i>Public Health Nursing, 17</i>, 443-451.</p>	<p>N = 329</p> <p>Age: Range = 15-42 yrs.; M = 23.8, SD = 5.4, 24.4% were teenagers (19 or under)</p> <p>Sex: 100% Female</p> <p>Race/Ethnicity: 100% Hispanic (predominately Mexican American). 90% mono-lingual</p>	<p>Design: Quasi-randomized experiment with assignment to condition alternated on a monthly basis</p> <p>Intervention Conditions:</p> <p>Brief Intervention (n = 113): Participants were given a wallet-sized resource card with information about planning for personal safety and contact numbers for the police, legal aid, and the local women's center.</p>	<p>Primary Outcomes: Primary analyses revealed no significant group by time interaction in physical violence and threats of violence. Post-hoc tests revealed that the outreach group's physical violence scores were significantly lower ($p < 0.05$) than those of the Counseling only group but not those of the Brief intervention group at the 2 month follow-up. Categorical analysis of violence outcomes (no violence, intermittent violence, continuous violence) showed no significant condition effects.</p> <p>No significant condition effects were found for use of community resources. .</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Spanish speaking.</p> <p>Education: M = 8.4 yrs.; SD = 3.2</p> <p>SES: 66% of the women reported annual family incomes of less than \$10,000; only 6% reported incomes greater than \$20,000; 20% were working full- or part-time and 3% were in school.</p> <p>Location: Two prenatal clinics operated by the health department of a large city in the southwestern US.</p> <p>Other Characteristics: All participants reported physical abuse in the year prior to baseline. 56% were residing with partner.</p>	<p>Counseling Intervention (n = 98). Participants were provided with unlimited access through appointment or drop-in to counseling services with a bilingual counselor in the maternity clinic. The counselor provided supportive counseling and education, referral to services to help with ending the abuse, and assistance in accessing desired services.</p> <p>Outreach / Mentoring Intervention (n=118). Participants were given the same unlimited access to the professional counselor (see above) plus the services of a “mentor mother” who gave support, education, referral, and assistance in accessing community resources through personal visits and telephone contacts. Mentors were nonprofessional, bilingual Spanish-speaking women with children, who lived in the communities served by the prenatal clinics.</p> <p>How Assigned to Condition: Each clinic entered women into each of the three study conditions by month on a pre-determined</p>	<p>Secondary Outcomes: Overall, across conditions, rates of physical violence and threats of violence declined significantly from baseline to 2 month follow-up. Overall, community resource used declined from baseline to each follow-up in all conditions. Use of community resources was correlated with severity of violence</p> <p>Notes / Issues: No information provided on uptake of services in the two active intervention conditions. Overall resource use was relatively low (30% at baseline, 7-19% at follow-ups). The low level of resource use may have been due to the language barriers for mono-lingual Spanish participants and the fact that many participants were undocumented and feared deportation from official contacts. Although assignment to conditions was not strictly random, the groups appeared very similar on all measures at baseline.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>sequence.</p> <p>Length/Duration of Treatment: Services were provided until 2 months post-delivery.</p> <p>Follow-ups: Conducted at 2, 6, 12, and 18 months post-delivery.</p> <p>Attrition: 21% of participants dropped out by the 18-month follow-up.</p> <p>Outcome Variables: Severity of Violence Against Women Scales; Community Resource Assessment</p>	
<p>Bell, M.E. & Goodman, L.A. (2001). Supporting battered women involved with the court system: An evaluation of a law school-based advocacy intervention. <i>Violence Against Women</i>, 7, 1377-1404.</p>	<p>N = 81</p> <p>Age: range 19-50, M = 30</p> <p>Sex: 100% female</p> <p>Education: 18% some high school 46% high school or equivalency 32% some college</p>	<p>Design: Quasi-Experiment</p> <p>Intervention Conditions:</p> <p>Legal Advocacy Intervention (n = 22): Participants were matched with a pair of law students enrolled in a course on domestic violence law. They interacted by phone or in person during the 2-6 week interval between hearings for temporary and permanent protection orders. All advocates provided legal</p>	<p>Primary Outcomes: Participants in both conditions reported significantly increased tangible and emotional social support from baseline to follow-up, There was no significant difference between conditions on tangible support, and a marginally significant (p = .06) effect for emotional support indicating greater improvement in the advocacy condition. Participants in both conditions displayed a substantial reduction in depression symptoms, with no difference across conditions.</p> <p>In ANCOVAs controlling for baseline abuse</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>4% bachelor's degree 2% graduate school</p> <p>Race / Ethnicity: 93% African American 5% Asian American 4% Other</p> <p>SES: All were low income (met eligibility criteria for legal assistance) 32% unemployed 25% receiving public assistance 42% employed FT</p> <p>Location: District of Columbia courts.</p> <p>Other Characteristics: Participants were low-income (eligible for legal aid), not receiving private legal representation, requesting protection orders for a heterosexual relationship partner,</p>	<p>representation and support, and most also helped them think of ways to improve their safety, provided referrals to community agencies, provided emotional support, and provided them with information about domestic violence. In some cases advocates helped with transportation and talked to the participants' family or friends on their behalf.</p> <p>Services-as-Usual Control (n = 59): Participants were assigned a legal advocate who discussed their abuse experiences, provided a list of list of referrals, explained court procedures, and accompanied her to request a temporary protection order. Some also received a follow-up phone call within the following two weeks, prior to a hearing for a permanent protection order.</p> <p>. How Assigned to Condition: Control group women were recruited in person at the time they sought legal protection orders. Those in the advocacy condition were recruited from all eligible participants in that intervention.</p>	<p>rates, there was a highly significant difference at follow-up with lower abuse re-victimization in the advocacy condition. Physical abuse re-victimization was also significantly lower in the advocacy condition after controlling for baseline levels. Rates of any physical abuse re-victimization were 5% in the advocacy condition versus 25% in the control condition.</p> <p>Notes / Issues: All analyses based on the 57 participants who completed the follow-up assessment. Initial recruitment rates appeared to be low. Follow-up duration is brief. Data analyses did not take into account whether effects might be accounted for by granting of protection orders. Differential dropout across conditions also poses some concerns for interpretation. Only one of the physical abuse outcome items assessed physical assault (the others assessed threats of harm and property damage), and condition difference findings were not presented specifically for physical assault victimization.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>not intoxicated or obviously psychotic, did not report initiating the violent incident, and were not receiving services for domestic violence from community agencies.</p> <p>93% in relationship with abusive partner at the time of baseline</p>	<p>Length / Duration of Treatment: Advocacy contact averaged four contacts per week (range 2-7) with each contact averaging 1.5 hours (range 15 minutes to 6 hours).</p> <p>Follow-ups: Participants completed a baseline questionnaire and were contacted by phone 6 weeks later for the follow-up interview.</p> <p>Attrition: 30% did not complete the follow-up; 5% in advocacy condition and 40% of controls.</p> <p>Outcome Variables: The Interpersonal Support Evaluation List (ISEL); Center for Epidemiologic Studies Depression Scale (CES-D); Psychological Maltreatment of Women Inventory, short-form (PMWI); 3 questions on physical abuse.</p>	
<p>McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., &</p>	<p>N = 150</p> <p>Age:</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p>	<p>Primary Outcomes: Significant main effects of condition and time, and a significant interaction of condition and</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Smith, S. (2002). An intervention to increase safety behaviors of abused women: Results of a randomized clinical trial. <i>Nursing Research</i>, 51, 347-354.</p>	<p>Intervention: M = 30.2; SD = 7.9 Control: M = 34.6; SD = 9.9</p> <p>Sex: 100% Female</p> <p>Education: Intervention: M = 11.4, SD = 3.0 Control: M = 12.2; SD = 2.6</p> <p>Race / Ethnicity: Black: 33% White: 27% Hispanic: 34%</p> <p>Location: Family violence unit of the District Attorney's Office in Houston, TX, US.</p> <p>Other Characteristics: Participant had to be minimum age 18, and be eligible for a protection order (provide evidence of intimate partner</p>	<p>Safety Intervention (n = 75). Participants received the standard services of the district attorney's office plus six safety intervention telephone calls. Each call began with the safety behavior checklist and encouragement to engage in various safety behaviors. The intervention is part of McFarlane & Parker's (1994) abuse prevention protocol.</p> <p>Control (n = 75). Participants received standard services in the DA's office.</p> <p>How Assigned to Conditions: Sampling with randomization until there were 75 in each condition.</p> <p>Length / Duration of Treatment: The first call occurred within 48 to 72 hours of the initial visit, with subsequent calls 1, 2, 3, 5, and 8 weeks later. Phone calls ranged from 3 to 25 minutes, (average = 9 minutes). Average total length of intervention was 54 minutes.</p> <p>Follow-ups: Conducted at 3 and 6 months after initial assessment</p>	<p>time were found for safety behaviors. Intervention women practiced significantly more safety behaviors at both 3 and 6 month follow-ups.</p> <p>Logistic regressions examining each specific safety behavior showed significantly greater use by intervention women at 3 months for hiding keys, hiding clothes, establishing a code with others, and asking neighbors to call the police, and at 6 months for hiding keys, hiding clothes, hiding money, and asking neighbors to call the police.</p> <p>Secondary Outcomes: Overall there was a quadratic trend in the data across conditions such that there was an increase in safety behaviors from baseline to 3 months and a decrease from 3 to 6 months.</p> <p>Notes / Issues: Participants in the experimental condition completed the main dependent variable during every intervention phone call, whereas control participants completed it only at scheduled assessments. This differential exposure to the d.v. may have influenced results.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	assault), and speak English or Spanish. 16% were non-English speaking.; 62% currently in relationship with abusive partner	Attrition: One participant committed suicide. Otherwise, the attrition rate was reported to be 0%. Outcome Variable: Safety Behavior Checklist	
McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., & Smith, S. (2004). Increasing the safety-promoting behaviors of abused women. <i>The American Journal Of Nursing, 104</i> (3), 40-50.	N = 150 (75 per condition) Note: This is a long term follow-up study of the sample from McFarlane et al (2002) described immediately above.	Follow-ups: conducted 12 and 18 months after intervention Attrition: There was a 99% completion rate for follow-ups at 12 and 18 months. Outcome Variables: Safety-promoting behavior checklist.	Primary Outcomes: The increase in safety behaviors over time was greater for the intervention than the control condition. The intervention group had significantly greater safety behaviors at 12 and 18 month follow-up. Notes / Issues: For each participant, the follow-up assessments were conducted by the same individual who provided the phone intervention, perhaps increasing socially desirable responding.
Corcoran, J., & Allen, S. (2005). The effects of a police/victim assistance crisis team approach to domestic violence. <i>Journal of Family Violence, 20</i> , 39-45.	N = 80 Age: 18 or under: 12% 19-25: 18% 26-34: 41% 35-45: 18% 46-55: 8% 56 or over: 3% Sex of Victim: 22% Male; 78% Female	Design: Quasi-experiment Intervention Conditions: Crisis Intervention Condition (N = 96): Crisis teams consisted of a uniformed detective from the police Family Violence Unit and a crisis intervention volunteer. Once police deemed the situation safe, volunteers encouraged victims to ventilate and validated their concerns, provided information about the criminal	Primary Outcomes: Arrests were made in a significantly greater number of family violence cases in the crisis intervention condition (82%) than in the control (49%). There was a significant difference between groups on reasons for non-arrest, with “suspect left the scene” and “insufficient evidence” considerably more common in the control group. Very few women went to the shelter (7% of crisis team cases, 1% of controls).

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Race / Ethnicity: 72% African American 23% White 6% Hispanic</p> <p>Location: A high-crime area of a medium size city in the southwestern U.S.</p> <p>Other Characteristics: 28% married to suspect 38% girlfriend / boyfriend</p>	<p>justice system and the dynamics of family violence, and gave referrals for social and legal services. Transportation to the battered women's shelter was provided when necessary. The officer gathered evidence and investigated the case.</p> <p>Control Group (N = 80): Consisted of randomly selected cases from the same area during the same 6 month period which did not receive the crisis team response.</p> <p>How Assigned to Condition: All crisis team cases seen in a 6 month period were compared to randomly selected non-crisis team cases from the same time period.</p> <p>Length / Duration of Treatment: One crisis team visit at the time of police involvement.</p> <p>Outcome Variables: Number of victims that went to shelters, victim cooperation with police, arrests made, and types of charges filed.</p>	<p>Counter to expectations, noncooperation with the police was significantly higher in the crisis team cases (15%) versus the control (4%).</p> <p>Notes / Issues: Important differences between conditions were present. The crisis team had to be called to the scene by responding officers, which was unlikely when the perpetrator had fled the scene or there was insufficient evidence. Therefore, the differences in arrest rates (and reasons for non-arrest) may have reflected the decision to call the crisis team when an arrest was possible or likely.</p> <p>Outcome variables were limited and did not assess psychosocial factors, safety behaviors, resource use (other than shelter), or re-victimization.</p>
Koopman, C., Ismailji,	N = 59	Design: Randomized Experiment	Primary Outcomes:

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>T., Holmes, D., Classen, C.C., Palesh, O., & Wales, T. (2005) . The effects of expressive writing on pain, depression and posttraumatic stress disorder symptoms in survivors of intimate partner violence. <i>Journal of Health Psychology, 10</i>, 211-221.</p>	<p>Age: Sex: 100% female. Education: Median was some college. Range HS grad to graduate school. Race / Ethnicity: 68% White/ European American ; 13% Latina/Hispanic; 6% Middle Eastern; 6% African American; 2% Asian American and 4% other. SES: 43% employed FT; 21% PT; 36% not employed 60% had household income under \$60,000 Location: San Francisco Bay area,</p>	<p>Intervention Conditions: Expressive Writing (n = 25 study completers): Participants were instructed to write about the most traumatic experience of their life, exploring “your very deepest emotions and thoughts.” Control (n = 22 study completers): Wrote about their daily schedule and how they use their time. Instructed to be objective and not write about their emotions or opinions. . How Assigned to Condition: Randomized after baseline assessment. Length / Duration of Treatment: Four 20-minute writing sessions scheduled at weekly intervals. Follow-ups: One follow-up conducted 4 months after treatment. Attrition: 12 of 59 did not complete 4 month follow-up (20%)</p>	<p>Multiple regressions were conducted using baseline scores on dependent variables, treatment condition, and their interaction to predict follow-up scores on the dvs. There were no significant main effects of writing condition on depression, PTSD symptoms, or pain. Secondary Outcomes: Two significant interactions were reported. Women who were more depressed at baseline demonstrated significantly greater decreases in depression in the expressive writing condition. Women who reported greater pain at baseline demonstrated significantly greater reductions in pain in the control (neutral writing) condition. Notes / Issues: The authors dismiss the contradictory finding for neutral writing on pain but the data look pretty much as convincing for this one as for the expected finding on depression. Overall, it does not appear that expressive writing had a beneficial effect for IPV survivors.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>CA, US.</p> <p>Other Characteristics: Participants were victims of IPV recruited through ads in the community. Minimum age 18. Had to be out of the abusive relationship for at least 1 month, not living with the abusive partner for at least 6 months, and in a safe living environment.</p> <p>On average, they had left the abusive relationship 5 years before the study.</p> <p>At baseline, 40% reported clinically significant levels of pain, 53% met criteria for probable PTSD; and 40% met the screening cutoff for clinical depression.</p>	<p>Outcome Variables: Bodily Pain Scale of the SF-36 Health Survey; Beck Depression Inventory; PTSD Checklist</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Tiwari, A., Leung, W.C., Leung, T.W., Humphreys, J., Parker, B., Ho, P.C. (2005). A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong. <i>BJOG: an International Journal of Obstetrics and Gynaecology</i>, 112(9), 1249-1256.</p>	<p>N = 110</p> <p>Age: Experimental: M = 30; SD = 5.1 Control: M = 31; SD = 5.2</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: Chinese</p> <p>SES: 38% of participants reported paid employment and 72% reported that their partners had paid employment. About 85% reported incomes at or above the national average for Hong Kong.</p> <p>Location: Antenatal clinic in a public hospital in Hong Kong</p> <p>Other Characteristics:</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p> <p>Empowerment Intervention (n = 55) McFarlane and Parker's (1994) intervention was adapted for Chinese abused pregnant women. The intervention was designed to enhance women's independence and control. It included advice about safety, decision-making, and problem-solving, and was delivered with empathic understanding.</p> <p>Control (n = 55) Participants received standard care, which included a wallet-sized card with information on community resources for abused women.</p> <p>How Assigned to Condition: Participants were randomized after their initial baseline assessment.</p> <p>Length / Duration of Treatment: One 30-minute counseling session delivered immediately after randomization in a one-to-one format by a nurse midwife.</p>	<p>Primary Outcomes: The intervention group reported significantly less psychological abuse and minor physical violence at follow-up. Conditions did not differ significantly on sexual abuse or severe violence. Significantly fewer women in the intervention group had postnatal depression at follow up. On the SF-36, the intervention group had significantly higher physical functioning and significantly improved scores on the role limitation measures for both physical and emotional problems. However, they also reported higher levels of bodily pain.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Participants were pregnant women, minimum age 18, less than 30 weeks of gestation attending their first prenatal appointment. Participants indicated that they had been emotionally or physically hurt or forced to have sex by a relationship partner in the previous year. 91% were married at baseline.</p> <p>39% reported physical assault victimization; 11% reported sexual abuse victimization</p>	<p>Attrition: 4% were lost to follow up.</p> <p>Follow-ups: A single follow-up was conducted by phone at six weeks post-delivery</p> <p>Outcome Variables: Conflict Tactics Scale (CTS); Short-Form Health Survey (SF-36); Edinburgh Postnatal Depression Scale</p>	
<p>Franzblau, S.H., Echevarria, S., Smith, M. & Van Cantford, T. E. (2008). A Preliminary investigation of the effects of giving testimony and learning yogic breathing</p>	<p>N = 40</p> <p>Age: Range = 18-45</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: 50% African</p>	<p>Design: Randomized Experiment 2 (race) X 4 (treatment condition) factorial design</p> <p>African American and Euro-American participants were randomly assigned to one of four treatment conditions:</p>	<p>Primary Outcomes: BDI-II scores declined significantly from pre- to post in all conditions other than control</p> <p>ANCOVA controlling for baseline depression revealed a significant effect of treatment condition. Planned comparisons found that the combined condition and YB had lower</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>techniques on battered women's feelings of depression. <i>Journal of Interpersonal Violence</i>, 23, 1800-1808.</p>	<p>American 50% European American</p> <p>Location: U.S. regional/international</p> <p>Other Characteristics: Self-identified as verbally, emotionally, physically, and/or sexually abused by a man with whom they have been intimate within the past 2 years</p> <p>Recruited through advertisements and flyers on campuses and surrounding community</p>	<p>Yogic Breathing (YB): 45-minutes of training in yogic breathing administered daily for 2 consecutive days</p> <p>Giving Testimony: participants recorded their experiences of abuse in an interview with a same-race research assistant for 45 minutes per day for 2 consecutive days</p> <p>Combined: received 45 minutes of yogic breathing plus 45 minutes of GT each day for 2 consecutive days</p> <p>Control: received neither GT nor YB</p> <p>How Assigned to Condition: randomized</p> <p>Length / Duration of Treatment: - 2 consecutive days; 1.5 hours total intervention for YB and GT; 3.0 hours total for combined condition</p> <p>Follow-ups: baseline assessment on day 1, follow-up on day 4 (1 day after completing treatment)</p> <p>Attrition: None reported</p>	<p>posttreatment depression than the controls, but GT alone did not.</p> <p>Notes / Issues: Study is extremely limited in scope, specifically using only 1 outcome measure and only 1 day of follow-up.</p> <p>Very little specific information is provided on procedures for the GT sessions.</p>

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Gillum, T. L., Sun, C. J., & Woods, A. B. (2009). Can a health clinic-based intervention increase safety in abused women? Results from a pilot study. <i>Journal of Women's Health, 18</i>, 1250-1264.</p>	<p>N = 41</p> <p>Age: Range = 23-65; M = 43</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: 83% African American 15% White 2% Hispanic</p> <p>Education: 15% less than high school 40% HS graduate or GED 42% some college</p> <p>Location: Baltimore, MD</p> <p>SES: 25% unemployed; 5% disabled</p> <p>Other Characteristics: Conducted in a</p>	<p>Outcome measure: Beck Depression Inventory (BDI-II)</p> <p>Design: Randomized Experiment</p> <p>Study Conditions: Intervention (n = 21). Participants received personalized counseling after initial screening, focused on safety behaviors and individual needs assessment. They then received six phone calls (1, 2, 4, 6, 8, and 10 weeks later) focused on goal setting, safety, and individual needs. Referrals for services were made based on need and requests.</p> <p>Control (n = 20). Participants received a brochure with community resources for IPV victims (also given to intervention participants), information about help, and a monthly phone call to confirm contact information. .</p> <p>How Assigned to Condition: Randomized after initial screening</p> <p>Length / Duration of Treatment: Telephone sessions ranged from 5 minutes to 1 hour and averaged 20 minutes.</p>	<p>Primary Outcomes: Intervention participants engaged in significantly more safety-promoting behaviors. On average, intervention participants increased by about 3.5 safety behaviors, and those in the control group decreased by about .5 over the course of the study.</p> <p>Notes / Issues: Very restricted analysis of outcome, focused solely on safety behaviors. Article mentions that resource use was measured at follow-up, but no data on this were presented. Follow-up limited to 3 months.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>primary healthcare clinic for the uninsured. Participants were women age 18 and up who screened positive for IPV in the past year. 49% were single; 17% currently married. 80% currently depressed; 61% had probable PTSD; 34% in current lethal danger</p>	<p>Attrition: 5% (2 of 41) did not complete follow-up</p> <p>Follow-ups: One follow-up assessment conducted at 3 months</p> <p>Outcome Variables: Safety-Promoting Behavior Checklist</p>	
<p>MacMillan, H.L., Wathen, C.N., & Jamieson, E. (2009). Screening for intimate partner violence in health care settings: A randomized trial. <i>Journal of the American Medical Association</i>, 302, 493-501.</p>	<p>N = 6743</p> <p>Note: The following demographic data are for the 411 participants retained for analyses:</p> <p>Age: Experimental: M = 33.8 (SD = 10.8) Control: M = 33.9 (SD = 10.7)</p>	<p>Design: Randomized experiment.</p> <p>Intervention Conditions: Screening intervention (n=3271). Participants self-completed the Woman Abuse Screening Tool (WAST); if a woman screened positive, this information was given to her clinician before the health care visit. Subsequent discussions and/or referrals were at the discretion of the treating clinician.</p>	<p>Primary Outcomes: No significant outcome differences between conditions were reported for IPV exposure. At 18 months, observed recurrence of IPV among screened vs non-screened women was 46% vs 53%. No indication of harm from screening was detected.</p> <p>Secondary Outcomes: Growth modeling indicated two significant condition effects: women in the screening condition had more rapid improvement in quality of life through 18 months, and greater reductions</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Education: Experimental: M = 13.7 (SD = 2.8) Control: M = 13.5 (SD = 2.8)</p> <p>Sex: 100% female</p> <p>SES: 53% working full-time 44% annual income less than \$25,000</p> <p>Location: Ontario, Canada</p> <p>Other Characteristics: Study conducted in 11 emergency departments, 12 primary care sites, and 3 obstetrics/gynecology clinics. Participants were English-speaking women aged 18-64 who had a male relationship partner</p>	<p>Control: (n = 3472). Participants self-completed the WAST and other measures after their visit. No screening information was given to their health care provider.</p> <p>Prior to the trial, clinicians received training on IPV, how to respond to IPV disclosure, safety planning, and community resources. All participants were given a card with information on where to get help in the community.</p> <p>How Assigned to Condition: Randomization was done by days or shifts. (Cluster randomization with individuals nested within hospital shifts).</p> <p>Follow-ups: screening questionnaires completed either before or after health visit (depending on condition). Baseline assessment conducted within 14 days after that, then follow-ups at 6, 12, and 18 months.</p> <p>Attrition: Of 6743 randomized cases, 707 screened positive at initial visit and were eligible for</p>	<p>in depression. These condition effects were no longer significant after imputation of missing values.</p> <p>Reductions across conditions were observed over time in IPV recurrence, PTSD symptoms, depression symptoms, and alcohol problems, and improvements in quality of life and mental health.</p> <p>Notes / Issues: Sample attrition was high. As an intervention trial, the findings are limited by the fact that only 44% of women in the screening (experimental) condition reported that their clinician discussed violence with them (vs. 8% in the control condition). Thus, it is not clear that any actual intervention was provided for the majority of women in the experimental condition. In addition, the specific interventions provided by the treating clinicians were not documented.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>within the past 12 months, could be seen individually, and were well enough to provide informed consent and participate.</p> <p>37% were single (never married)</p>	<p>assessment and follow-up. Of the 707, 411 (58%) completed baseline and at least one follow-up. Women lost to follow-up were more likely to be single, had less education and higher scores on the initial IPV screening instruments.</p> <p>Outcome Measures: Composite Abuse Scale; World Health Organization Quality of Life Instrument (Psychological Quality of Life); CESD- Depression Scale; SPAN 4-item screen for PTSD; 5-item "TWEAK" alcohol screening tool; SF-12 health survey; Health and Social Services Utilization questionnaire; Consequences of Screening Tool (perceived effects of d.v. screening).</p>	
<p>Cripe, S.M., Sanchez, S.E., Sanchez, E., Quintanilla, B.A., Alarcon, C.H., Gelaye, B., & Williams, M.A. (2010). Intimate partner violence during pregnancy: A pilot intervention program in Lima, Peru. <i>Journal of</i></p>	<p>N = 220</p> <p>Age: Range 18-45; M = 26, SD = 5</p> <p>Education: > 12 years = 34% 7-12 years = 11% < 7 years = 54%</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions: Empowerment Intervention (N = 110). Participants received an abuse assessment, referral card, and social worker case management which focused on support, education, and safety planning. The intervention was developed by Parker and</p>	<p>Primary Outcomes: No significant differences between conditions were found on abuse victimization, health-related quality of life, resource use, or specific safety behaviors. Several non-significant trends suggested a higher proportion of those in the empowerment condition used some of the safety behaviors studied.</p> <p>Secondary Outcomes:</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<i>Interpersonal Violence</i> , 25, 2054-2076.	<p>Sex: 100% Female</p> <p>Race / Ethnicity: 88% Mestizo</p> <p>Location: Lima, Peru</p> <p>SES: 63% unemployed; 51% reported limited access to basic foods; 64% had limited access to health care.</p> <p>Other Characteristics: Participants were receiving pre-natal care (12 to 26 weeks of gestation); screened positive for relationship abuse in past 12 months; Spanish speaking, and between 18 and 45 years of age.</p> <p>Only 9% were married and living with husband.</p>	<p>McFarlane.</p> <p>Standard Care Control (N = 110). Participants received an abuse assessment and referral card.</p> <p>Duration of Treatment: One 30 minute counseling session</p> <p>Attrition: Of 220 participants, 16 (7%) were lost to follow-up</p> <p>Follow-ups: Baseline assessment and intervention occurred during first pre-natal visit. Post assessment occurred after delivery while in hospital.</p> <p>Outcome Measures: Revised Conflict Tactics Scale; Short Form Health Survey (SF-36) to assess health-related quality of life; modified Safety Behavior Checklist, and a community resource use assessment</p>	<p>Increase in safety behavior use was found in both conditions, perhaps reflecting an effect of assessment questions on specific safety actions. Some safety behaviors were reported by a relatively large proportion in both groups at the post assessment. Community resource use was low at both pre and post assessments and did not appear to increase at all in either condition.</p>
Koziol-McLain, J.,	N = 399	Design: Randomized Experiment	Primary Outcomes

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Garrett, N., Fanslow, J., Hassall, I., Dobbs, T., Henare-Toka, T. A., & Lovell, V. (2010). A randomized controlled trial of a brief emergency department intimate partner violence screening intervention. <i>Annals of Emergency Medicine</i>, 56, 413-423.</p>	<p>Age: Range 16-94; median = 40</p> <p>Education: Less than secondary school: 23%; Secondary school: 23%; Other completed qualification: 46%; University degree: 8%</p> <p>Race/Ethnicity: 38% Maori; 60% New Zealand European; 2% other</p> <p>Sex: 100% female</p> <p>SES: 49% employed; 34% receiving government subsidy(ies)</p> <p>Location: Urban emergency department in the North Island of New Zealand</p>	<p>Intervention Conditions: Partner Violence Screening Intervention (N = 199). Participants received a standardized 3-item intimate partner violence screen, statements about the unacceptability of violence, risk assessment, and referral in the context of a face-to-face interaction with a trained health professional research assistant.</p> <p>Usual Care Control Group (N = 200) : Participants were not screened for partner violence at baseline and received no specific intervention.</p> <p>How Assigned to Condition: Women presenting for emergency care during randomly selected shifts across days of the week and times of day were randomly assigned individually in a 1 to 1 ratio to treatment or control</p> <p>Length / Duration of Treatment: The median screening intervention time was 3 minutes; 93% were conducted in less than 10 minutes (range 1 to 15 minutes). The median</p>	<p>The screening intervention did not have a significant effect on rates of IPV during the follow-up period. Rates of IPV exposure at follow-up were 12.0% in the treatment condition and 13.6% in the control condition. The adjusted odds ratio, controlling for design effects and covariates, was 0.86. In addition, no significant condition differences were found for use of new safety behaviors or resource use. The median number of new safety behaviors used during follow-up was 1 for both conditions.</p> <p>Secondary Outcomes: In the treatment condition, the rate of intimate partner violence at follow-up was 5.2% among women who initially screened negative and 40.6% among women who initially screened positive.</p> <p>Notes / Issues: The study may have had insufficient statistical power, as the sample size was determined under the expectation that the intervention would reduce violence rates by half. Acutely intoxicated women were screened out of the study, and may be a high risk subgroup. The intervention was very brief (7 minutes on average for high risk women), perhaps insufficient to induce changes in safety behavior and resource use.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Other Characteristics: Women seeking emergency health care and triaged to lower levels of acuity; Minimum age 16</p> <p>Excluded non-English speaking individuals, those whose acute medical condition precluded consent, and those with functional or organic impairment (e.g., psychosis, substance intoxication).</p> <p>67% were in a current intimate relationship;</p> <p>61% were discharged to home; 39% discharged to hospital</p> <p>In treatment group, 18% screened positive for past year</p>	<p>screening intervention time for high-risk women was 7.3 minutes.</p> <p>Attrition: The overall study had a 14% attrition rate. Women lost to follow-up (n = 55) compared with women successfully contacted (n = 344) were older, more likely to be of European descent. Rate of loss to follow-up was 16% in the treatment condition and 11.5% in the control condition.</p> <p>Follow-ups: Follow-up interviews occurred in the home, by phone, or at a community location selected by the participant. Median time to follow-up was 13 weeks, with 83% within 16 weeks.</p> <p>Outcome Measures: 30-Item Composite Abuse Scale; Safety Behaviors Checklist, Community Resources Checklist (administered only to those who reported abuse)</p>	

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	partner violence; 51% screened positive for lifetime partner violence		
<p>Stover, C. S., Berkman, M., Desai, R., & Marans, S. (2010). The efficacy of a police-advocacy intervention for victims of domestic violence: 12 month follow-up data. <i>Violence Against Women</i>, 16, 410-425.</p>	<p>N = 107</p> <p>Age: M = 30</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: African American: 53.7% White: 13% Hispanic: 27.8%</p> <p>SES: participants “were primarily low-income with limited education, and most were unemployed” (p. 414)</p> <p>Location: New Haven, CT, US</p> <p>Other Characteristics: Eligibility required an</p>	<p>Design: Quasi-Experiment</p> <p>Intervention Conditions: Domestic Violence Home Visit Intervention (DVHVI; n = 52). Provided advocate/police officer team home visits following a domestic dispute, usually 2-5 days after the incident. Goals were “to monitor victim safety, improve victims’ understanding and enforcement of court orders, increase access to information and concrete services, and provide psychological screening, acute psychological support, and access to treatment for victims and their children” (p. 412)</p> <p>Control (n = 55): Received standard police services following a 911 call for domestic violence.</p>	<p>Primary Outcomes: Women in the DHVHI condition felt their interaction with the police was more positive than controls. They were significantly more likely to call the police and use court-based services during the 12 month follow-up than controls. There were no significant differences in CTS2 scores for violence by either the victim or perpetrator over the 12 months of follow-up. No condition differences were found in PTSD symptoms, total distress on the BSI, children’s behavior problems (CBCL) or resource use for adult mental health services. DHVHI cases obtained significantly more therapy for their children during follow-up than controls.</p> <p>Notes / Issues: Their findings isolate the effects of the intervention to willingness to call police and seek help from the legal system rather than increases in victimization.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>altercation between a male and female intimate partner (minimum age 18) with criminal charges and actual or pending arrest of the male perpetrator. Dual arrest cases were excluded.</p>	<p>How Assigned to Condition: The DVHVI was implemented in 5 police districts, and controls were recruited from 5 other districts.</p> <p>Length / Duration of Treatment: Not specifically described, but appears to be one visit from the response team.</p> <p>:</p> <p>Follow-ups: Baseline recruitment occurred 10 days to 3 weeks after the initial 911 call, with baseline assessments conducted within 6 weeks of the incident. Follow-ups were conducted 6 and 12 months after intervention.</p> <p>Attrition: Of 430 women eligible to participate in the research study, 25% were recruited. No specific details are provided on rates of follow-up at 6 and 12 months.</p> <p>Outcome Variables: The Conflict Tactics Scale–Revised (CTS2); Brief Symptom Inventory (BSI); Posttraumatic Checklist-Civilian Version (PCL-C);</p>	

PASK#17 Online Tables - Table 3. Studies examining the effectiveness of brief intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		Traumatic Events Screening Inventory (TESI); The Resource Utilization Questionnaire (RUQ); Child Behavior Checklist; UCLA Posttraumatic Stress Disorder Reaction Index–Parent Report Version (PTSD-RI).	

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
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Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>Mancoske, R.J., Standifer, D., Cauley, C. (1994). The effectiveness of brief counseling services for battered women. <i>Research on Social Work Practice, 4</i>, 53-63.</p>	<p>N = 20</p> <p>Age: all 18 or over; otherwise not reported</p> <p>Sex: 100% Female</p> <p>Race/ Ethnicity: 60% non-Hispanic Caucasian; 25% African-American; 5% Hispanic; 5% Native American; 5% Asian.</p> <p>Education: 15% did not attend high school; 30% did not complete high school, 20% high school graduates; 30% completed some college.</p> <p>SES: 45% had no income, 30% had limited</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p> <p>Feminist-oriented counseling (FOC: n = 10) Based on empowerment theory. Encouraged women to define the problem, learn new interpersonal skills, instill hope, and emphasize existing strengths. Specific content addressed powerlessness, learned helplessness, hostile social environments, coping mechanisms, values clarification, and self-enhancing cognitive change to enhance interpersonal skills.</p> <p>Grief resolution oriented counseling (GRC; n = 10) Focused on mourning the loss of the relationship. Included an exploration of Kubler-Ross's six stages of mourning, with content and handouts on denial, anger, isolation, bargaining, depression, and acceptance.</p>	<p>Primary Outcomes: Across conditions, participants had significant increases in self-esteem, self-efficacy, and attitudes toward feminism from pre- to posttreatment. Those in the GRC condition had significant improvement in self-esteem and self-efficacy but not in attitudes toward feminism. Those in the FOC condition had no significant changes.</p> <p>Notes/Issues: No direct statistical comparisons between conditions were reported, only the simple effects (change) within conditions.</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>personal income, and 15% had income ranging from \$10,000 to \$25,000 annually.</p> <p>Location: New Orleans, LA</p> <p>Other Characteristics: Participants requested short-term counseling services at a battered women's program and reported partner abuse (90% reported physical abuse).</p> <p>60% married, 30% single; 10% divorced</p> <p>65% residing with the abusive partner</p>	<p>Participants in both conditions were also provided basic crisis intervention services and information on the dynamics of domestic violence and community resources. Optional services could include protective shelter, referrals for legal services, support groups, and brief psychoeducational counseling.</p> <p>How Assigned to Condition: Alternating assignment for the two study conditions.</p> <p>Length / Duration of Treatment: Weekly sessions for 8 weeks.</p> <p>Follow-ups: 1 follow-up conducted at the end of treatment</p> <p>Attrition: None reported.</p> <p>Outcome Measures: Hudson's Index of Self-Esteem; Self-Efficacy Scale; Attitudes Toward Feminism Scale</p>	
Sullivan, C.M. & Bybee, D.I. (1999). Reducing	N = 278	Design: Randomized Experiment	Primary Outcomes: Post-intervention analyses of covariance at the

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>violence using community-based advocacy for women with abusive partners. <i>Journal of Consulting and Clinical Psychology</i>, 67, 43-53.</p>	<p>Age: range 17 to 61 years; mean = 29</p> <p>Sex: 100% women</p> <p>Race / Ethnicity: 45% African American; 42% Euro-American; 7% Latina; 2% Asian American</p> <p>Education: 2/3 completed high school or equivalency; 35% completed at least some college.</p> <p>Location: U.S. Midwest</p> <p>Other Characteristics: Recruited from a shelter for battered women. Spent at least one night in the shelter with plans to stay in the vicinity for the following 3 months.</p>	<p>Treatment Conditions:</p> <p>1) Community Advocacy Program (n = 143)</p> <p>Intensive community advocacy post-shelter discharge, delivered by female undergraduates with training and supervision. Each student was assigned to one client. Goal was to make the community responsive to client needs, including “housing, employment, legal assistance, transportation, education, child care, health care, material goods and services, financial assistance, services for the children (e.g., tutoring and counseling), and social support” (p. 45).</p> <p>Control (n = 138). Contacted for subsequent assessments with no specific post-shelter services.</p> <p>Duration / Length of Treatment: 10 weeks duration; average contact with advocate was 2 times and 6.4 hours per week</p> <p>How Assigned to Conditions: Random assignment to experimental and control groups stratifying for order and for whether or not a woman was involved in an ongoing,</p>	<p>10 week assessment revealed that women in the advocacy condition experienced significantly less physical violence, fewer depressive symptoms, higher quality of life, more social support, and were more effective in obtaining resources compared with women in the control condition, with no significant condition effect found for psychological abuse exposure.</p> <p>Change over time from post-treatment to 24 month follow-ups were examined through MANOVA. A significant Condition by Time interaction effect favoring the intervention was found for physical violence and social support. A significant condition effect was found for quality of life and social support. Other specific effects were not significant.</p> <p>Median time to first physical re-abuse was 3 months for the control condition and 9 months for advocacy condition. By the 24 month follow-up 89% of the control group had experienced re-assault versus 76% of those in the advocacy condition.</p> <p>Secondary Outcomes: Among those who initially endorsed wanting to end the relationship, advocacy condition women were more likely to do so (96% vs. 87% in control group).</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>intimate relationship with her assailant.</p> <p>Follow-ups: Women were assessed at shelter exit (baseline), 10 weeks later, and at 6-, 12-, 18-, and 24-month follow-up.</p> <p>Attrition: 13 cases excluded from analyses for missing data (8 experimental; 5 control); overall average retention over two years of follow-up was 95%.</p> <p>Outcome Measures: Modified Conflict Tactics Scale; Index of Psychological Abuse; Quality of Life; Center for Epidemiological Studies – Depression Scale; Social Support; Effectiveness and Difficulty in Obtaining Resources</p>	
<p>Kim, S. & Kim, J. (2001).). The effects of group intervention for battered women in Korea. <i>Archives of Psychiatric Nursing, 15</i>, 257-264.</p>	<p>N = 60</p> <p>Age: Experimental Condition: M = 35.8 Control Condition: M = 36.8</p>	<p>Design: Quasi-Experiment</p> <p>Treatment Conditions: Experimental Condition (n = 30): Weekly group intervention based on Robert’s Seven-Stage Crisis Intervention Model. Used a short-term, goal-directed, and problem-</p>	<p>Primary Outcomes: Reduction in trait anxiety was significantly greater in the experimental group than control. No significant increase in self-esteem was found from pretest to posttest in either condition. A statistically significant reduction in depression was found between the pretest and posttest scores for the experimental group, but the degree</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Education: > 6th grade: Exp 16.7%; Con 23.5% 9th grade: Exp 16.7%; Con 11.8% High School: Exp 50%; Con 64.7% Baccalaureate: Exp 12.5%; Con 0%</p> <p>Sex: 100% female</p> <p>Location: Seoul, South Korea</p> <p>Other Characteristics: Participants were recruited from two shelters designated to protect women from domestic violence.</p>	<p>focused approach. Each session was formatted to stress the following topics: (1) assess trauma, (2) identify major problems, (3) deal with feelings, (4) understand self (explore, identify coping methods), (5) identify batterer characteristics, (6) improve stress management strategies, (7) develop an action plan, and (8) promote empowerment.</p> <p>Control Condition (n = 30): Received pre-and post-tests and services as usual at the shelter.</p> <p>How Assigned to Condition: Control subjects were selected from one shelter and experimental subjects from another shelter.</p> <p>Length / Duration of Treatment: The group intervention consisted of 8 weekly sessions lasting 90 minutes each.</p> <p>Attrition: Overall attrition rate was 45% (27 / 60) The experimental group lost 14 subjects (47%) and the control group 13 (43%).</p>	<p>of change in depression was not significantly different between conditions.</p> <p>Notes / Issues: The sample attrition rate was high.</p> <p>At pretest, participants in the experimental group had significantly higher trait anxiety than the control group, which may have influenced the finding of greater reductions over time in the experimental group.</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>Follow-ups: One post-test at the end of group treatment.</p> <p>Outcome Measures: Center for Epidemiological Studies Depression Scale (CES-D); State /Trait Anxiety Inventory; Rosenberg Self-Esteem Inventory</p>	
<p>Sullivan, C.M., Bybee, D.I., & Allen, N.E. (2002). Findings from a community-based program for battered women and their children. <i>Journal of Interpersonal Violence</i>, 17, 915-936.</p>	<p>N = 80 mothers (and 80 children)</p> <p>Age: M = 31</p> <p>Sex: 100% women (all mothers)</p> <p>Race / Ethnicity: 49% non-Hispanic White, 39% African American, 5% Hispanic/Latina, 5% multiracial, 1% Asian, 1% Native American</p> <p>SES: 44% employed 88% receiving some form of government assistance</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions: 1) Community Advocacy Program (n = 40) Based on intervention developed by Sullivan & Bybee (1999; described below). Intensive community advocacy was delivered by female undergraduates who received training and supervision. The intervention focused on needs of both mothers and their children. .</p> <p>Control (n = 40). Completed assessments with no community advocacy services.</p> <p>Duration / Length of Treatment: 16 weeks duration; advocates worked with the mothers 2.7 hours per week and with the children 5.2</p>	<p>Primary Outcomes: A marginally significant multivariate effect was found for mother’s well-being (quality of life, social support, depression, self-esteem, and assailant abuse). Significant contrasts indicated greater change in depression, self-esteem, and quality of life for women who received the intervention, and more rapid changes in abuse exposure and social support (with the control condition “catching up” by 4 month follow-up on these latter two outcomes).</p> <p>Notes / Issues: As the study focused on both maternal well-being and children’s well being, a number of additional findings were presented for the children. However, only the results on mothers’ well-being are presented here for this summary of interventions for victim survivors of IPV.</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Location: U.S. Midwest</p> <p>Other Characteristics: Participants were mothers who experienced physical partner abuse in the past 4 months. They were recruited after leaving a domestic violence shelter (79%), from a community-based family service organization (4%) or from a state Social Services department (18%). Participants had a child between 7 and 11 years who was also willing to participate. 79% were no longer in a relationship with abusive partner at baseline</p>	<p>hours per week on average.</p> <p>How Assigned to Conditions: Randomly assigned after initial assessment</p> <p>Follow-ups: Baseline, 4 months later (post-intervention), and 4 month follow-up.</p> <p>Attrition: 5% of participants dropped out.</p> <p>Outcome Measures: Modified Conflict Tactics Scale; Index of Psychological Abuse; Injuries; Quality of Life; Center for Epidemiological Studies – Depression Scale; Perceived Social Support; Rosenberg Self-Esteem Inventory.</p>	
<p>Kubany, E.S., Hill, E.E., & Owens, J.A. (2003). Cognitive trauma therapy</p>	<p>N = 37</p> <p>Age: Range = 22-62;</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p>	<p>Primary Outcomes: In pre- to post analyses, for each outcome variable there were no significant differences</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>for battered women with PTSD: Preliminary Findings. <i>Journal of Traumatic Stress, 16</i>, 81-91.</p>	<p>M = 36.4, SD = 9.1</p> <p>Sex: 100% Female</p> <p>Race / Ethnicity: 49% White; 27% Asian; 16% Pacific Islander (n = 6;), 8% “other”</p> <p>Location: Hawaii</p> <p>Education: Ranged from 11th grade to doctorate (M = 13.6 years; SD = 2.0)</p> <p>Other Characteristics: Participants had been physically and/or emotionally abused by an intimate or a romantic partner, out of the relationship for at least 1 month, no intention of reconciling, no abuse in past 30 days, diagnosed with PTSD, no current substance abuse, schizophrenia or bipolar disorder.</p>	<p>Immediate Treatment (n = 19)</p> <p>Delayed Treatment (Wait List Control; n = 18)</p> <p>Received treatment approximately 6 weeks after their baseline assessment</p> <p>Both conditions received Cognitive Trauma Therapy for Battered Women with PTSD (CTT-BW), an individual therapy program. CTT-BW includes psychoeducation about PTSD, stress management, exposure exercises, cognitive restructuring focused on trauma-related guilt, and self-advocacy / empowerment</p> <p>How Assigned to Condition: Consecutive pairs of participants were randomized, one to each condition.</p> <p>Length / Duration of Treatment: Eight to eleven 1.5 hour sessions.</p> <p>Attrition: 14% overall dropout from treatment</p> <p>Follow-ups: Post-treatment and 3 months after therapy. The wait list had an</p>	<p>between conditions at baseline, no significant change in scores for the wait list (delayed treatment) condition, highly significant changes between pre-therapy and post-therapy scores in the immediate treatment condition. The outcome differences between conditions were large and statistically significant on every outcome measure. Across conditions, 94% of participants no longer met criteria for PTSD at post-treatment. CTT-BW was efficacious with women of diverse ethnic backgrounds (all 16 ethnic minority women who completed CTT-BW were PTSD-free at the posttherapy assessment), and therapeutic improvements were maintained at 3-month follow-up.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>additional assessment at the end of the waiting period (approximately 6 weeks after baseline), which was compared to the post assessment for the immediate treatment condition.</p> <p>Outcome Variables: Clinician-Administered PTSD Scale; Traumatic Life Events Questionnaire; Distressing Event Questionnaire Beck Depression Inventory; Rosenberg Self-Esteem Scale; Trauma-Related Guilt Inventory; Sources of Trauma- Related Guilt Survey-Partner Abuse Version; Personal Feelings Questionnaire; Client Satisfaction Questionnaire.</p>	
<p>Kubany, E.S., Owens, J.A., McCaig, M.A., Hill, E.E., Iannce-Spencer, C., Tremayne, K.J., & Williams, P.L. (2004). Cognitive Trauma Therapy for Battered Women With PTSD (CTT-BW). <i>Journal of Consulting and Clinical Psychology</i>, 72, 3-18.</p>	<p>N = 125</p> <p>Age: Range 18 to 70; M = 42.2 yrs. (SD = 10.1)</p> <p>Sex: 100% female</p> <p>Education: Range 5th grade to doctorate; M = 13.5 yrs. (SD =2.4)</p> <p>Race/Ethnicity:</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions: Immediate Treatment</p> <p>Delayed Treatment Condition: Wait list control; onset of treatment was delayed approximately 6 weeks after initial assessment</p> <p>Both conditions received Cognitive Trauma Therapy for Battered Women with PTSD (CTT-BW), an</p>	<p>Primary Outcomes: Forty-two of 46 women in the immediate CTT-BW condition (91%) no longer met diagnostic criteria for PTSD at the posttherapy assessment. As to DSM–IV Primary Outcomes: Three MANOVA’s revealed significant differences in change from pre to post for the immediate versus delayed group. For all outcome variables, there was no significant change in the wait list control group and highly significant change in the immediate treatment group. Effect sizes for all the primary outcome measures were very large in magnitude. Thus,</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>White (52.8%); Native Hawaiian (8.8%); Filipino (7.2%); Japanese (6.4%); Black (4.8%); Samoan (4.8%); American Indian (1.6%); other or mixed ethnicity (13.6%)</p> <p>Location: Honolulu, Hawaii</p> <p>Other Characteristics: Participants had a history of partner abuse victimization, were out of the abusive relationship and not abused for past month; had no intention of reuniting; met criteria for PTSD diagnosis; not actively abusing drugs or alcohol. . Most were recruited from victim service agencies.</p>	<p>individual therapy program. CTT-BW includes psychoeducation about PTSD, exposure exercises, cognitive restructuring focused on trauma-related guilt, and self-advocacy / empowerment</p> <p>Length/Duration of Treatment: CTT-BW is conducted in twice weekly sessions of 1.5 hours for 8-11 total sessions (actual range was 8-17 sessions)</p> <p>How Assigned to Conditions: For each consecutive pair of study recruits, one was randomized to immediate treatment, one to delayed treatment.</p> <p>Follow-ups: assessments were completed at pre-treatment, 2 weeks after treatment, and 3 and 6 months follow up. The wait list control had an additional assessment 6 weeks after baseline which was compared to post-treatment data from the immediate treatment condition.</p> <p>Attrition: Of 125 recruited cases, 107 (86%) began treatment. Of those who</p>	<p>the experimental aspects of the design showed highly significant effects of the treatment.</p> <p>Clinically significant change was also apparent. For the immediate condition, 91% no longer met diagnostic criteria for PTSD at post; 83% were in the normal range of depression (on the BDI) versus only 4% at pretreatment. In the delayed condition, 80% no longer met diagnostic criteria for PTSD and 75% were in the normal range on the BDI (vs. 5% at pre).</p> <p>No significant changes were found from post to 3 month and 6 month follow-ups, indicating maintenance of gains. Overall 87% and 81% of treatment completers no longer met PTSD criteria at 3 and 6 month follow-ups, respectively.</p> <p>Notes/ Issues: No post or follow-up data presented on those who did not complete treatment. Those who failed to complete treatment were younger, less educated, more depressed, and had lower self-esteem than those who completed. Intent to treat analyses confirmed all findings, but were conducted by carrying forward scores from baseline for all dropouts.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		<p>began treatment, 77% in the immediate treatment condition and 88% of those in the delayed condition completed CBT-BW. Post data available on 84 participants (67% of initial sample; 79% of those who began treatment). 6 month</p> <p>Outcome Variables: Clinician-Administered PTSD Scale; Distressing Event Questionnaire; Beck Depression Inventory; Rosenberg Self-Esteem Scale; Trauma-Related Guilt Inventory; Sources of Trauma-Related Guilt Survey; Personal Feelings Questionnaire (shame scale).</p>	
<p>Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. <i>Issues in Mental Health Nursing</i>, 26, 575-590.</p>	<p>N = 24</p> <p>Age: M = 35.4, SD = 7.2</p> <p>Sex: 100% Female</p> <p>Education: < High School: 13% High school: 67% Trade School: 4% Associate Degree: 8% Bachelor's Degree: 4%</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p> <p>Social Support Intervention (SSI; n = 13): Group was designed to facilitate a sense of belonging, seeing one's self as other's do, self-esteem, and tangible support to facilitate resource access.</p> <p>No Treatment Control (n = 11). Gathered in a room with the investigator "for a free-flowing chat session with no structure" (p. 582).</p>	<p>Primary Outcomes: Greater pre- to posttreatment change was found for the SSI condition on social support, psychological distress, and health service utilization.</p> <p>Notes / Issues: The data analytic method used to document significant condition differences is difficult to discern.</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Advanced Degree: 4%</p> <p>Race / Ethnicity: 71% non-Hispanic Caucasian 29% African American</p> <p>SES: 50% unemployed 42% employed full- time</p> <p>Annual Income: 0 - \$10,000: 58% \$10,000–\$19,999: 17% \$20,000–\$29,999, 21% >\$30,000: 4.%</p> <p>Location: Western Pennsylvania</p> <p>Other Characteristics: First-time residents of a shelter for abused women.</p>	<p>. How Assigned to Condition: block randomization (not clear what the blocking variable was)</p> <p>Length / Duration of Treatment: 8 weekly 90-minute group sessions.</p> <p>Follow-ups:</p> <p>Attrition: Reported dropout rate of 18%</p> <p>Outcome Variables: Interpersonal Self-Evaluation List (social support), Brief Symptom Inventory (psychological distress), Health Screening Questionnaire</p>	
Bybee, D., & Sullivan, C.M. (2005). Predicting	N = 141	Design: Randomized Experiment	Primary Outcomes: At 3 year follow-up, a multivariate test revealed

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
<p>re-victimization of battered women 3 years after exiting a shelter program. <i>American Journal of Community Psychology</i>, 36, 85-96.</p>	<p>This study is a continuation of the Sullivan and Bybee (1999) study of community advocacy (details above). Only a subsample was evaluated.</p>	<p>Participants enrolled during the first half of the original trial constituted the subsample.</p> <p>Attrition: 88% of the subsample completed the 3 year follow-up assessment.</p> <p>Follow-up: Reports on one follow-up conducted 3 years post intervention.</p>	<p>significant condition differences (at $p < .10$) on a set of four outcome variables (physical abuse, quality of life, social support, and difficulty accessing resources). Specific analyses revealed significant condition differences in social support and quality of life, but no significant differences in physical abuse re-victimization or difficulty accessing resources.</p> <p>Secondary Outcomes: Analysis of predictors of re-victimization indicated that women who were employed, had better social support, and higher quality of life were less likely to experience physical abuse, and women who reported more difficulties accessing resources and problems with government services were more likely to experience physical abuse.</p> <p>Notes / Issues: A p value of .10 (rather than .05) was used in an attempt to maintain statistical power with a subsample of the original participants</p>
<p>Chronister, K.M., & McWhirter, E.H. (2006). An experimental investigation of two career interventions for battered women. <i>Journal of Counseling Psychology</i>, 53, 151-164.</p>	<p>N = 73</p> <p>Age: Range 18 to 62; M = 37, SD = 9.4</p> <p>Sex: 100% female</p> <p>Education: 1% grade</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions: 1. Advancing Career Counseling and Employment Support for Survivors (ACCESS; n = 27). Based on social-cognitive theory. Designed to enhance self-efficacy and outcome</p>	<p>Primary Outcomes: A significant multivariate effect was found at post-treatment. Analyses of covariance revealed significant condition differences in career-search self-efficacy, and critical consciousness, with intervention participants significantly higher than controls. No significant differences were found between the two intervention conditions at post on any</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>school; 3% some high school; 24% finished high school; 42% some college; 11% associate's degree; 18% bachelor's degree; 1% professional degree.</p> <p>Race / Ethnicity: 75% European American; 7% Latina; 1% Pacific Islander; 6% Native American; 6% biracial; 4% multiracial; 1% other</p> <p>SES: 42% unemployed;</p> <p>Location:</p> <p>Other Characteristics: Participants were recruited from a small northwest urban community using flyers in social service agencies, churches, local</p>	<p>expectations, reduce barriers, increase supports, and promote career interests and goal pursuit. Included 5 empirically-supported intervention strategies.</p> <p>2. ACCESS plus Critical Consciousness (ACCESS plus; n = 25). Critical consciousness means becoming more aware of ones' identity, context, and power dynamics. Promoted through dialogue, group identification, problem posing, identifying contradictions, power analysis, and critical self-reflection. About half of group time devoted to critical consciousness.</p> <p>3. Wait-list Control (n = 21): Re-tested after 5 weeks, then received treatment</p> <p>. How Assigned to Condition: Participants were matched in blocks of 3 on critical consciousness pretest scores and then were randomly assigned to condition</p> <p>Length / Duration of Treatment: 5 weekly two-hour sessions.</p>	<p>outcome measure. Overall differences between the two active treatments at follow-up were not significant.</p> <p>Notes / Issues: All data are provided only on those who completed treatment (or the post-treatment follow-up for wait list participants)</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>businesses, and local colleges. They were minimum age 18, had experienced relationship abuse within the past 5 years, were interested in career counseling.</p> <p>67% currently in an abusive relationship</p>	<p>Follow-ups: post-test data gathered during the last intervention session; follow-up questionnaires mailed out 5 weeks after completion of treatment.</p> <p>Attrition: 157 assigned to intervention, 86 attended the first program session, 62 completed an interventions (31 in ACCESS and 31 in ACCESS plus); 52 completed follow-up assessment.</p> <p>Outcome Variables: career search self-efficacy, career outcome expectations, critical consciousness of domestic violence, perceived career barriers, perceived career supports, and goal achievement</p>	
<p>Reed, G.L. & Enright, R.D. (2006). The effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. <i>Journal of Consulting and Clinical Psychology, 74</i>, 920-929.</p>	<p>N = 20</p> <p>Age: Range = 32-54; M = 45.0, SD = 7.0</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: 90% white non-Hispanic 5% Hispanic American</p>	<p>Design: Randomized Experiment</p> <p>Intervention Conditions:</p> <p>Forgiveness Therapy (FT; n = 10): Based on Enright's Forgiveness Process Model. Structured content focused on defining forgiveness, distinguishing forgiveness and reconciliation, psychological defenses, anger, shame, self-blame, cognitive rehearsal, commitment to</p>	<p>Primary Outcomes:</p> <p>Using matched sample t-tests to examine change scores from pre-to post-treatment, FT participants had a significantly greater increase in forgiving the former abusive partner, self-esteem, environmental mastery (everyday decisions), and finding meaning in suffering. FT participants had a significantly greater reduction in trait anxiety, depression, and posttraumatic stress symptoms. They also differed in change as coded from a narrative of the role of abuse in their lives, with reduced victim status and</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>5% Native American</p> <p>Education: 20% High School or equivalent 30% some college 20% college degree 15% some graduate school 15% graduate degree</p> <p>SES: 15% unemployed; 25% part-time; 60% full-time</p> <p>Location: U.S. Midwest</p> <p>Other Characteristics: Participants were female survivors of spousal emotional abuse with no reported history of physical partner assault victimization. 90% recruited from newspaper ads; 10% from flyers at domestic violence agencies. They had</p>	<p>forgiving, grieving pain and losses from abuse, reframing the abusive partner, empathy and compassion, practicing goodwill, finding meaning in unjust suffering, and creating purpose through helping others.</p> <p>Alternative therapy (AT; n = 10) Control condition consisting of participant-initiated discussion of current life concerns and facilitator-initiated discussion of anger/injustice of abuse (anger validation), assertiveness and interpersonal skill building.</p> <p>How Assigned to Conditions : Pairs were matched on age, length of abusive relationship, and time separated, then one from each pair randomly assigned to each condition.</p> <p>Length / Duration of Treatment Varied by case. Matched pairs received equal treatment duration. .Average duration was 8 months, range from 5-12 months; Average number of sessions was not reported.</p> <p>Follow-ups:</p>	<p>increased survivor status.</p> <p>Maintenance of gains was assessed by contrasting change scores from pre- to post with change from pre- to follow-up for the 10 cases in the FT condition. No differences were found (suggesting maintenance) except for anxiety and self-esteem, which showed greater (continued) improvement at follow-up.</p> <p>Notes / Issues: Sample in general was highly educated. Note that participants had no reported history of physical relationship assault victimization.</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>ended relationship and separated from spouse for at least 2 years (5 years on average), reported no history of childhood abuse, were not currently in an abusive relationship, and had no major psychiatric problems.</p>	<p>Post assessment conducted at the end of treatment. Follow up conducted only for FT condition (mean 8.4 months after treatment completion)</p> <p>Outcome Variables: Enright Forgiveness Scale, Coopersmith Self-Esteem Inventory; State-Trait Anxiety Inventory; Beck Depression Inventory; Environmental Mastery Scale; Reed Finding Meaning in Suffering; PTSS Checklist; ratings from a one page narrative story about the role of psychological abuse in participant's life.</p>	
<p>Bair-Merritt, M., Jennings, J., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., & Duggan, A. (2010). Reducing maternal intimate partner violence after the birth of a child: a randomized controlled trial of the Hawaii Healthy Start Home Visitation Program. <i>Archives Of Pediatrics & Adolescent Medicine</i>, 164(1), 16-23.</p>	<p>N = 643</p> <p>Age: 18 or under: 22% 19-25: 47% 26 or over: 31%</p> <p>Sex: 100% Female</p> <p>Race / Ethnicity: 33% Native Hawaiian / Pacific Islander 28% Asian or Filipino</p>	<p>Design: Randomized Experiment</p> <p>Study Conditions: Healthy Start Home Visitation Program (n = 373). Goals were to promote child health and decrease child maltreatment by improving family functioning and reducing risk factors such as IPV. Conducted by paraprofessional home visitors who provided direct services and referrals. Specific direct activities included education about child development, role modeling of</p>	<p>Primary Outcomes: During the 3 year intervention period, women in the home visitation program reported significantly lower physical assault victimization and perpetration than women in the control group. This difference was not statistically significant during years 7-9.</p> <p>Notes / Issues: The effects of the intervention were specific to physical assault, and were not clearly present for verbal aggression or injury. Rates of IPV declined in both groups over time.</p>

PASK#17 Online Tables - Table 4. Studies examining the effectiveness of intervention programs for IPV victim-survivors.

Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>12% White 27% No primary ethnicity or other</p> <p>Education: 67% graduated high school</p> <p>Location: Oahu, Hawaii</p> <p>Other Characteristics: Participants were English-speaking mothers who had an infant at high risk for maltreatment and no involvement with Child Protective Services</p>	<p>parenting and problem solving, and provision of emotional support.</p> <p>Control (n = 270).Did not receive the intervention.</p> <p>How Assigned to Condition: Randomized after baseline assessment. Randomization ratio had more cases assigned to intervention than control</p> <p>Length / Duration of Treatment: Scheduled to begin within 1 week of birth, to have weekly visits at first, and to have contact with the family for 3 years. Average participation was 13.6 visits in year 1. Participation rates at 3, 6, 12, and 36 months, respectively, were 90%, 70%, 49%, and 25%.</p> <p>Follow-ups: Conducted annually at 1, 2, 3, 7, 8, and 9 years after child’s birth. Data analyses examined two periods, during treatment (years 1-3) and post (years 7-9).</p> <p>Attrition: At 9 year follow-up, dropout rate was 9% for the intervention</p>	

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		<p>condition and 14% for control. Used intent-to-treat analyses with multiple imputation of missing data. Missing data by condition at specific assessments ranged from 11% to 31%.</p> <p>Outcome Variables: CTS2, short-form mental health index (anxiety and depression)</p>	
<p>Crespo, M, & Arinero, M. (2010). Assessment of the efficacy of a psychological treatment for women victims of violence by their intimate male partner <i>The Spanish Journal of Psychology, 13</i>, 849-863.</p>	<p>N = 53</p> <p>Age: M = 41, SD = 9.3</p> <p>Sex: 100% female</p> <p>Race / Ethnicity: white</p> <p>Education: Incomplete primary studies 3.7% Complete primary studies: 34.0% Secondary level: 35.8% University level: 9.4%</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions:</p> <p>Participants in both conditions received the following components of treatment: (a) diaphragmatic breathing exercises; (b) pleasant activity scheduling; (c) techniques to improve self-esteem; (d) cognitive restructuring; (e) problem solving training for independent life skills; (f) psycho-education about intimate violence and its consequences for the victim</p> <p>Exposure Group Therapy (n = 25) in addition to the above, they received two sessions of exposure therapy</p>	<p>Primary Outcomes:</p> <p>Results show significant reduction across conditions in posttraumatic symptoms, depression, and anxiety, and a significant increase in self-esteem. The changes were maintained at follow-up. There were some isolated differences between conditions, favoring exposure with respect to overall PTSD symptoms, avoidance, and hyper-alertness. However, re-experiencing was higher in the exposure condition at post. Changes in PTSD symptoms, depression, and anxiety were clinically significant for a large proportion of cases in both conditions (levels at outcome below established cutoffs).</p>

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	<p>SES: Low: 26.4% Medium-low: 24.5% Medium: 37.7% Medium-high: 11.3%</p> <p>Location: Madrid, Spain</p> <p>Other Characteristics: Participants had clinical symptoms but did not meet full criteria for PTSD 34% living with aggressive partner 43.4% employed; Recruited from organizations and institutions that offer services for victims of partner abuse</p>	<p>Communication Skills Group (n = 28) in place of exposure therapy, they received two sessions focused on feelings of anger and the ability to express and communicate</p> <p>How Assigned to Condition: Balanced randomization. Individuals randomized to groups. Each set of two consecutive groups was then randomized to the two conditions.</p> <p>Length / Duration of Treatment: 8 weekly group sessions of 90 minutes duration</p> <p>Follow-ups: Assessed at posttreatment, then at 1, 3, 6, and 12 months follow-ups.</p> <p>Attrition: 14 dropped out during treatment (26.4%) (all within the first 3 sessions) 3 dropped out during follow up (5.7%)</p> <p>Outcome Variables: Severity of Posttraumatic Stress Symptoms Scale (overall PTS symptoms; reexperiencing, avoidance and hyper-alertness);</p>	

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
		Beck Depression Inventory; Beck Anxiety Inventory; Rosenberg Self-Esteem Scale; Anger Expression Composite (from the State-Trait Anger Expression Inventory)	
<p>Kaslow, N.J., Leiner, A.S., Reviere, S., Jackson, E., Bethea, K., Bhaju, J., Rhodes, M., Gantt, M.J., Senter, H., & Thompson, M.P. (2010). Suicidal, Abused African American Women's Response to a Culturally Informed Intervention, <i>Journal of Consulting and Clinical Psychology</i>, 78, 449-458.</p>	<p>N = 208</p> <p>Age: Range = 18-64; M = 34.7 SD = 9.4</p> <p>Sex: 100% Female</p> <p>Race / Ethnicity: all African American</p> <p>Education: Less than 12th grade: 40.4% High school or equivalent: 33.6% Some college or technical school: 19.2% Completed college or tech. school: 6.7%</p> <p>SES: 84.6% unemployed 45.2% homeless</p> <p>Location: Georgia</p>	<p>Design: Randomized Experiment</p> <p>Treatment Conditions: Nia Project (Nia; n = 130). Culturally-informed empowerment-oriented group intervention. Groups contained 3-5 women and 2 therapists. Target resiliency, problem solving, self-efficacy, social connectedness, and other protective factors to enhance coping with stress exposure and help create purpose and hope</p> <p>Treatment as usual (TAU; n = 87): received standard psychiatric and medical care offered by the hospital, including free weekly suicide and IPV support groups.</p> <p>How Assigned to Conditions: Out of each consecutive set of 5 cases, 3 were randomized to Nia and 2 to TAU</p> <p>Length / Duration of Treatment:</p>	<p>Primary Outcomes: Significant change across conditions over time were found for depression, global distress, suicidal ideation, and trauma symptoms. Women who received Nia had more rapid reductions in depressive symptoms and general distress. They had lower depression through the 12 month follow-up, but not lower general distress. Women in Nia also exhibited less severe suicidal ideation when exposed to IPV during follow-up</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Other Characteristics: Recruited from a large, public, university-affiliated hospital</p>	<p>Ten 90-minute group sessions (Nia)</p> <p>Follow-ups: Post; 6 mos. and 12 mos</p> <p>Attrition: In Nia group, 44 women (33.8%) completed fewer than 7 of 10 sessions; 32 lost to follow-up (24.6%). In TAU, 42 lost to follow-up (48.3%).</p> <p>Outcome Measures: Beck Depression Inventory; Davidson Trauma Scale; Brief Symptom Inventory</p>	
<p>Johnson, D.M., Zlotnick, C., & Perez, S. (2011). Cognitive behavioral treatment of PTSD in residents of battered women’s shelters: Results of a randomized clinical trial. <i>Journal of Consulting and Clinical Psychology, 79</i>, 542-551.</p>	<p>N = 70</p> <p>Age: M = 32.6, SD = 8.0</p> <p>Sex: 100% Female</p> <p>Race/ Ethnicity: 50% African American 43% Caucasian 4% Hispanic 7% Other</p> <p>Education:</p>	<p>Research Design: Randomized Experiment</p> <p>Study Conditions: Helping to Overcome PTSD through Empowerment (HOPE; n = 35). Received up to 12 twice-weekly sessions while in shelter (along with standard shelter services). Treatment was based on CBT principles and prioritized to address immediate risks, PTSD symptoms, behaviors, and cognitions that interfere with goals and quality of life; and post-shelter goals and safety. Treatment</p>	<p>Primary Outcomes: Intent-to-treat analyses revealed no significant condition effects were found for overall PTSD symptoms over time, although HOPE participants had lower levels of emotional numbing, and diagnostic prevalence of PTSD was significantly lower for HOPE (16%) than for controls (46%) at 3 month follow-up. Analyzing only those who completed at least 5 HOPE sessions revealed significant differences in avoidance and arousal, with marginally significant effects on overall PTSD symptoms.</p> <p>Significant effects were found on re-abuse at 6 month follow-up, with 47% of HOPE</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>Less than High School: 27% High School / GED: 23% Some College: 43% College Graduate: 7%</p> <p>SES: 67% on public assistance 27% employed</p> <p>Location: 2 shelters in a Midwestern U.S. city</p> <p>Other Characteristics: Participants had experienced IPV in the month prior to shelter admission, met criteria for IPV-related PTSD (87%) or subthreshold PTSD (13%), were not receiving individual therapy, and did not have psychotic symptoms, bipolar disorder, significant suicidal</p>	<p>focuses on coping strategies and personal empowerment. Participants who left shelter before finishing HOPE were referred to community resources.</p> <p>Standard Shelter Services Control (n = 35). Received case management, a supportive environment, educational groups at the shelter, and referrals for treatment in the community.</p> <p>Length / Duration of Treatment: Up to 12 sessions of 1-1.5 hours duration. Average exposure was 6.8 sessions; 63% attended 5 or fewer sessions; 26% attended all 12 sessions.</p> <p>How Assigned to Conditions: One week after baseline, participants were randomized using an adaptive (urn) randomization procedure which stratified on PTSD status and medication use.</p> <p>Follow-ups: Conducted 1 week, 3 months and 6 months after leaving shelter.</p> <p>Attrition: Loss to follow up was 3% at 1-week</p>	<p>participants versus 82% of controls reporting physical assault victimization.</p> <p>HOPE also led to significantly lower levels of depression symptoms, higher empowerment, and higher social support (in the intent-to-treat analyses). No significant effect was found on resource loss.</p>

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	<p>ideation, or recent changes in psychotropic medications.</p>	<p>post-shelter, 6% at 3 months and 5% at 6-months. Treatment dropout was 7%, but 63% left shelter before they were able to complete the HOPE treatment.</p> <p>Outcome Variables: Clinician Administered PTSD (CAPS); Revised Conflict Tactics Scale; Beck Depression Inventory; Personal Progress Scale – Revised (empowerment); Conservation of Resources–Evaluation (resource loss), Inventory of Socially Supportive Behaviors (social support)</p>	
<p>Zlotnick, C., Capezza, N.M., & Parker, D. (2011). An interpersonally based intervention for low-income pregnant women with intimate partner violence: A pilot study. <i>Archives of Women’s Mental Health, 14</i>, 55-65.</p>	<p>N = 54</p> <p>Age: M = 23.8, SD = 4.6</p> <p>Sex: 100% Female</p> <p>Race / Ethnicity: 43% Latino 39% White 11% Black 7% Other / Multiracial</p> <p>Education:</p>	<p>Design: Randomized Experiment</p> <p>Study Conditions: Interpersonal Therapy (n = 28). Highly structured intervention designed to improve interpersonal relationships, enhance social support, and facilitate a positive transition to motherhood. It addressed healthy relationships, interpersonal, abusive relationships, stress management, consequences of abuse, the cycle of abuse, safety planning, emotional risks of abuse, “baby blues,” postpartum</p>	<p>Primary Outcomes: No significant condition differences across time were found for depressive episode, depressive symptoms, or abuse exposure.</p> <p>PTSD symptoms across pregnancy and postpartum were significantly lower in the IPT condition for one measure (ratings on the LIFE), but not for the other measure (the DTS).</p> <p>There was a trend (.08) indicating less depressive symptoms during pregnancy for the IPT condition</p> <p>Notes / Issues:</p>

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Study (full reference)	Sample Size and Characteristics	Study Type	Results
	<p>26% some high school 57% high school graduate 13% college graduate</p> <p>SES: All participants met a low-income threshold based on federal standards 22% were on public assistance 33% unemployed; 33% employed full-time</p> <p>Location: Providence, RI</p> <p>Other Characteristics: Participants were pregnant women, aged 18-40 recruited from two primary care clinics and one OBGYN clinic. Participants reported past-year IPV on the CTS2. Women were screened out if they had current PTSD,</p>	<p>depression, PTSD substance use, development of a support system, asking for support, resolving interpersonal conflicts, and goal-setting.</p> <p>Control Condition (n = 26). Received standard care, educational materials, and a resource list for IPV</p> <p>How Assigned to Condition: Participants were randomized after they completed all baseline assessments.</p> <p>Length / Duration of Treatment: IPT consisted of 4 60-minute sessions over a 4 week period during pregnancy, and one 60-minute booster session within 2 weeks after delivery. On average, participants attended 3 of 5 scheduled IPT sessions.</p> <p>Follow-ups: Conducted 4 weeks and 3 months post partum.</p> <p>Attrition: Dropout rate was 15%</p> <p>Outcome Measures:</p>	<p>The sample was highly select, as only 54 individuals participated out of an initial sample of 1633 who met the IPV screening criterion.</p>

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	mood disorder, or substance use disorder, if they were together in a relationship with the abusive partner, or if they were already in some form of mental health treatment. 44% were married. 43% first pregnancy	Revised Conflict Tactics Scale (CTS2); Longitudinal Interval Follow-up Examination (LIFE) to assess PTSD and depression; Edinburgh Postnatal Depression Scale; Davidson Trauma Scale (DTS).	