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Introduction

Violence within intimate relationships is by no means a modern phenomenon. In fact the earliest documented British case of violence against a woman by her husband is that of Margaret Neffield from York in 1395 (described by Lunn, 1991, cited in Mullender 1996). Margaret appeared with witnesses in front of the Ecclesiastical court and presented a case that her husband had attacked her with a dagger, inflicting several wounds including broken bones. Despite the supporting statements from the witnesses, the court found that a legitimate case for a judicial separation had not been made. The final ruling was that Margaret should continue to live with her husband (Lunn, 1991).

Although this account is more than 600 years old, the nature of the violence used, injury inflicted, and attitudes of the judiciary towards such behaviours, are representative of domestic violence scenarios occurring well into the 1990s. Indeed, even today, in the early part of the 21st century, the national and local press is littered with stories of domestic violence in which decisions (or lack thereof) taken by statutory agencies lead to the release of a known victim back into the hands of her abuser with fatal consequences. It is perhaps not surprising that media coverage of domestic violence issues is dominated by such stories, given the media's general preoccupation with 'bad news'. Although these stories do well to highlight domestic violence as an ongoing social issue, identify persisting flaws within the current system and exert pressure on relevant parties, they fail to acknowledge the extent to which the statutory response to domestic violence has changed.

Indeed, when considering the title of this book *The Rehabilitation of Partner-Violent Men*, it is clear that a great deal has changed in Britain since the fourteenth-century case of Margaret Neffield, with regard to society's response to domestic violence in

general and, more specifically, the response of statutory and criminal justice agencies, which has been prioritized by recent Government initiatives and which form the focus of this book. At the time of writing, offenders who are arrested for a domestic violence motivated offence may be referred to a rehabilitation programme either as part of a prison sentence, or as a condition of a community rehabilitation order supervised by probation services. This is a far cry from the situation even in the 1970s where the police and other statutory agencies failed at every opportunity to acknowledge domestic violence incidents (Dobash & Dobash, 1992). This does not mean, however, that the Government has been particularly forward looking in its approach to domestic violence. On the contrary, much of the evident policy change is a direct reflection of the long-term and continuing pressure placed on Government agencies by women's advocates and activists (Hague & Malos, 2005). Indeed, that a book such as this one can be written from a British perspective is testament to the achievements of these groups. However, while acknowledging the efforts and substantial achievements of feminist activist groups and academics, this text does not aim to promulgate the feminist perspective and arguments beyond this acknowledgement. Rather, its principle aim is to provide an introductory overview and critical examination of the influences that have led to the provision of such programmes and the evidence regarding their effectiveness. Prior to starting this discussion however, it is necessary to examine in more detail the nature of intimate partner violence, the scale of the problem, and the likely participants in such interventions so that we can understand what it is that rehabilitation programmes are aiming to prevent, and why formal intervention may be necessary.

The Nature of 'Domestic' or 'Intimate Partner' Violence

As with all texts that examine the phenomenon of violence within intimate relationships it is necessary to define precisely the nature of the behaviours included, and to justify the terminology chosen to refer to such behaviours. This is particularly the case when considering violence in intimate relationships, as the available terminology has different meanings for different people (Burton, 2008). Moreover, modes and methods of intervention emerge directly from the manner in which we understand, conceptualize, measure and define a phenomenon, as the terms adopted typically reflect wider theoretical assumptions (Margolin & Berman, 1993). In other words, models of intervention with perpetrators – the focus of this book – vary, depending on how we describe and explain their behaviour, and what we believe to be its causes. These issues have sparked many years of debate, and consequently as this book is intended to provide an introduction to this field, they will be briefly reviewed here.

The consensus of opinion is that one definition of domestic violence is needed in order to clarify communication between agencies, and consequently, to facilitate intervention as well as to assist the development of valid aetiological theories. However, variation of definition has been flagged as an ongoing problem, both within the legal response to domestic violence (Radford, 2003) and, more broadly, within academic research examining its antecedents, nature and consequence (DeKeseredy, 2000). Of

particular contention is the nature of the 'domestic' relationship(s) to be included in such definitions, as well as the characteristics of the 'violence'.

Official definitions

As might be expected, the need for a legal definition of 'domestic' violence did not present itself until society became formally aware of the problem. Legal definitions of violence had existed for over 100 years resulting primarily from the Offences against the Person Act 1861. Conversely, a statutory definition of 'domestic' did not arise until the mid-1970s (Dobash & Dobash, 1979), with the passing of the civil justice Domestic Violence and Matrimonial Proceedings Act 1976, in which 'domestic' referred to either spouses or heterosexual cohabitants (Burton, 2008). Inevitably, legal definitions have been altered in light of new understandings of the phenomenon. The 1990s saw considerable broadening of definitions. For example, within civil law, the Family Law Act 1996 included reference to 'associated persons' in order that individuals in a broader range of relationships could seek legal intervention. Burton (2008) comments, however, that individuals in long-term non-cohabiting relationships were omitted from this provision despite calls for their inclusion. More recently, the category of 'associated person' has been broadened further and now reflects a diverse array of 'domestic' arrangements and relationships, including current or former spouses, civil partners and cohabitants (either heterosexual or same sex); those who have agreed to either marry or enter a civil partnership together; those who are parents, or who have parental responsibility for a child; relatives and parties associated through adoption; and those who either were, or continue to be, engaged in a long-term intimate relationship (Reece, 2006). It is questionable whether this over-inclusiveness has resulted ultimately in the definition losing its validity owing to the inclusion of these disparate groups.

   Within the criminal justice arena agencies have traditionally adopted their own bespoke definitions to suit their own individual needs resulting in rather inward looking policies. This has been due, in part, to the fact that there exists no 'domestic violence' criminal act per se (Burton, 2008; see Chapter 2). Government departments were also guilty of this practice, which resulted in confusion between agencies, and a lack of coherence within governmental and criminal justice responses to domestic violence. Particular disparity appears to have focused again on which 'domestic' relationships are included within the definitions, as well as the nature of the behaviours reflected. For example, the definition adopted by Home Office in 2003 acknowledged that the behaviours may be drawn from a range of physical, emotional and financial abuses, but restricted domestic relationships to those between current or former intimate partners (HO, 2003).

   In 2005, however, the Crown Prosecution Service (CPS) emphasized the criminal nature of domestic violence (any criminal offence), while again acknowledging the breadth of behaviours (physical, sexual, psychological, emotional or financial), but the definition of 'domestic' adopted was much broader, and included current or former partners or current or former family members (CPS, 2005a). Moreover, other agencies including the Probation Service (National Probation Directorate, 2003) also included

abuse in other close relationships within their definitions. The bias associated with individual agency context is apparent from these definitions, and it is perhaps not surprising that the CPS confined domestic violence to criminal acts, given its role within the criminal justice system. However, as will be discussed below (and in Chapter 2), many behaviours that may be considered abusive do not fall within current criminal law and therefore this definition fails to encompass the whole spectrum of domestic violence behaviours.

With a thrust towards more multi-agency working led by the 1997 Labour Government, however, the need for greater consistency of definitions has become apparent in order that cases of domestic violence can be accurately identified in the first place and, subsequently, so that interventions can be appropriately targeted. Most recently, in an attempt to homogenize definitions of domestic violence yet acknowledge the heterogeneity of relationships and behaviours involved, the CPS, Home Office and the Association of Chief Police Officers (ACPO) have agreed to adopt the following definition:

> Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. (Home Office, 2005*)*

Within this definition, an adult is considered to be anyone over the age of 18 years, and family members include: mother, father, brother, sister, son, daughter and grandparents, whether directly, or indirectly related (e.g. in laws, or step families). While this definition is useful in capturing the breadth of behaviour, and in its ability to acknowledge 'honour' based violence, it suffers owing to the range of domestic relationships included. In particular, identifying the true extent of domestic violence, traditionally understood to be violence arising within a current or former intimate relationship (Hague & Malos, 2005), is more difficult given the broader definition used, and this is now reflected in official statistics. Burton (2008) also raises the issue that a definition which does not reflect lay person perceptions may have a negative impact on the willingness of victims to report incidents if they do not identify themselves as victims thus defined. As domestic violence has the highest under-reporting rate of all crimes, in addition to the greatest level of repeat victimization (Kershaw, Nicholas & Walker, 2008), this is of particular concern, especially given the recent changes to criminal justice and legal policies aimed at increasing the number of perpetrators brought to justice (see Chapter 2).

Academic definitions and debates

Numerous terms have been used within the academic literature to refer to the phenomenon of violence committed within intimate relationships, differences between which typically reflect different weights of emphasis on either: (a) the type of intimate relationship (e.g. *spousal* violence, *wife* beating, *conjugal* violence, *marital* violence, *intimate partner* violence), or (b) the specificity and severity of behaviour (e.g. spouse *abuse*,

domestic *violence*, wife *beating).* In addition, considerable debate has centred on the role of gender in intimate partner violence and the extent to which men and women are victims and – more relevant to this book – perpetrators.

Which relationships?

Early perspectives on domestic violence were directly influenced by the characteristics of those who were first to report experiencing violence and abuse. Consequently, in the UK, definitions of domestic violence arose from the women who identified and discussed their victimization with others at the Chiswick Women's Aid hostel set up in 1971 (Dobash & Dobash, 1979; Pizzey, 1974). From their experiences, the perpetrators of their abuse were their husbands. At that time, therefore, domestic violence was viewed as reflecting violence committed by husbands against their wives.

It has been posited, however, that the use of the term 'domestic' actually disguises who the victims and perpetrators are, and this argument has propagated the development and use of a range of more specific alternatives such as 'wife abuse' or 'wife beating', even to describe violence against women in the context of non-marital, relationships (Hague & Malos, 2005). In North America the terms 'battered woman' and 'batterer' proliferate in relation to victims and perpetrators of physical violence against women, although these are not favoured terms in the UK owing to the perception that they are value laden judgements about the victim's possible role in her victimization (Hague & Malos, 2005).

Although the case for the use of highly specific terminology has been made (Dobash & Dobash, 1990), more recently, women's specialist services have called for the development of more sophisticated definitions of 'violence against women in the home' to account for the fact that such violence may be perpetrated by the full range of male associates, relatives and current or former intimate partners (Hague & Malos, 2005). It is arguable that the current definition adopted by the Home Office, ACPO and the CPS goes a considerable way to achieving this. However, while such an 'official' definition may improve the identification of victims and allocation of victim support services, it is questionable whether adopting such a broad definition for the purpose of academic research is appropriate. If we are to accept the view that domestic violence is a 'special case' of violence in general, then it is likely that violence perpetrated by a male friend is not motivated by the same underlying factors as that perpetrated by intimate partners or husbands (Gordon, 2000). Given the possibility of different aetiologies, causes, and potential modes of intervention with perpetrators of these different forms of 'domestic' violence (Gelles & Cornell, 1985, cited in DeKeseredy, 2000), adopting a broader definition would serve to increase measurement error around the concept, and possibly lead to the development of erroneous theories and intervention models.

Which behaviours?

Currently, domestic violence is understood to embrace a range of behaviours, aside from physical violence; including sexual, emotional/psychological and financial abuse. The multiplicities of behaviour that constitute domestic violence are widely

acknowledged by most statutory and voluntary agencies that intervene with victims or perpetrators. Empirical research also supports the notion that different forms of violence tend to co-occur, and that it is rare for only one form of violence to be present in a domestic violence relationship. It is typically found that many individuals may engage in verbal and psychological abuse, but rarely employ physically aggressive tactics; whereas those who engage in serious acts of violence are more likely to also engage in a broader repertoire of seriously abusive behaviours (Gordon, 2000). This directly challenges the notion that psychological and verbal abuse are solely risk factors for domestic violence, but identifies them also as unique forms of abusive behaviour, which may also escalate into other forms of physical abuse (Tolman, 1989). For example, Follingstad et al. (1990) interviewed more than 200 women about their experiences of physical, verbal and psychological abuse. Patterns in the data suggested that threats of violence and destruction of property preceded episodes of physical violence. In addition, the majority of women had experienced multiple forms of abuse, including physical, verbal and emotional. Pan, Neidig and O'Leary (1994) found that, based on the self-reported use of physical and psychological aggression in the relationships of military personnel, where violence occurred, both men and women were likely to engage in a constellation of violence including minor and severe aggression and psychological aggression.

Vivian and Malone (1997) found that in contrast to husbands who reported only using verbal abuse, those who reported using minor aggression also reported using twice as much verbal abuse, and those who reported engaging in serious aggression also reported three times as much verbal abuse. Severity and frequency of abuse were also strongly associated as severely aggressive husbands used five times more moderate aggression as the minor physical abuse groups. Severity of domestic violence has also been linked to the likelihood of being stalked by an (ex) intimate partner (Logan, Shannon, Cole & Swanberg, 2007). Logan et al. (2007) found that victims of domestic violence who reported being stalked in the last year and who sought a civil protective order were significantly more likely to report experiencing verbal abuse, degradation, jealousy and control, symbolic violence, serious threats, sexual insistence, sexual violence and injury from violence in the relationship than those who did not report being stalked in the last 12 months. This would appear to confirm that domestic violence not only constitutes a broad range of abusive behaviours, but that the presence of physical violence is almost certainly accompanied by other forms of abuse and may serve as a risk factor for stalking behaviour.

Perhaps the most comprehensive definition of domestic violence presented within the clinical literature is that offered by the Duluth Domestic Abuse Intervention Project (Pence & Paymar, 1993), derived from the accounts of over 200 female victims of intimate partner violence. Although based on a 'power and control' analytical framework (see 'The Feminist Perspective' below) scholars are generally in agreement regarding its validity among clinical samples. Rather than providing a simple list of behaviours that may constitute domestic violence, the 'Power and Control Wheel' (Pence & Paymar, 1993, see Chapter 4) explains such behaviours as tools of 'intimidation and subjugation' (Dasgupta, 1999, p. 199) and emphasizes the coercive interpersonal context within which such behaviours occur. Emphasis is placed on the instrumental use of physical and sexual violence to reinforce the power of other non-physical control tactics. These

include: emotional abuse, intimidation, isolation, coercion and threats, use of children, economic abuse, use of male privilege, and abuse minimization, denial and victim blaming. It is suggested that these non-physical tactics are used less systematically and serve to undermine the victim's autonomy (Pence & Paymar, 1993). As stated, this broad conceptualization of domestic violence emphasizes the role of coercion and control within violent relationships, and it is the use of such tactics that has been argued to be characteristic of domestic violence perpetrated predominantly by men.

Are men the only perpetrators?

Perhaps the most persistent and controversial argument in the partner violence field concerns the extent to which intimate partner violence is a gendered phenomenon (Johnson, 1995). There is little doubt that women can, and do, use violence within intimate relationships. However, arguments centre on the extent to which such violence is qualitatively and quantitatively the same as that used by men, and the extent to which domestic violence can therefore be considered a gender-symmetric phenomenon. Broadly, there exist two dominant perspectives within intimate partner violence research which vary in terms of their theoretical orientation, sampling methodologies and, consequently, definitions of intimate partner violence, particularly with respect to the role of gender. These can be categorized as the feminist or 'Violence against Women' and family violence perspectives.

The feminist perspective

It is generally agreed that there is no one single feminist philosophy, but according to Bograd (1988), there are four issues that are common to all feminist perspectives concerning domestic violence:

1   the explanatory utility of the constructs of gender and power;
2   the analysis of the family as a historically situated social institution;
3   the crucial importance of understanding and validating women's experiences;
4   employing scholarship for women. (Bograd, 1988, pp. 13–14)

Consistent with these underlying principles, feminist scholars initiated research examining the phenomenon of domestic violence employing qualitative research methods to obtain the first-hand experiences of victims identified through contact with statutory agencies and women's support services (Bograd, 1988). Such methods were adopted in opposition to the use of quantitative methods, which endorse the use of forced choice methodologies. This was due to the belief that such methods would lead to biased or distorted results, as they are derivatives of patriarchal social science philosophies (Yllo, 1988). The emerging research provided considerable detail of the dynamics of domestic violence as experienced by women from these 'clinical' samples:

> We didn't have the money for him to go out – that was what usually caused all the arguments. (Dobash & Dobash, 1979, p. 103)

> I have been slapped for saying something about politics, for having a different view of religion, for swearing, for crying, for wanting to have intercourse. (Dobash & Dobash, 1979, p. 104)
>
> Lewis had threatened that if I ever went to my mother's he would kill her too. (Walker, 1979, p. 103)
>
> He put one of his feet on my hips or my stomach and the other knee on my neck. He stuck his face straight at mine and said again, 'You talk too much, Joanna.' (Walker, 1979, p. 94).

These examples taken from Dobash and Dobash's (1979) Scottish study, *Violence against Wives* and Walker's (1979) North American study, *The Battered Woman*, identify the use of violence as a means of controlling wives tied closely to male expectations of the role of 'wife'. In particular, these two studies found evidence that if women infringed upon these expectations by acting out of role – in particular, challenging their husband's authority or failing to live up to his expectations, violence was more likely to occur. Their exploration of women's experiences repeatedly identified themes of male ownership and possessiveness linked directly to a lack of comfort with intimacy, male dominance and female subordination. The resulting analyses highlighted the role of patriarchal societal structures as the causes of wife abuse, both within society broadly, and also patriarchal structures in the family background of the male perpetrators. Moreover, such studies led to the understanding of domestic violence as a pattern repeated throughout relationships, and one which combined verbal, psychological and physical forms of abuse. The inability of men to acknowledge and understand the consequences of their behaviour, often resulting in their blaming the victim, minimizing or completely denying its existence was also observed (Dobash & Dobash, 1979; Martin, 1976). In addition, women's use of violence was viewed as arising solely in response to their own victimization, typically in self-defence (Saunders, 1988), or, where violence was instigated by women, this was viewed as a pre-emptive strike aimed at triggering an inevitable male attack (Bograd, 1988). Perhaps most importantly, from this perspective, the consequences of abuse for women (i.e. the erosion of autonomy and self-identity, and subjugation), are the defining feature of domestic violence, rather than the acts used by men to achieve these ends.

The family violence perspective

In contrast to the feminist perspective, researchers within the family violence perspective draw more broadly on conflict theories to explain violence (Winstok, 2007). They assert that violence is a non-legitimate tactic employed by individuals in order to settle interpersonal conflicts, and that violence within the family and between intimate partners is an extension of this. Murray Straus has been a major contributor to the field since the early 1970s and he and his colleagues define violence in terms of motive and consequences associated with specific acts, and therefore as 'an act carried out with the intention or perceived intention of causing physical pain or injury to another person' (Straus, Gelles & Steinmetz, 1980, p. 68). Housed firmly within the empiricist tradition, violence is operationalized at an act level and is most commonly measured using the Conflict Tactics Scale (CTS; Straus, 1979; revised CTS-2, Straus, Hamby, Boney-McCoy

et al., 1996) self-report questionnaire. The revised measure consists of a number of subscales, which contain items reflecting a range of physical, psychological and sexually coercive behaviours, as well as a subscale reflecting injury and another reflecting negotiation tactics. Within the measure, a distinction is made between minor and severe behaviours and injuries. A broad description of the aggression items is presented in table 1.1 below.[1]

Winstok (2007) observes that at the time the CTS was developed, it was 'politically incorrect to examine female aggression' (p. 350). Consequently, this approach drew heavy criticism by feminist scholars and activists who were working to increase awareness of violence against women. Not only did this methodology dare to question the behaviour of women, Straus and colleagues did so at a population level, and reported

Table 1.1   Broad descriptions of CTS-2 aggression items

Subscale	Items
Physical assault (minor)	• threw something • twisted arm or hair • pushed or shoved • grabbed • slapped
Physical assault (severe)	• Used knife or gun • punched or hit with something • choked • slammed partner against a wall • beat up • burned or scalded on purpose • kicked
Psychological aggression (minor)	• Insulted or swore • shouted or yelled • stomped out of the house • said something to spite partner
Psychological aggression (severe)	• Called partner fat or ugly • destroyed something belonging to my partner • accused partner of being a lousy lover • threatened to hit or throw something
Sexual coercion (minor)	• Made partner have sex without a condom • insisted on sex when partner did not want it • insisted partner had anal or oral sex
Sexual coercion (severe)	• Used force to make partner have oral or anal sex • Used force to make partner have sex • used threats to make partner have oral or anal sex • used threats to make partner have sex

[1]Respondents are required to indicate the frequency with which they and their partners used any of the tactics listed within the previous 12 months and analyses typically examine the proportion of men and women who report one or more acts in each subscale (Archer, 2000).

highly contentious findings. For example, patterns of violence identified in the 1985 Family Violence Survey (Straus & Gelles, 1990) revealed that half of the violence experienced in relationships could be considered 'mutual' – that is, used by both individuals within a dyad. A further one quarter of the violence was perpetrated only by males within the dyad, and the remaining quarter, by women within the dyad. More recent survey research has replicated these results (Kessler, Molnar, Feurer et al., 2001) while others have found that women use violence more frequently, and with a greater severity than men (Kwong, Bartholomew, & Dutton, 1999; Magdol, Moffitt, Caspi, et al 1997).

It must be noted that the use of the CTS to assess domestic violence has come under sharp attack for misidentifying the phenomenon, including poorly worded items, which not only merge different behaviours but require only one response, and for decontextualizing violent behaviours (Dobash, Dobash, Wilson & Daly, 1992). Such criticisms led to the revision of the instrument, but contention regarding its use remains. Despite this, this approach which 'equates abuse with violence' (Stark, 2006) has dominated research in this field.

In 2000, a meta-analysis of 87 studies (76 of which employed the CTS) that examined the role of gender in intimate partner violence was reported (Archer, 2000). This analysis found a small but significant effect size for gender ($d = -.05$) indicating that when act-based measures are used, women are more likely to have used physical aggression towards their partners and to have done so more frequently. In contrast, men were more likely than women to have injured their partners, but again the effect size was very small ($d = .15$). This analysis is, however, not without its critics who raise concerns regarding terminology; the bias towards non-marital samples in the primary research; and conceptual and measurement ambiguities, particularly concerning the validity of the CTS (see for example, O'Leary, 2000; White, Smith, Koss et al., 2000). Nevertheless, this research has been used to proffer the argument that women are as violent as men in intimate relationships. Consequently, for nearly 30 years, these two competing and opposing perspectives regarding the nature of domestic violence somewhat awkwardly coexisted, and the debate concerning the gender symmetry of domestic violence raged on.

A typology of domestic violence

More recently an attempt to reconcile these two perspectives has been put forward by Johnson (1995, 2006, 2008). Johnson's initial observations concluded that domestic violence is not a unitary phenomenon, and that through their use of different, but inherently biased sampling strategies, researchers from within the feminist and family violence perspectives had been exploring different forms of domestic violence. Johnson argued that the use of agency-based data (police, courts, shelters) relied on by feminist researchers was biased, due to its sampling frame, and yielded data in which domestic violence was gender biased – with males the perpetrators and females the victims. In contrast, the allegedly 'representative' population survey methods used by proponents of the family violence perspective were biased, due to sample attrition – those who refused to participate in the survey – and yielded data in which domestic violence was gender neutral, and typically mutually perpetrated.

In order to test this hypothesis, Johnson (1995) examined studies in which the CTS had been used to assess domestic violence but in agency-based samples and compared them to the findings of the general surveys detailed previously. In addition to differences in gender symmetry, it was found that the two sampling strategies also provided accounts of domestic violence that differed in terms of the frequency of per-couple incidents, escalation, severity of injuries and mutuality (Johnson, 2006). Specifically, the partner violence reported by agency samples was more frequent, more likely to escalate, more severe, less likely to be mutual, and was perpetrated predominantly, and almost exclusively, by men. Johnson likened this form of domestic violence to the accounts reported by feminist researchers in which violence is viewed as one of a number of control tactics (Pence & Paymar, 1993). This form of violence he labelled 'patriarchal, or intimate terrorism' whereas the partner violence reported by non-agency samples that was less frequent, less likely to escalate, less severe, and more likely to be mutual was labelled 'common couple violence'. In addition, the findings from Archer's (2000) meta-analysis also provided support for this taxonomy, as two studies that used act-based measures from women's refuges produced relatively high effect sizes in the male direction. However, these data were based on partner and self-report from survivors, and self-report is known to be lower than partner report, and consequently biased (Archer, 1999).

More recently, Johnson (2006, 2008) has refined this typology based on the hypothesized role of coercive control within dyadic relationships, rather than focusing on the behaviour of only one individual within a dyad. In considering the role of coercive control, Johnson (2008) settles on a quadripartite typology of domestic violence behaviours within dyads. *Intimate terrorism* consists of the use of violence to exert control over a partner, but the partner does not use such tactics in reply. *Violent resistance* occurs when the partner is violent and controlling, and the resister's violence arises in reaction to the attempt to exert control. *Mutual violent control* reflects a dyad in which both parties use violence in attempts to gain control over their partner. Finally, *situational couple violence* reflects violence used by one or both members of a dyad outside the context of control.

This proposed typology has generally been well received and acknowledged as a sensible account of the literature. As yet, however, there exists a limited empirical literature that has directly tested the underlying premises of this typology, and not all of which provides clear cut support (see for example Graham-Kevan & Archer, 2003, 2008). It is possible, however, that ongoing research designed to test the basic tenets of this typology may lead to a formal reconciliation of the feminist and family violence perspectives, and the development of more sensitive assessment and intervention strategies that account for, and address, this variation.

The Extent of Intimate Partner Violence

Obtaining an accurate estimate of the prevalence (estimates of the proportion of the population affected) or incidence (number of new cases arising within a specified timeframe) of intimate partner violence (IPV) is difficult for several reasons, and the

resulting 'size' of the problem depends on both the definition of IPV, and the methods of assessment used (Gelles, 2000). Hagemann-White (2001) argues specifically that surveys sometimes adopt definitions of IPV that are too broad – in that even the most insignificant physical act of aggression is interpreted as 'violence', resulting in an inflated estimate of prevalence. Conversely, surveys may adopt a definition that is too narrow – in which only acts interpreted as indicating severe IPV, and which are less frequent, are included, leading to potential under-estimations of prevalence. Either way, it is unlikely that such operationalizations will lead to estimates of IPV that reflect the phenomena identified in qualitative studies. The extent to which such a priori definitions of 'victim' and 'violence' match the subjective experiences of respondents is, therefore, questionable. It is likely that, as previously discussed, such methods lead to an over-representation of common couple violence and an under-representation of intimate terrorism (Johnson, 1995).

Notwithstanding these limitations, estimates of the prevalence of IPV typically come from data obtained via victimization surveys, (e.g. British Crime Survey (England and Wales), US National Family Violence Survey; Netherlands National Survey of Wife Abuse; Canadian Violence Against Women Survey; Australian Women's Safety survey). A major concern with such surveys is the balance between encouraging reporting while maintaining the safety of respondents who may be potential victims (Hagemann-White, 2001). Those who experience the most severe violence are the least likely respondents in a survey. Women who are experiencing a violent relationship may either refuse to participate, or may be excluded from the survey owing to safety concerns (Walby & Myhill, 2001).

Despite these concerns, victimization surveys are deemed to be more valid assessments of prevalence than official statistics, given the high levels of non-reporting associated with IPV. For example, in 2007/08 approximately 60 per cent of the incidents of IPV reported to the British Crime Survey were not reported to the police (Kershaw, Nicholas & Walker, 2008). Indeed, it is accepted that IPV has the highest under-reporting rate of all crimes. Consequently, 'official' statistics provide a considerably less accurate picture of the prevalence of IPV. This is particularly the case in the UK, given the lack of a unique domestic violence offence. The emerging picture of the prevalence of IPV therefore rests on the willingness and ability of victims to safely report their experiences without fear of repercussions, and the quality of the survey methods employed.

International and national surveys

A recent multi-national survey conducted on behalf of the World Health Organization identified 'current' prevalence rates (experienced in the last 12 months) ranging from between 15 per cent and 71 per cent across 24,097 respondents in ten different countries, including Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania (Garcia-Moreno, Jansen, Ellsberg et al., 2006). In this study, participants were asked to report their experiences of a range of 'acts' of physical or sexual violence, and controlling behaviours. No

measure of psychological aggression was included. Respondents reported on the frequency (once, twice, a few times, many times) of experience and whether it had happened 'ever' or in the last 12 months. Despite the inclusion of the measure of controlling behaviours, partner violence was defined in terms of the experience of either physical and/or sexual violence. The lowest lifetime prevalence for *physical* partner violence of 13 per cent was recorded for Japan, while 61 per cent of women in Peru province reported having experienced some form of physical partner violence. In relation to sexual violence, 6 per cent of women in city sites in Japan and Serbia and Montenegro, and 59 per cent of women in Ethiopia province reported this type of victimization during their lifetime. Experience of controlling behaviour yielded higher prevalence rates, ranging from 21 per cent in Japan, to 90 per cent in the United Republic of Tanzania city. The results also indicated a high level of co-occurrence between these forms of abusive behaviours, with those women who experienced the broadly defined 'partner violence' more likely to also experience controlling behaviours. As the methods employed to gather data were identical across countries, the range of prevalence rates suggests that IPV is differentially normative in different cultures.

European data provide a mixed picture of the prevalence of intimate partner violence and are available for a small proportion of European countries. In 2004, Kury, Obergfell-Fuchs and Woessner identified only six national surveys conducted between 1992 and 2003, all of which differ with regard to the definition of partner violence employed, the methods with which partner violence was measured and the samples used, and the timeframe within which reports of victimization were sought (Kury et al., 2004). Based on these variations, prevalence estimates ranged from 18.7 per cent (CTS during last five years: West Germany, 1992), 16.6 per cent (CTS during last five years: East Germany, 1992), 2.4 per cent (lifetime experience of partner violence: Bavaria, 2002); 8–20 per cent depending on age (lifetime experience, female only sample: Sweden, 1999); and 12.9 per cent (CTS experience during last year: Spain, 2003).

British surveys

The systematic collection of domestic violence victimization data in England and Wales has been carried out since 1996 via the British Crime Survey (BCS). The national crime surveys of Scotland and Northern Ireland have collated data regarding the prevalence of domestic violence since 1993 and 1994, respectively (Macpherson, 2000; Northern Ireland Office, 2008). All of these surveys adopt a similar methodology for the collection of information regarding particularly sensitive crimes: that of a self-completion questionnaire rather than interview, which may be computerized. The questionnaire typically includes a modified version of the CTS, in addition to questions about victim perceptions of their experiences, and the impact that such experiences have had on their well-being.

In the first year of its use in the BCS, the results of a computer-assisted self-interviewing (CASI) questionnaire were that 4.2 per cent of women and 4.2 per cent of men reported that they had experienced intimate partner violence by a current or former partner in the last twelve months. In addition, 4.9 per cent of men and 5.9 per

cent of women reported experiencing either physical assaults or frightening threats. Despite the similarity of reported levels of victimization, women were twice as likely as men to have been injured in the last year, and were more likely to have been assaulted three or more times during the same period (Mirlees-Black & Byron, 1999). Nearly one quarter (23 per cent) of women, and 15 per cent of men reported having experienced intimate partner violence at some point in their lives. At that time, intimate partner violence accounted for nearly a quarter of all violent crime.

The most recent data available at the time of writing originates from the 2007/08 BCS, which collected data from 47,000 households in England and Wales. Despite the previously identified need for a clear definition of 'domestic violence', the 2007/08 BCS reports data relating to 'intimate violence', which is then separated into partner abuse, family abuse, and sexual abuse (Povey, Coleman, Kaiza et al., 2009). According to the results of this survey, since the age of 16, 27 per cent of women and 17 per cent of men had experienced partner abuse. In the previous 12 months, 5 per cent of women and 4 per cent of men reported such victimization. In addition, 39 per cent of victims of partner abuse were repeat victims, with women more likely than men to be repeat victims (44 per cent and 32 per cent respectively).

Slightly lower figures were reported in the Scottish Crime Survey, based on data collected from approximately 5,000 households in 1999 (Macpherson, 2000). Here, of the 1,876 respondents to the self-completion questionnaire, 16 per cent of women and 6 per cent of men reported historically experiencing threats or force from a partner. These figures dropped to 6 per cent and 3 per cent respectively when reporting on experiences within the last twelve months. In Northern Ireland, of the 2,110 respondents to the self-completion questionnaire, 11 per cent had been victims of 'domestic violence' at some point in their lifetime, which represented 15 per cent of women and 8 per cent of men. Prevalence of victimization during the last 12 months was not reported (Northern Ireland Office, 2008).

Although questions regarding victim perceptions of their experience are included in the self-completion questionnaire, details of these findings are not always reported. The most detailed examination of these data is reported for the 2001 BCS (Walby & Allen, 2004), and details are also included in both the Scottish and Irish surveys. According to the 2001 BCS, when asked whether they would label the worst incident experienced as 'domestic violence', 75 per cent of women, but only 41 per cent of men stated that they would. The same question in the Irish survey found that 72 per cent of respondents believed that it had been domestic violence. The Scottish survey found that when considering their experiences of victimization over the last 12 months, 67 per cent of women and 39 per cent of men agreed that they had been victims of domestic violence. When asked whether the worst incident constituted a crime, 52 per cent of the Irish sample and 30 per cent of the Scottish sample (41 per cent women, 4 per cent men) agreed. According to the BCS, 51 per cent of female victims viewed their worst incident as a crime in contrast to 11 per cent of men.

Consistent with the concept of intimate terrorism, according to the BCS, such incidents would be labelled as domestic violence if they were more severe (resulted in injury), if the injury sustained was serious, and if they had been more frequently assaulted. Older women were more likely to label their experiences as domestic vio-

lence, and also those individuals who had sought help to deal with their victimization were more likely to perceive their experiences as domestic violence. Similar factors were also associated with perceptions of the events as a crime (Walby & Allen, 2004).

Taken together, the survey data reviewed indicates that intimate partner violence is a considerable global problem, affecting, as a conservative estimate, at least 15 per cent of women at some point in their lifetime. However, there appears to be a continuing disparity between those individuals who may be legally identified as victims of domestic violence and those who would identify themselves as such. This disparity may be associated with the under-reporting of domestic violence incidents and may also reflect a lack of awareness of the range of behaviours that can be considered to be domestic violence. The conceptual research and survey results examined suggests that those individuals who are most likely to be identified to criminal justice agencies, and consequently, court-mandated to rehabilitation programmes, are men who have engaged in either severe or repeated patterns of violence against female current or former intimate partners. Therefore, for the purpose of this book, I will use the phrase 'intimate partner violence (IPV)' to refer to the use of violent and abusive behaviours by men within current or former heterosexual intimate relationships.

Who Are 'Those Guys?'

Prior to the formal acknowledgement of IPV as a societal problem, intimate partner violence was viewed along with child abuse and sexual assault as reflecting acts committed by 'crazed sex fiends' or 'lust-murderers' (Taubmann, 1986, cited in Jennings, 1987). Similarly, perpetrators were viewed as damaged individuals, with the root of their behaviour lying in severe childhood trauma, psychopathology, brain damage and other intra-individual factors (Jennings, 1987). With the ascendance of the women's movement came an understanding of intimate partner violence as a socially learned phenomenon, which arises out of societally endorsed traditional sex roles, which serve to oppress women (Dobash & Dobash, 1979). From this perspective, such behaviours can be viewed as 'normal' rather than pathological, owing to the arguable pervasiveness of the underlying patriarchal beliefs and social structures (Bern & Bern, 1984). Indeed, Dobash and Dobash (1979) even go so far as to suggest that men who use violence in intimate relationships 'are living up to cultural prescriptions that are cherished in Western society' (p. 24). The evidence suggests however,that rather than fitting a psychiatric profile, IPV perpetrators come from all socio-economic backgrounds, ethnicities and occupational groups (Holtzworth-Munroe, Smutzler & Bates, 1997).

Despite the dominance of feminist sociological thinking in this area, interest in examining psychological and other individual factors in an attempt to identify a 'profile' of the IPV perpetrator has never waned. While it has been argued that such pursuits are misguided and serve only to propagate the myth that IPV is a function of some underlying psychopathology or addiction, and therefore is not the responsibility of individual men (Dobash & Dobash, 1992), the resulting knowledge may have important clinical implications if there is a therapeutic aim of rehabilitation groups for IPV perpetrators

(this issue is discussed further in Chapters 3 and 6). In particular, this information may enable programme developers to tailor content to meet the needs of particular groups of offenders. A clearer understanding of individual risk may also be gleaned by considering a constellation of individual factors (Healey, Smith & O'Sullivan, 1998).

As IPV perpetrators have been identified in the literature on the basis of both criminal convictions, voluntary referrals to treatment programmes, and population-based screening, our understanding of the characteristics of these individuals is not unduly biased by their criminalization. Underlying the quest to identify the characteristics of IPV perpetrators is an implicit assumption that such individuals only engage in IPV – that they are specialists (Bouffard, Wright, Muftic et al., 2008). However, as already alluded to, there is considerable evidence that this is not the case, and that, as with all offender populations, IPV perpetrators represent a heterogeneous group. This is particularly the case when examining those samples identified on the basis of their criminal records. Such populations, like criminal populations in general, tend to be characterized by high levels of lifestyle instability (e.g. lack of stable employment, prior criminal convictions, substance misuse), and they are also likely to have other convictions for a range of criminal behaviours, not just those relating to IPV (Bouffard et al., 2008). Certainly, for a subsample of 'IPV offenders' they are possibly better categorized as generalized criminals/offenders who also engage in IPV (Klein & Tobin, 2008).

Indeed, the generally antisocial pattern of behaviours exhibited by this group is consistently identified within a number of IPV perpetrator typologies along with co-morbid antisocial personality disorder/psychopathy, which is not surprising given the behavioural basis of the classification schemes used. Holtzworth-Munroe and Stuart (1994), in their seminal literature review, hypothesized that such offenders would also be characterized by negative attitudes towards women, impulsivity, pro-offending attitudes, dismissive attachment style, and low empathy. These 'Generally Violent/ Antisocial (GVA) IPV perpetrators were also deemed to be most likely to have witnessed inter-parental violence or to have experienced direct victimization as a child, to use substances and to engage in the most serious and severe IPV perpetration as part of a wider repertoire of violent behaviours outside of the family context. This 'type' stands in contrast to two other subgroups: the 'Borderline/Dysphoric (BD)' and the 'Family Only (FO)' IPV types (Holtzworth-Munroe & Stuart, 1994).

Characterized by the high levels of emotion dysregulation typical of individuals presenting with borderline personality disorder (e.g. high levels of explosive anger, self-harming, fear of rejection, jealousy), the BD group were predicted to engage in moderate to severe IPV, but to be less inclined than the GVA group to engage in violence outside of an intimate relationship. The BD individuals are hypothesized to have experienced a high level of parental hostility and rejection during childhood and possible trauma responses to these experiences. In addition, such individuals express extreme dependence on, and fear of losing, their intimate partner. To a lesser extent than the GVA group, the BD group also exhibit impulsive traits, pro-violence attitudes and hostile attitudes towards women.

Finally, the FO group is deemed to have the fewest risk factors for IPV. These individuals are expected to engage in the least severe IPV and to be least likely of the three groups to engage in violence outside of the intimate relationship. In contrast to the BD

and GVA groups, FO perpetrators are expected to be characterized by little or no psychopathology. It was hypothesized that the intermittent violence used by the FO group, during escalating marital conflict, arose from a combination of stress (general or relationship specific) and low-level risk factors (e.g. lack of relationship/communication skills, witnessing inter-parental violence during childhood).

Some empirical support has been found for the basic premises of this typology (Holtzworth-Munroe, Meehan, Herron et al., 2000) and typically studies have replicated either two (Chase, O'Leary & Heyman, 2001; Tweed & Dutton, 1998) or three of the subtypes (Hamberger, Lohr, Bonge et al., 1996; Langhinrichsen-Rohling, Huss & Ramsay, 2000). Taken together, these studies support the notion of the heterogeneous nature of IPV perpetrator samples, and identify clinically meaningful differences between these groups that may have implications for their response to intervention (this is discussed in greater detail in Chapters 3 and 9). Indeed, some evidence has been found to suggest that the BD and GVA groups respond differentially to different forms of group-based intervention (Saunders, 1996, discussed in Chapter 9). In addition, a recent study reported that men of the BD and GVA subtypes are more likely to fail to complete group-based interventions (Eckhardt, Holtzworth-Munroe, Norlander et al., 2008). Such findings are consistent with the broader literature that links risk to likelihood of treatment drop-out and recidivism (see Chapter 4).

The Impact of Intimate Partner Violence: The Reason to Intervene

So far we have examined the nature of IPV, determined that it is a multi-faceted and generally poorly defined phenomenon that affects the lives of millions of women around the world each year. We have also determined that, in general, men from all social groups are the most common perpetrators. However, in order to truly understand why we need to intervene in IPV, the consequences of this behaviour need to be examined.

Female victims of IPV report a broad constellation of short- and long-term 'injuries', which include physical, mental, and psychological injuries. IPV victimization is consistently associated with minor and severe physical injuries, chronic pain and, in the most serious scenarios, death (Campbell, 2002; Coker, Smith, Bethea et al., 2000; Stewart & Robinson, 1998). With some suggestion that pregnancy places women at increased risk of victimization (Jasinski, 2004), victims are at increased risk of obstetric and gynaecological injuries including miscarriage (Campbell, 2002). In addition, owing to the use of sexual control tactics in abusive relationships, victims are also at an increased risk of contracting sexually transmitted diseases (Coker et al., 2000).

A number of mental health and psychological consequences have also been identified. These include post-traumatic stress disorder, personality disorders characterized by borderline traits and dissociation, depression, anxiety, self-harm, low self-esteem (Dutton, Kaltman, Goodman et al., 2005; Sackett & Saunders, 1999; Sansone, Reddington, Sky et al., 2007; Stewart & Robinson, 1998). Interestingly, there is some evidence that it is psychological, rather than physical IPV that is more strongly

associated with negative psychological and mental health outcomes for victims (Baldry, 2003; Follingstad, Rutledge, Berg et al., 1990; Lawrence, Yoon, Langer & Ro, 2009). In general, it is found that the greater the intensity of IPV, the worse the reported symptoms, suggesting a dose-response relationship (Jones, Hughes & Unterstuller, 2001).

A meta-analysis examining the role of IPV as a risk factor for mental health problems, found that women were at between 3 and 6 times increased risk of developing a range of psychological problems (Golding, 1999). Specifically, the weighted mean odds ratios for depression among victims was 3.8, for suicidality was 3.55, for post-traumatic stress disorder was 3.74, for alcohol abuse/dependence was 5.56, and for drug abuse/ dependence was 5.62. However, such presentations reflect a complex interaction between the nature, duration and severity of the victimization, a woman's ability to cope with her experiences, and the extent of social support available to her (Taft, Resick, Panuzio et al., 2007). It must be noted however, that in the vast majority of research that has identified these associations, the typical research design employed is cross-sectional rather than longitudinal. It is unclear, therefore, whether such symptomatology only appears after the experience of victimization, or whether victimization occurred after the onset of symptoms. Nevertheless, the identified dose-response pattern points towards the former explanation as being most valid (Golding, 1999).

Owing to the family-based context in which IPV often occurs, women are not the only victims. According to the 1996 British Crime Survey, 29 per cent of women who reported experiencing IPV in the last year reported that their children were aware of it happening (Mirlees-Black & Byron, 1999). More recent North American data indicate that 43 per cent of households in which IPV crimes occurred included children, and that of these, 95 per cent had been exposed to IPV (Fusco & Fantuzzo, 2009). A substantial literature has examined and reviewed the evidence concerning the impact of direct, and secondary IPV victimization, on children. In general, the findings paint a picture of a range of negative developmental, social and cognitive outcomes for both boys and girls who have either witnessed IPV, or become direct victims of IPV themselves (Evans, Davies & DiLillo, 2008).

More specifically, exposure to IPV during childhood has been found to be associated with depression, anxiety, conduct problems, eating disorders, trauma symptoms, and later interpersonal and intimate relationship problems including violence, for which exposure to IPV during childhood is the most consistent risk factor (Brady, 2008; Evans et al., 2008; Grych, Jouriles, Swank et al., 2000). However, the pathways between exposure and outcome are complex and indirect (Evans et al., 2008), not least, owing to the comorbidity of physical and sexual childhood victimization, and the influence of myriad mediating and moderating factors that are rarely accounted for in the empirical literature. One prospective study which did control for child physical abuse, child neglect, general life stress, child cognitive ability and socio-economic status found that exposure to inter-parental violence during preschool years predicted conduct problems at age 16, particularly for boys, and predicted internalizing behaviours in girls at the same age (Yates, Dodds, Sroufe et al., 2003).

There is also evidence that non-physical forms of IPV exert a negative influence on child development, and that even in relationships that may be abusive, but not violent per se, the stress experienced by mothers may also negatively affect the development of

their children (DePaola, Lambert, Martino et al., 1991; Lieberman, Van Horn & Ozer, 2005). This literature provides some evidence that the impact of IPV on women and children is far reaching, and can have long-term detrimental effects. Such data highlight the need to provide formal intervention in IPV so that its effects on individuals, families and society can be reduced.

Rehabilitation and Intimate Partner Violence

The terms 'rehabilitation' and 'treatment' have been taken to mean different things within the criminal justice system, depending on the underlying penal philosophy advocated at the time (Bowen, Brown & Gilchrist, 2002; Robinson & Crow, 2009). Consequently, the term treatment has been used to describe a mode of intervention based on an authoritarian medical model; the method by which offenders are dealt with by the criminal justice system and, more commonly, an approach to dealing with crime that is placed in contrast to retribution and punishment (Crow, 2001). For the purpose of this book, however, the term rehabilitation is taken to refer to the practice of crime prevention through directly challenging the economic, social or personal factors believed to be its causes (Hollin, 2001).

Interventions aimed at preventing crime, in this case intimate partner violence, have been conceptualized as operating on one of three levels: primary, secondary and tertiary prevention (Guerra, Tolan & Hammond, 1994). Primary prevention, sometimes referred to as developmental prevention (McGuire, 2001), aims to prevent the initiation or onset of partner violence. Such endeavours may include public awareness campaigns; policy changes; marital counselling; school-based interventions, and parenting classes (World Health Organization, 2002). secondary prevention targets identified 'at risk' groups with a view to early detection and intervention (McGuire, 2001). Interventions based at this level may focus on those with pre-existing behavioural problems and/or recently identified partner violence, and may include the provision of information regarding support services and counselling for perpetrators. Tertiary prevention is aimed at those offenders who have been convicted for partner violence, with the over-arching aim of reducing rates of reoffending (Gendreau & Andrews, 1990).

Since the mid-1990s, the British government has passed a range of criminal and civil justice legislation, and implemented procedural changes designed specifically to help victims of IPV bring their abusers to account. To this end, in 2006, the Sentencing Guidelines Council recommended that where appropriate in cases of IPV, custodial sentences should be imposed. However, it was also recognized that in some instances custody would be inappropriate. These cases were identified as those in which the use of violence was intermittent and did not reflect an entrenched pattern of behaviour. In addition, consideration of the intentions of the victim to remain in a relationship with the perpetrator was acknowledged, such that in 'low risk' relationships where the victim wishes to maintain a relationship with the perpetrator, judges are within their rights to pass a community sentence with a condition for the perpetrator to attend a rehabilitation programme.

Although programmes for IPV perpetrators have been offered since the 1970s in the voluntary sector (see Chapter 4), it is only since the early years of the twenty-first century that rehabilitation programmes for male IPV perpetrators have sat centrally within the criminal justice response. This reflects broader changes to government policy, which has endorsed the development, standardization and accreditation, of offending behaviour programmes for many types of offence. This move has been fuelled by increasing evidence that some approaches to offender rehabilitation can be effective in reducing reoffending (see Chapter 4), although the evidence for the effectiveness of programmes for male perpetrators of IPV is less than conclusive (this is discussed further in Chapter 8).

Conclusion

The purpose of this first chapter has been to provide an overview of some of the key debates regarding issues of definition that are central to research and policy in this area. It should be clear from this discussion that our understanding of what constitutes IPV is intrinsically linked to the theoretical perspective adopted, as theory guides the methods used to collect data, as well as their interpretation. It should also be clear that the lack of adherence to consistent definitions and methodologies has led to a huge range in the estimates of prevalence of IPV around the world. Regardless of the methods employed, however, there is consensus in the view that all estimates are likely under-representations of the real extent of IPV. There is growing consensus also that IPV constitutes a range of behaviours of differing severity and impact, motivated by different factors either within the individual or within the couple, and that those individuals who come to the attention of criminal justice agencies are likely to be male, and to use violence as a means of control.

The remainder of this book examines in more depth the move towards offering rehabilitation programmes for male IPV perpetrators in the UK, drawing on the international literature where appropriate. Chapter 2 examines the recent legislative change in this area which has culminated in domestic violence perpetrator programmes (DVPPs) being a central component of the criminal justice response to IPV. This is examined in the context of case attrition and reviews the limited literature that has attempted to examine the effectiveness of these changes. Chapter 3 provides an overview and critique of current theories of IPV in order to set the theoretical context for the book. In Chapter 4, attention turns to the history of DVPPs and how UK developments have been influenced by international progress, including the development of accredited programmes. Chapters 5 and 6 examine current UK criminal justice based practice, including risk assessment, and the links between risk and rehabilitation. A critical review of evaluation methodology is given in Chapter 7, before the results of international and national outcome evaluation studies are examined in Chapter 8. A broader evaluation model which emphasizes consideration of the process of intervention is provided in Chapter 9. Finally, Chapter 10 provides a point of consolidation and future directions for intervening in domestic violence.