Typologies of Domestic Violence Offenders
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Family Violence Statistics

✓ 1 in 3 (30%) women are victims of physical and/or sexual violence across the world (WHO, 2013).

✓ 38% of women were murdered by an intimate partner (WHO, 2013).

✓ 38-50% of IPV homicides involve guns (CDC, 2011; CT Coalition, 2010/2011).
Children Who Witness IPV

✓ 21% of victims of intimate partners have children under the age of 12 years old who are in the home and witness the violence between their parents and or caregiver (BJS, 2009).
U.S. Family Violence Statistics

✓ 60% to 75% of the children have witnessed IPV within their home (BJS, 2009);

✓ 60% of children in the home are emotionally and/or physically abused during the altercation (BJS, 2009).

✓ 30% to 60% of offenders of intimate partner violence also abuse children in the household (NCADV, 2007; Edelson, 1999).
Millions of Children Witnessed Physical Violence Toward Their Parent or Caregiver

- children reported that they witnessed their parent or caregiver being beat, hit, or kicked by an intimate partner (APA, Psychology Center, 2014).
- 3 in 4 children saw the violence
- 21% heard it,
- 3% saw the injuries later

(APA, Psychology Center, 2014).
Children Who Witness Family Violence

- children who witnessed violence between one’s parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next (NCADV, 2007; Break the Cycle, 2006).

- boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults (NCADV, 2007).
IPV is a Multi-Generational Problem & Cycle Never Ends.

90% of Offenders Witnessed Violence &/or Were Abused as Children.
Children Witnessing Family Violence Develop Behavioral Health Disorders and Medical Related Problems- DHHS, 2011; Coker, 2005.

✓ depression;
✓ trauma;
✓ ADHD;
✓ anxiety;
✓ aggression;
✓ increased school absences;
✓ poor school performance;
✓ substance abuse;
✓ juvenile delinquency;
✓ earlier onset of sexual activity;
✓ sleep disorders (including nightmares);
✓ psychosis and eating disorders (DHHS, 2011; Coker 2005);
✓ medical complications (e.g., gastrointestinal problems, increase viral infections, and/or chronic pain).
Effects of IPV on Caretaker Victims

- depression (including suicidality);
- trauma,
  - anxiety;
- alcohol use;
- drug use;
- medical problems related to injuries (including homicides)
  (WHO, 2013; Coker, 2005).
Victims of IPV Have Medical Complications (WHO, 2013; Coker, 2005)

- High Blood Pressures;
- STDS/HIV;
- Hypertension;
- Cancer (types-breast/ovarian);
- Increase in Viral Infections
- Reproductive Health Problems (e.g., increase risk of premature labor, etc.);
- Diabetes;
- Gastrointestinal Problems;
- Chronic Pain
Interventions for IPV

- Interventions are typically designed to:
  - Prevent IPV Recidivism/Decrease Violence
    - Police/court/legal intervention
    - Batterer Treatment
  - Help victims remain safe
  - Improve symptoms of victims
    - Women/mothers
    - Children
Group Treatment for Batterers

- **Duluth Model**
  - Power and control wheel
  - 8-26 weeks
  - 8 vs. 26 vs. 52
  - typically mandated in the U.S.
Batterer Tx Continued

CBT Groups
- Learning non-violence (e.g. coping, anger management, relaxation)

Combined
- Becoming more common
Meta analytic findings for Batterer Treatment


- 40% chance of remaining non-violent with treatment and 35% chance without treatment

- Many limitations with IPV Research Trials

- Need for RCT’s as opposed to quasi-experimental studies

- Need for Treatments Grounded in Science & Theory

- Need to ‘Assess, Diagnose and Match to Treatment?’
Innovations in IPV Intervention
Progressing away from cross-referrals as batterers are rarely motivated for one treatment let alone two separate providers (e.g., addiction, mental health) (Easton et al., 2000)
Current Work Toward Integration of Care- Addiction & IPV
Current Work Toward Integration

- Veteran’s Hospital
  Solution focused treatment for situational couple violence

- CBT, Trauma Informed Care, Behavioral Couple Therapy, Medication Management, Medical Care (Veteran’s Hospitals Across the United States)
  - Focus on increased positive activities
  - Communication skills

- Parenting/Integration of Addiction/IPV

- CBT skills training focusing on both Substance Abuse and Violence in each session
  - Parenting Skills
  - BCT
“A One Size Approach Does Not Fit All”

- Evaluate offenders to determine treatments needs for mental health and/or substance dependency disorders;
- **Consider typology of offenders**;
- Consider separating high need/high risk offenders from lower risk offenders;
Provide Thorough Evaluations with Reliable & Valid Instruments

Consider Co-Occurring Diagnoses

Need Stringent Inclusion Criteria for RCT’s
One Population to Target is Substance Abusers and Why?
Co-occurring substance use and intimate partner violence (IPV) is a major public health concern encountered throughout substance abuse treatment units.

(Easton, 20012; Easton et al., 2007)
Rates of Co-Occurrence are HIGH

• Rates of co-occurring SA and IPV are high, ranging from 40-60% across studies

(Murphy & O’Farrell, 2003, Easton et al., 2000a, Easton et al., 2000b)
Alcohol & Drug Use DOES Contribute to IPV
Addiction is a RISK factor for violence in the home (MacArthur Violence Risk Assessment Study [Monahan et al., 2005; Steadman et al., 1998; Taylor et al, 1994])

- Substance use may play a facilitative role in IPV by precipitating or exacerbating violence [Klostermann, 2006; Jewkes, 2002]

- Alcohol and/or drug abuse is the strongest correlate for IPV [Coker et al., 2000].

- A dual problem with alcohol and drugs leads to poorer treatment outcomes as compared to having a problem with alcohol only [Easton et al., 2007].
Partner assaultive men are a heterogeneous group

In addition to co-occurring problems with addiction, research suggests that offenders of IPV tend to cluster into particular violence subtypes (for reviews, see Holtzworth-Munroe, 2000; Holtzworth-Munroe & Stuart, 1994).
Although subtypes of offenders vary according across researchers, three dimensions typically underlie these subtypes: presence and degree of psychopathology, severity of intimate partner violence, and the extent of general violence (Holtzworth-Munroe & Stuart, 1994).
Three/Four Typologies: Holtzworth-Munroe

(a) family-only (FO) batterers, show minimal family violence, engage in the least violence outside the home, and show little or no psychopathology;

(a) borderline/dysphoric (BD) batterers, who present with moderate to severe partner assault and moderate general violence, and who present with the most affective distress and personality disturbances related to borderline and dependent personality disorders;

(b) low-level antisocial (LLA) batterers, who score moderately on measures of partner violence, violence generality.

(a) generally violent/antisocial (GVA) batterers, who engage in moderate to severe partner violence and the highest levels of violence outside the home and evidence antisocial and/or psychopathic personality traits.

(Holtzworth-Munroe and colleagues (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000)
Case 1.

John Doe 1 is a 34 year old caucasian male who arrested for disorderly conduct after being arrested in a domestic dispute with his partner. The police report from his account and his partners report indicated that he came home late. He had stopped off and had some beers and several shots with his friends. When he entered the home, his live-in girlfriend was angry because she had dinner waiting for him and did not receive a call. She was also drinking as she was waiting for him to arrive home. John and his girlfriend start yelling and screaming. John tried to walk out of the home but his girlfriend went to the door and said she wanted to talk. John pushed her out of the way. She ran to the phone to dial 911 but he pulled the phone out of the wall. The neighbors heard the dispute and disturbances and called the police. John was arrested for disorderly as they saw no evidence of physical violence. This was John’s first incident with domestic violence. He did not have a previous legal history. The victim advocate indicated that this was the couples first dispute. John’s family also indicated that he’s had no previous family violence. John indicated that he had been having problems with finances after receiving notice that he would be laid off from work, had consumed heavier amounts than usual of alcohol that evening. John wanted help. Collateral information indicated that John felt remorseful.
Case 2.

Johnny Doe 2 is a 40 year old male of mixed ethnicity. He was arrested for damaging property, harassing and stalking his ex-wife. The police report from his partners report indicated that she saw Johnny hiding behind her bushes on previous occasions. On the night of the domestic offense, he had been hiding and throwing a lawn chair through her kitchen window and shattered the glass. His ex-wife and neighbors called the police. Johnny was arrested for disorderly conduct, violation of a protective order, stalking, harassment and criminal mischief. This was Johnny's 3r'd incident with domestic violence towards his now ex-wife. The victim advocate indicated that there were numerous domestic disputes over the years. John's family also indicated that he's had problems with anger and alcohol use throughout his young teenage years into adulthood. Johnny indicated that his partner had caused him numerous problems in his life and he felt she needed treatment.
Case 3.

- John Dough is a 30 year old Caucasian male. He was arrested for assault one after neighbors heard a woman screaming and furniture breaking. The police report indicated that there were numerous holes in the wall, furniture turned upside down and his partner had a swollen lip, bloody nose and red marks around her neck. His partners report indicated that she was home late and he accused her of cheating on him. She indicated that he was controlling and she was fearful of him. John has had numerous domestic violence and assultive behavior with other women. John has had numerous arrests that involved physical assaults and road rage. John has a ‘rap’ sheet from robberies to drug related charges. When arrested, John tried to resist the arrest and fought with the police. At numerous times in jail, staff indicated that he was glib and joking with other inmates about the arrest.
Drug Courts, Diversionary Courts: Typology?
Doug Marlowe’s Work-Low, Medium, High Risk Offenders
CONCLUSION: STANDARDS OF CARE AND CORE COMPETENCIES?

- Need to incorporate more evidenced based care models that are grounded in science;
- Evaluate offenders to determine treatments needs for mental health and/or substance dependency disorders;
- Limit Offender Treatment Group Sizes and Number of Facilitators;
- Licensed, Trained/Credentialed Evaluators and Clinicians, Competent; Adherence to Evidenced Based Practice; Supervision;
- Consider typologies of offenders and separating high need/high risk offenders from lower risk offenders; risk assessments/lethality assessments; red flag cases & immediate interventions when children are in the home; automatic parenting classes
- Need more randomized controlled trials vs. quasi-experimental studies;
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