

The Criminogenic and Noncriminogenic Treatment Needs of Intimate Partner Violence Offenders

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Abstract

The criminogenic needs of general offenders have been empirically studied, but the criminogenic treatment needs of intimate partner violence (IPV) offenders, or how they compare with other violent or nonviolent offenders, have not been as thoroughly explored. Therefore, we examined and compared the criminogenic and noncriminogenic needs of 99 IPV offenders, 233 non-IPV violent offenders, and 103 nonviolent offenders, all of whom were men who had undergone institutional forensic assessment. Results indicated that IPV offenders had more treatment needs than the other two offender groups, including the Central Eight criminogenic needs. These findings support a focus on criminogenic treatment needs in batterer intervention programs for men, consistent with the principles of effective intervention for offenders.

Keywords

intimate partner violence, principles of effective intervention, criminogenic needs, noncriminogenic needs, IPV

Introduction

As a result of new pro-arrest and mandatory arrest policies in the United States and Canada in the mid-1980s, the criminal justice system encountered an influx of intimate partner violence (IPV) offenders (Hilton & Harris, 2009).¹ As a response, U.S. courts began sentencing IPV offenders to community-based batterer intervention

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programs, wherein IPV offenders attend weekly group sessions to learn alternatives to violence. Many evaluations and meta-analytic reviews have revealed mixed findings about these programs, with the majority concluding that they show small effects in reducing IPV recidivism (Babcock, Green, & Robie, 2004; Eckhardt et al., 2013; Feder & Wilson, 2005). Though there has been some debate on the quality of research designs and interpretation of effect sizes in relation to the chronic nature of IPV and other weaknesses of the treatment evaluation studies and their results (e.g., Davis & Taylor, 1999; Saunders, 2009; Saunders & Hamill, 2003), there is, as Radatz and Wright (2016) stated, “sufficient room for improvement” ineffectiveness at reducing recidivism among IPV offenders (p. 72). Therefore, in recent years, some scholars have proposed a paradigm shift in the approach to batterer intervention by suggesting researchers look to a more evidence-based model, namely, the principles of effective intervention (PEI; Radatz & Wright, 2016; Stewart, Flight, & Slavin-Stewart, 2013), as a way to increase the success of programs to reduce IPV offender recidivism.

To date, few studies have explored batterer treatment through a PEI lens, including two that focused on individual-level risk and need principles (Stewart, Gabora, Kropp, & Lee, 2014; Stewart & Power, 2014) and one that described and evaluated an intervention for convicted batterers within this framework (Connors, Mills, & Gray, 2013). The present study seeks to continue the exploration of the PEI by examining the criminogenic and noncriminogenic treatment needs of male IPV offenders. Furthermore, we aim to explore the similarities and differences IPV offenders may have in comparison with violent non-IPV offenders and nonviolent offenders.

PEI

In the early 1990s, a small group of researchers examined various institutional- and community-based correctional treatment programs to determine what worked in reducing recidivism (Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990; Gendreau, 1996). By examining narrative and meta-analytic reviews, and their own clinical experience, the researchers pinpointed elements of correctional treatment programs that were effective at reducing recidivism (Gendreau, 1996). Andrews and colleagues (Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990) determined that correctional treatment programs that adhered to such elements or “principles” yielded greater reductions in recidivism than programs that did not follow the identified principles. These PEI include several core principles directly related to the provision of treatment, such as risk, need, and responsivity. The risk principle was the first to have received considerable attention in IPV research, and several methods are now available to help assess IPV offenders’ risk of recidivism so that the intensity of treatment can be matched to risk level (e.g., Hilton & Eke, 2017). In the present study, we focus on the need principle, which directs that correctional treatment programs should place importance on addressing offenders’ criminogenic needs, factors that are dynamic, modifiable, and significantly related to recidivism (Bonta & Andrews, 2007, 2016).

Numerous studies have provided empirical support for the PEI and their effectiveness at reducing recidivism (Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990; Smith, Gendreau, & Swartz, 2009). Correctional researchers have used the now commonplace meta-analytic technique, which has largely substantiated the PEI (Gendreau & Smith, 2007; Smith et al., 2009). Supportive evidence has been found across a variety of offender populations, such as violent offenders (Dowden & Andrews, 2000), juveniles (Lipsey, 1995, 1999, 2009), adults (Lipsey, Chapman, & Landenberger, 2001), parolees and probationers (Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990), substance abusers (Miller & Hester, 1995; Taxman, 2000), males and females (Andrews & Dowden, 1999; Antonowicz & Ross, 1994), sexual offenders (Hanson, Bourgon, Helmus, & Hodgson, 2009), and community supervision-based offenders (Lowenkamp, Flores, Holsinger, Makarios, & Latessa, 2010). In fact, the success of the PEI in correctional treatment programs has led to its identification as a “best practice” in correctional intervention (MacKenzie, 2006).²

The Criminogenic and Noncriminogenic Needs of General Offenders

Offender needs are adaptable risk factors associated with recidivism that fall into two categories: criminogenic and noncriminogenic. Criminogenic needs (e.g., substance use, antisocial personality patterns) are considered a subgroup of an offender’s risk factors, as they are dynamic factors that are strongly correlated with criminal reoffending (e.g., Bonta & Andrews, 2016; Smith et al., 2009). Noncriminogenic needs (e.g., major mental disorder, low self-esteem) are changeable risk factors; however, they are less relevant to recidivism than criminogenic needs (Bonta & Andrews, 2007, 2016). Therefore, as the need principle states, treatment services seeking to reduce offender recidivism should target offenders’ criminogenic needs.

There are seven major criminogenic needs, comprising all but one of the “Central Eight” most widely known, prominent predictors of criminal reoffending (excluding criminal history, a nondynamic central risk factor; Bonta & Andrews, 2007, 2016). The seven major criminogenic needs are antisocial personality patterns, procriminal attitudes, social supports for crime, substance abuse, poor family/marital relationships, poor school/work performance, and low levels of prosocial recreational activities (Bonta & Andrews, 2016). Four common noncriminogenic, minor needs have also been identified (Bonta & Andrews, 2016): low self-esteem, feelings of personal distress, major mental disorder, and poor physical health. Bonta and Andrews (2016) explained that treatment services should place less emphasis on addressing noncriminogenic needs due to their lower association with recidivism, unless attending to an offender’s noncriminogenic need influences a criminogenic one. For example, offenders with major mental disorders may be unable to reduce their substance use unless both problems are treated (e.g., McKee & Hilton, 2017).

In a meta-analytic review of five studies that examined criminogenic needs across various offender populations, Smith and her associates (2009) reported that all of the studies provided empirical evidence in support of the need principle; programs that addressed criminogenic needs had effect sizes in the $r = .20$ to $.30$ range, and programs

that focused attention on noncriminogenic minor needs had effect sizes that ranged from $r = -.01$ to $.04$. With respect to violent offenders specifically, one meta-analysis reported a mean effect size of $r = .59$ for programs that adhered to the need principle (Dowden & Andrews, 2000). The same study examined programs that adhered to specific criminogenic and noncriminogenic needs; programs that focused on select criminogenic needs reported positive mean effect sizes: negative affect/anger ($r = .15$), antisocial attitudes ($r = .14$), and relapse prevention ($r = .20$), as did programs that focused on fear of official punishment ($r = .02$), and vague emotional problems ($r = .03$; Dowden & Andrews, 2000).

The Criminogenic and Noncriminogenic Needs of IPV Offenders

As previously noted, some scholars have suggested the exploration of the PEI as a possible solution to the minimal effectiveness of batterer intervention programming in reducing recidivism (Radatz & Wright, 2016; Stewart et al., 2013). Stewart and Power (2014) focused on criminogenic needs, and compared the needs of male IPV offenders and non-IPV offenders in a correctional inmate population. They reported that the majority of IPV offenders had problems in all seven criminogenic needs. Furthermore, IPV offenders had more criminogenic needs overall (particularly family/marital and substance abuse needs), more expansive criminal histories (e.g., IPV and non-IPV offenses, property and sex offenses), more self-reported mental health problems, and more learning disabilities than non-IPV offenders (Stewart & Power, 2014).

The Present Study

In the present study, we sought to expand the understanding of the PEI and their relation to male IPV offenders by examining treatment needs among IPV offenders undergoing institutional assessment. We compared IPV offenders with other offenders, separating out violent and nonviolent groups, and we examined not only criminogenic but also minor, noncriminogenic treatment needs. We asked the following two research questions:

Research Question 1: What criminogenic and noncriminogenic needs are prevalent among IPV offenders?

Research Question 2: Do IPV offenders differ from non-IPV violent offenders and nonviolent offenders in regard to criminogenic and noncriminogenic needs?

Method

The present study was conducted in a 150-bed all-male forensic division of a psychiatric hospital in the Province of Ontario, Canada, affiliated with the University of Toronto. The hospital's Research Ethics Board reviewed and approved the collection of data from medical files without patient consent, as part of a longitudinal study of men admitted for forensic assessment in 2009-2012.

Sample

This subsample of 435 men admitted to an inpatient unit for pre-trial psychiatric assessment or court-ordered treatment was previously reported in a study of child abuse and criminal history among IPV and other offenders (Hilton, Ham, & Green, 2016). There were three groups of offenders. The IPV group consisted of 99 men who had a current ($n = 7$) or previous ($n = 92$) criminal charge for a violent offense against a current or previous intimate partner (marital, cohabiting, or dating). The non-IPV group included 233 men who had a current charge for a violent offense and no history of IPV, and the nonviolent group comprised 103 men with nonviolent charges and no violent offense history. Group status was determined from the extensive psychosocial and criminal history available in the forensic medical records.

Variables

Our key dependent measure was the sum of nine individual variables that corresponded to the major and minor criminogenic needs articulated by Bonta and Andrews (2016) and operationalized in the Level of Service Inventory–Revised (LSI-R; Andrews & Bonta, 2001). Some of these measures were derived from multiple variables included in the original coding procedure. For the present study, all variables were coded as “1” if the available information provided evidence that it was present, and “0” if not.

Criminogenic treatment needs. One of the central eight risk factors, criminal history, was a constant in the present sample and is not considered to be a changeable treatment need. We were able to operationalize six of the seven major criminogenic needs, as the seventh need, limited participation in prosocial leisure activities, had been omitted from the original coding procedure.

Antisocial personality traits was coded as present if the offender met diagnostic criteria for antisocial personality disorder (APD). We defined this as having at least three adult criteria for APD and at least three conduct disorder criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association [APA], 1994).

Procriminal attitudes was coded in keeping with the LSI-R definition of attitudes or orientation supportive of crime. That is, if the offender denied responsibility for his behavior, rationalized his law violations, expressed hostility toward the criminal justice system, or expressed similar attitudes, then this item was coded as present.

Social supports for crime was coded in keeping with the LSI-R definition of criminal companions. That is, if the offender, at the time of his index offense, had at least some criminal associates, then this item was coded as present.

Substance use was also coded in multiple variables that captured whether the offender, at the time of the index offense or any time since the age of 18, ever had a drug problem or an alcohol problem contributing to problems in his life. Problems included law violations, medical problems, marital/family problems, school/work problems, or other indicators of a problem. For the present study, if either drug or

alcohol use contributed to any of these problems, then substance use was coded as present.

Poor marital or family relationships was coded in multiple variables that captured whether the offender's relationship with his marital or cohabiting partner, parents, or other relatives was dissatisfying or nonrewarding, in the year prior to admission. Evidence of dissatisfaction included the offender describing his relationship in negative terms, such as unpleasant, uncaring, hostile, or indifferent. Evidence of a nonrewarding relationship included interactions being generally described in negative terms, such as punishing, unpleasant, uncaring, hostile or indifferent; arguing when they were together; rarely seeing or writing to each other; disliking or hating each other; or the offender not caring about what the family member thinks, feels, or expects. Offenders were coded as not having a rewarding relationship with their parents if both parents were deceased. For the present study, if either marital or parental relationships were known to be dissatisfying or nonrewarding, then poor marital or family relationships was coded as present.

Employment or school problems was also first captured in multiple variables, including whether the offender was frequently unemployed during the year prior to the index offense, whether he was ever fired from any paid employment prior to the index incident, and the highest educational grade he completed, in keeping with related LSI-R items. For the present study, this information was combined into a single variable coded as present if the offender was frequently unemployed, was ever fired, or had not obtained a high school diploma.

Noncriminogenic treatment needs. We were able to operationalize two of the four minor treatment needs. Self-esteem and personal distress were omitted from the original coding procedure because the longitudinal study was designed to cover antisocial behavior and psychiatric history, not criminogenic needs specifically. Therefore, these two treatment needs were not included in the present analysis. *Major mental illness* was coded as present if, as a result of the forensic assessment, he was diagnosed with schizophrenia, other psychosis, mood disorder, or paraphilia, by the attending psychiatrist. We excluded diagnoses that were limited to personality, developmental, or substance-related disorders. *Poor physical health* was coded as present if, on admission, the offender had hepatitis, HIV, or similar infectious disease, or any other health problem requiring medication and monitoring.

Procedure

The forensic institution's research ethics board approved use of the medical records for this research without patient consent, as the study met the Tri-Council Policy Guidelines criteria for waiver of consent (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014). All variables were coded from the medical record after the forensic assessment was completed. Data were coded by a researcher with extensive experience designing and using coding forms for archival research, or by one of two coders supervised by the main coder.

To evaluate interrater reliability, one coder independently coded 10 cases already coded by the main coder, following a period of training. Interclass correlation coefficients (ICC) for most variables were good: antisocial personality traits ICC = .80, substance use ICCs = .87 to .94, poor marital and family relationships ICC = 1.00, employment or school problems ICC = .98, diagnosis of mental illness ICC = 1.00, and health problems ICC = .76. However, agreement was not reached for procriminal attitudes, ICC < .01, or social supports for crime, ICC = -.25. A count of the total needs in the reliability cases did yield good agreement, ICC = .80.

Results

The sample of 435 men had a mean age of 35.39 years ($SD = 12.54$) upon admission, ranging from 17 to 84 years. There was a significant age difference between the three offender groups, $F(2, 432) = 3.05, p = .049$; IPV offenders were the oldest group on average, $M = 38.10$ ($SD = 10.89$) 95% confidence interval (CI) = [35.93, 40.27], versus non-IPV violent offenders, $M = 34.50$ ($SD = 12.86$) 95% CI = [32.84, 36.16], and nonviolent offenders, $M = 34.79$ ($SD = 13.02$) 95% CI = [32.24, 37.33]; therefore, we controlled for age in inferential tests of group differences reported below. Most (75%) were diagnosed with a major mental disorder, including 40% with a primary diagnosis of schizophrenia, 20% with another psychotic disorder, 11% with a mood disorder, and 1% paraphilia. Other primary diagnoses, not included in the definition of major mental disorder for the purposes of this study, included personality (9%), developmental (10%), or substance-related disorders (7%). Seven men (2%) were given no psychiatric diagnosis.

Research Question 1

Results for each criminogenic and noncriminogenic need are shown in Table 1. IPV offenders exhibited problems within all six criminogenic need domains operationalized in this study, the most prevalent being employment or school problems, poor marital and family relationships, and substance use.

Research Question 2

There was an overall group difference in total treatment needs (including criminogenic and noncriminogenic needs), $F(2, 431) = 23.52, p < .001, \eta^2 = .098$, controlling for age, $F(1, 431) = 3.31, p = .070$. Total needs were highest among IPV offenders, $M = 4.57$ ($SD = 1.25$), 95% CI = [4.31, 4.82], compared with non-IPV violent offenders, $M = 3.88$ ($SD = 1.26$), 95% CI = [3.72, 4.05], and with nonviolent offenders, $M = 3.41$ ($SD = 1.16$), 95% CI = [3.18, 3.63]. Each group significantly differed from other groups, as indicated by means falling outside each other's CIs, and confirmed by post hoc group comparisons, Tukey $ps \leq .004$.

There was an overall group difference in the number of criminogenic needs, $F(2, 431) = 29.16, p < .001, \eta^2 = .119$, controlling for offender age, $F(1, 431) = 21.52, p < .001$,

Table 1. Criminogenic and Noncriminogenic Needs Among IPV, Non-IPV, and Nonviolent Offenders.

Treatment need	IPV (<i>n</i> = 99)		Non-IPV (<i>n</i> = 233)		Nonviolent (<i>n</i> = 103)		Total		χ^2	<i>p</i> value	Cramer's <i>V</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%			
Criminogenic											
Antisocial personality traits	40	40	68	29	14	14	122	28	18.31	<.001	.205
Procriminal attitudes	33	33	36	15	12	12	81	19	18.99	<.001	.209
Criminal associates	22	22	24	10	16	16	62	14	8.26	.016	.138
Substance use	85	86	169	73	68	66	322	74	10.93	.004	.158
Poor marital and family relationships	86	86	158	68	61	60	304	70	18.04	<.001	.204
Employment or school problems	88	89	211	91	81	79	380	87	9.46	.009	.147
Noncriminogenic											
Major mental disorder	75	76	175	75	75	73	325	75	0.27	.873	.025
Health problem	24	24	64	28	24	23	112	26	0.80	.670	.043

Note. IPV = intimate partner violence.

$\eta^2 = .148$. IPV offenders had significantly more criminogenic needs, $M = 3.57$ ($SD = 1.16$), 95% CI = [3.33, 3.80], than either non-IPV violent offenders, $M = 2.86$ ($SD = 1.14$), 95% CI = [2.71, 3.01], or nonviolent offenders, $M = 2.45$ ($SD = 1.13$), 95% CI = [2.22, 2.67]. Each group again significantly differed from each other, Tukey $ps \leq .007$. Small to medium effects were observed for group differences in every major criminogenic need, as shown by Cramer's V statistics in Table 1. Although the relatively high prevalence of poor marital and family relationships among IPV offenders could be largely attributable to their IPV history, it is notable that IPV offenders exhibited the highest needs in all domains except employment or school problems.

There was no overall group difference in the number of noncriminogenic needs, $F(2, 431) = 0.79$, $p = .454$, $\eta^2 = .004$, controlling for offender age, $F(1, 431) = 28.44$, $p < .001$, $\eta^2 = .062$. Each offender group had on average one of the two noncriminogenic needs: IPV offenders, $M = 1.00$ ($SD = 0.53$), 95% CI = [0.89, 1.11]; non-IPV violent offenders, $M = 1.03$ ($SD = 0.60$), 95% CI = [0.95, 1.10]; and nonviolent offenders, $M = 0.96$ ($SD = 0.54$), 95% CI = [0.86, 1.07].

Discussion

This study found that criminogenic treatment needs were prevalent among IPV offenders in an all-male inpatient forensic assessment unit, consistent with a previous study

of correctional inmates (Stewart & Power, 2014). Stewart and Power reported that IPV offenders had higher overall needs than non-IPV offenders, and the present study extended this finding in that IPV offenders had higher overall needs than both violent and nonviolent non-IPV offenders. Whereas Stewart and Power reported group differences especially for marital and family relationships and substance use, we found that group differences were statistically significant in every criminogenic need domain, and that IPV offenders had the highest prevalence for every criminogenic need except employment or school problems, while observing no group differences in noncriminogenic needs.

Our previous research with this sample found that adverse childhood experiences were highest among IPV offenders, but not significantly different from non-IPV violent offenders, and that individual adverse experience items were not consistently different between groups (Hilton et al., 2016). In contrast, the major criminogenic needs in the present study showed both overall and domain-specific differences in the direction of greater prevalence among IPV offenders. No similar effect was observed for noncriminogenic treatment needs. This study thus contributes to emerging evidence for criminogenic needs among IPV offenders, and points to the importance of applying the PEI to IPV interventions such as batterer intervention programming.

Limitations and Implications

Compared with previous research on criminogenic needs among male IPV and non-IPV offenders (Stewart & Power, 2014), the present study had a far smaller sample, and all cases were drawn from a single institution. Also, data were coded from offenders' records by research coders after a clinical assessment rather than criminogenic needs being individually assessed by practitioners as part of an intake evaluation. In addition, we were unable to assess the prevalence of limited participation in prosocial leisure activities, a seventh criminogenic need domain, because we analyzed data from an existing study that were not originally collected to assess offenders using the LSI. Nevertheless, we obtained similar results, notwithstanding that over half of our sample had a clinical diagnosis of schizophrenia or other psychosis. The consistency of findings between these two studies underscores the relevance of criminogenic needs among male IPV offenders. Although other research has found similar risk factors and treatment needs among male and female IPV offenders (e.g., Stewart, Gabora, Allegri, & Slavin-Stewart, 2014), the present findings may not necessarily apply to women, thus research into the criminogenic treatment needs of female offenders through a PEI lens remains to be done.

We considered certain treatment needs to be criminogenic based on the established literature pertaining to offenders in general, rather than empirical research demonstrating their relation to recidivism among IPV offenders specifically. Further research is needed to establish that these needs, and their change, predict IPV recidivism. Given research showing that IPV offenders engage in multiple types of violent and nonviolent offenses outside of their intimate relationships (Piquero, Brame, Fagan, & Moffitt, 2006) and that these offenses are predicted by the same measures as IPV recidivism

(Hilton & Eke, 2016), we would expect to find that established criminogenic needs are indeed associated with recidivism among IPV offenders.

We treated IPV offenders as a homogeneous group, without attention to potential subtypes previously identified in clinical literature (e.g., Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003), including among psychiatric inpatients (e.g., Walsh et al., 2010). Our sample of 99 IPV offenders did not permit further breakdown for analysis. Furthermore, all were involved with the criminal justice system, and all but seven of the 99 IPV offenders were currently under non-IPV charges, suggesting that most would have fallen into a generally antisocial batterer type. Further research with a larger sample and a broader sampling procedure is needed to determine whether our finding regarding the prevalence of criminogenic needs among male IPV offenders can be generalized to a community sample of IPV perpetrators who are not justice-involved.

Our findings, in alignment with those found by Stewart and Powers (2014), revealed that many male IPV offenders have criminogenic and noncriminogenic needs. Furthermore, these findings support the suggested paradigm shift in approaching IPV offenders and batterer intervention programming under a PEI framework as a route to more evidence-based treatment. As we have indicated above, further research is needed for a full examination of the criminogenic and noncriminogenic needs of male IPV offenders under a PEI lens. Consequently, policy makers may be advised against making comprehensive changes to batterer intervention programs. Instead, we encourage treatment providers to consider how criminogenic needs can be identified during IPV offender assessment, and to focus intervention more on criminogenic needs, including developing strategies to address substance use within batterer treatment services (e.g., Radatz & Wright, 2016).

Conclusion

Two main conclusions have emerged from this study. First, our findings suggest that male IPV offenders have criminogenic treatment needs, identified through a PEI lens. Second, when compared with nonviolent and non-IPV violent offenders, male IPV offenders have more treatment needs, both criminogenic and noncriminogenic. These results give credence to the suggestion that the PEI may provide guidance into how batterer intervention treatment programs may address IPV offenders in an evidence-based approach.

The present study has focused on the need principle, but there are several other principles that may be relevant to interventions for IPV offenders (Bonta & Andrews, 2007, 2016). For example, the general responsivity principle emphasizes the most effective treatment modalities, especially behavioral, cognitive-behavioral, and social learning strategies such as modeling and role-playing, while the specific responsivity principle considers the individual characteristics (e.g., cognitive maturity, intelligence, race, sex) that can affect an offender's response to treatment. The breadth principle highlights the need to target multiple criminogenic needs. Related principles pertaining to treatment and organizational factors prescribe that program staff should be respectful and firm but fair, that program staff are properly trained, competent, and supervised, and

that programs are regularly assessed and evaluated to ensure that treatment service objectives and quality are maintained. The effectiveness of batterer intervention programs could be improved by attending more closely to these principles (Radatz & Wright, 2016; Stewart et al., 2013). The present study contributes to such efforts by shedding some light on male IPV offenders' criminogenic needs.

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Notes

1. We use the term *intimate partner violence* to reflect a violent relationship between two intimates, which is also commonly referred to as domestic violence and/or family violence.
2. Despite the extensive empirical support the principles of effective intervention (PEI) have garnered, it is important to note that some critiques exist (e.g., Ward & Brown, 2004).

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