



Intimate Partner Violence Typology and Treatment: A Brief Literature Review

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Abstract

Intimate partner violence (IPV) is a significant problem in society today. Many approaches have been taken to address the issue and treat the individual or couple. Gottman et al. published groundbreaking research aimed at classifying batterers based on heart rate reactivity. Their finding, that batterers may differ in type, is part of a wealth of recent research leading toward more effective treatment of IPV. Researchers have recently brought about many considerations to the way IPV can be classified and effectively treated by mental health professionals. The purpose of this article is to follow the developments of Gottman and others, as IPV research and treatment has grown over the past 17 years.

Keywords

intimate partner violence, Gottman, characterological violence, situational violence

Intimate partner violence (IPV) is a widespread problem in the United States. An estimated 1.3 million females are victims of physical assault each year by an intimate partner (Centers for Disease Control and Prevention, 2003). Gottman et al. (1995) published groundbreaking research regarding IPV as differentiated by batterer physiology. These authors found that two subtypes of batterers could be distinguished by heart rate and that interventions for one type may not be effective for the other. Findings included *Type 1 batterers* whose heart rates lower during altercations and who act from a preemptive desire to control their spouse, and *Type 2 batterers* whose heart rate rises during altercations and who act from a stance of losing control of themselves emotionally and physically. Gottman's research was conducted parallel to other studies that suggested a separation of IPV typology based more on partner relations rather than batterer type alone (Johnson, 1995; Johnson & Ferraro, 2000; Kelly & Johnson, 2008). Researchers described two subtypes of IPV, *characterological violence* and *situational violence*, which parallel Gottman et al.'s (1995) subtypes. Characterological violence is typically perpetrated by the male in an effort to exert control over his partner, whereas situational violence is typically a loss of control in a disagreement by one or both parties stemming from a lack of coping mechanisms. Gottman himself turned his focus to characterological and situational violence differentiation and treatment in more recent years, a topic that will be discussed in addressing treatments for situational violence. The purpose of this article is to provide a historical discussion, treatment options, and implications of this body of research to aid counselors in better understanding effective treatments for IPV.

Violence and Heart Rate Reactivity in IPV

Gottman et al. (1995) reported many findings in their examination of batterer's heart rate reactivity in relation to IPV. As mentioned, they found two subtypes of perpetrators of IPV, males whose heart rate lowered during violent encounters with their partners (Type 1) and males whose heart rate elevated during such encounters (Type 2). Researchers found multiple significant differences between the two types, concluding from the findings that there may be a physiologically based typology of male batterers with reduced heart reactivity as a potential physiological marker. Type 1 partners were found to be angrier than Type 2 as evidenced by verbal content, voice tone, content, facial expressions, gestures, and body movement (Gottman et al.). Type 1 males were not more violent in their marriage than Type 2 but were more violent outside of their marriage and were more likely to have witnessed physical violence between parents in their own family of origin. They were also more likely to be assessed antisocial, drug dependent, and aggressive-sadistic according to the Millon clinical multiaxial inventory (MCMI)-2 assessment (Millon, 1987). Also noteworthy is the fact that Type 2 males became more aggressive as interactions unfolded, whereas Type 1 males started the

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interactions with high levels of aggression that decreased as interactions unfolded.

Surprisingly, a lack of difference in the severity of marital violence was found between the two groups. At a 2-year follow-up, Type 1 males' marriages had a separation-divorce rate of zero, appearing quite stable compared to the marriages of Type 2 males for whom the separation-divorce rate was 27%. Gottman et al.'s (1995) hypothesis that female partners of Type 1 males were genuinely afraid to leave their husbands was supported by evidence gathered from the partners themselves. Female partners of Type 1 males were found to be most defensive and sad and least angry, responding very emotionally to their husbands and with fear and suppressed anger. Gottman et al. hypothesized that these females did not feel safe expressing anger or divorcing their husbands.

Babcock, White, O'Connor, Gottman, and Jacobson (as cited by Gottman et al., 1995) suggested different primary motivations for violence in the two types. They suggested that Type 1 males seek to obtain control and compliance from their partners by manipulating their own physiology and their partners' emotions through intimidation. Type 2 males on the other hand feel threatened by partner independence (not a concern for Type 1 males), fear abandonment, and eventually lose control emotionally and become abusive in an attempt to keep their partner engaged within boundaries that feel comfortable. Gottman et al. concluded that Type 1 batterers might not lack impulse control at all, but in fact quite the opposite; they may possess too much control over their physiology. Treatment programs emphasizing impulse control may constitute a mismatch for Type 1 males, whom the authors suspected form a much higher percentage in the criminal justice system than the 20% found in their study. This suggests that current treatments may be mismatched with a large portion of those who receive them.

Meehan, Holtzworth-Munroe, and Herron (2001) replicated some of Gottman et al.'s (1995) findings but failed to replicate others. They reported successfully replicating Gottman et al.'s classification of moderately to severely violent (SV) males into Type 1 and Type 2 subgroups. They reported obtaining similar proportions of these types in their sample as those found by Gottman et al. (1995). Meehan et al. (2001) also reported that the two subgroups did not differ on most demographic variables or in frequency of husband violence and that Type 2 males had higher levels of dependent personality characteristics than Type 1 males. However, this was only statistically significant when measuring the first 2.5 min of heart rate reactivity rather than the whole 5 min, which was the original standard. On the other hand, Gottman et al. (1995) reported finding no evidence that Type 1 males engaged in more severe forms of violence toward their spouses or that they engaged in more emotional aggression (i.e., contempt and belligerence) in their marital interactions or that their wives differed from the wives of Type 2 males in marital interaction behavior. Meehan et al. (2001) reported finding no evidence that Type 1 males were more likely to show characteristics of antisocial and aggressive-sadistic personality or drug-dependence. They described finding no higher levels of general violence for Type

1 males or reports of witnessing interpersonal violence as children. They reported finding that Type 1 males did not have higher psychopathy scores or more arrests for crimes committed as an adult and that Type 2 males did not display higher levels of jealousy. In fact, for the latter, they reported the opposite, that it was Type 1 males who had higher levels of partner-rated jealousy. Furthermore, they reported finding no difference in divorce rates between the two subgroups upon conducting an 18-month follow-up with the couples.

Babcock, Green, Webb, and Graham (2004) attempted another replication of Gottman et al.'s (1995) study with minor modifications, an extended baseline heart rate measure, and a broader sample. Similar to Gottman et al. and Meehan et al. (2001), they reported finding a subtype of batterers who exhibited a heart rate decelerated from baseline during conflict. Also comparable to Gottman et al. (1995), this subgroup represented 20% of the sample meeting the criteria for severe violence. However, similar to Meehan et al. (2001), Babcock et al. (2004) reported no differentiation in antisocial behavior measure between the two types and reported an overall failure to establish substantiated descriptive typologies between the two (other than HR reactivity) as did Gottman and his colleagues (1995).

In summary, Babcock et al. (2004) and Meehan et al. (2001) found evidence supporting heart rate typologies, but not a set of additional attributes for the subgroups that Gottman et al. (1995) suggested. While this evidence pointed to the fact that Gottman et al.'s work necessitated further study and replication, it still continued to support Gottman et al.'s more general claims that subgroups of batterers do exist and require further study. As stated earlier, treatments currently being used for one subtype may not be effective with the other which necessitates a reevaluation of treatment interventions.

Psychophysiological Characteristics in IPV

Babcock, Green, Webb, and Yerington's (2005) later study represents a significant shift in the direction of research inspired by Gottman et al.'s (1995) original research. Babcock et al. sought to extend the findings of Gottman et al. in examining patterns of psychophysiological responding in IPV. The study clarified that general antisocial tendencies and IPV are empirically distinct constructs and that low resting heart rate and psychophysiological reactivity are related more consistently to the general antisocial spectrum of behavior than to IPV. Findings indicated that the relation between HR reactivity and skin conductance with the antisocial spectrum of behavior is moderated by the severity of IPV. From here, the researchers posit a transition in modern research from a focus on typologies of batterers based on HR reactivity to a more general classification of IPV typologies.

Babcock et al. (2005) cite Johnson's (1995) notion that males who engage in severe levels of physical abuse (asymmetrical whereby the partner is afraid to fight back) may be qualitatively different from those who engage in low levels of abuse (symmetrical whereby the partner is less afraid to fight

back) with regard to what motivates their abuse. Severe IPV is an effort on the part of the perpetrator to gain or maintain control whereby low-level IPV results from two partners seeking to resolve a dispute while lacking appropriate coping mechanisms. While factors pertaining to Gottman et al.'s (1995) dichotomous typologies may be questionable, a categorical distinction between severe IPV and low-level abuse may be more comprehensive.

Babcock et al. (2005) describe severity of violence on a continuum, and describe the differentiation of males according to two categories. The first are antisocial males who perpetrate low levels of violence. These males show the expected pattern of increased cardiovascular and electrodermal responding when angered, suggesting a failure to regulate physiological arousal when angered, or "flooding" (Gottman et al., 1995; Gottman & Silver, 1999). The second are the more antisocial of the SV males who exhibit both low resting heart rates and decreases in cardiovascular and electrodermal responding when angered. The authors believed this to suggest a different process of regulating anger, possibly attributable to a focusing of attention or possibly unknown. What remains significant, however, is that this finding suggests that interventions teaching emotional regulation strategies to prevent flooding may not benefit the antisocial SV batterer. Babcock et al.'s (2005) standardized anger induction procedure (used in the study) shows promise as a tool to assess couples by eliciting psychophysiological responding without putting either party in danger. This differentiation between levels of violence is significant and is congruent with classifications of characterological violence and situational violence.

Gottman himself seemed to follow this shift in research as evidenced by his participation in recent research on typologies of IPV. Friend, Cleary Bradley, Thatcher, and Gottman (2011) discussed the difference between characterological violence and situational violence, citing a need for differing approaches to effectively treat the two forms of violence. A vast array of literature has been written differentiating between these two forms of couple's violence (Johnson, 1995; Johnson & Ferraro, 2000; Kelly & Johnson, 2008). In summary,

Characterological violence tends to be asymmetrical and involves a clearly identifiable perpetrator and victim. Violence is marked by controlling and dominating behavior; its perpetrators show little remorse, minimize what they do, and attribute blame to others. Situational violence tends to be more reciprocal, stay within the family, and not involve control or dominance. Those involved show remorse, understand the impact of violence, and internalize blame. Situational violence often arises from conflict that has intensified and gotten out of control. (Cleary Bradley & Gottman, 2012, p. 188)

Characterological violence is based more on the perpetrator's need for control while situational violence can be based out of heated situations getting out of hand due to partners' inability to handle certain types of conflict. Much like Type 1 batterer's actions, characterological violence is characterized

by an abusive spouse's seeking to preemptively control his or her partner through mental, emotional, and physical intimidation, coercion, and violence, as demonstrated in Appendix A. It implies more frequent levels of violence and it is recommended that the abuser be treated separately from his or her spouse for reasons of safety (O'Leary, 1999). On the other hand, situational violence, as seen in the case of Jose and Gabriela (Appendix B), is characterized by lower level violence whereby both partners may participate due to a lack of coping mechanisms that lead to unresolvable situations escalating to symmetrical low-level violence in an attempt to achieve resolution. This is sometimes similar to Type 2 batterer's abuse in that it is not a preemptive effort to control, but rather an after the fact loss of emotional control and includes a partner that is less intimidated and more willing to fight back.

Current Treatments for IPV

Treating characterologically violent couples conjointly may be unsafe and ineffective, increasing the risk for further IPV and necessitating an individual approach (Cleary Bradley & Gottman, 2012; O'leary, 1999). A number of studies suggest that treating situationally violent couples in a similar manner may be unproductive and that treating them conjointly may be more effective (Babcock, Green, & Robie, 2004; Cleary Bradley & Gottman, 2012; Simpson, Atkins, Gattis, & Christensen, 2008; Stith, Rosen, McCollum, & Thomsen, 2004). A measure that could help this is Friend et al.'s (2011) proposed screening instrument to differentiate between characterologically violent and situationally violent couples. This instrument could be used to screen between the two types of couples in order to place them according to effective treatment interventions. During instrument development, Friend et al. (2011) suggested that these two groups might fall on a continuum, differing in a qualitative manner along with distressed nonviolent couples. Situationally violent couples may report more violence than distressed nonviolent couples, but less violence than characterologically violent couples. The screening instrument proved excellent in differentiating between characterologically violent couples and situationally violent couples in terms of self-reported violence, but less apt at discriminating between situationally violent and distressed nonviolent couples. Overall, the authors reported the screening instrument a success, an effective instrument in differentiating between characterologically and situationally violent couples.

Another helpful screening instrument is the Proximal Antecedents to Violent Episodes (PAVE) Scale, used to understand the context and functions of individual cases of IPV. This instrument can be clinically useful not only in recognizing levels of violence and typologies of batterers but also cues for violent behavior and opportunities to explore batterer motivations. Clinicians can consider this information when making treatment decisions for individuals and couples who are involved in IPV (Babcock, Costa, Green, & Eckhardt, 2004). For further reading on IPV assessment please reference McCloskey and Grigsby (2005). The authors provide a highly

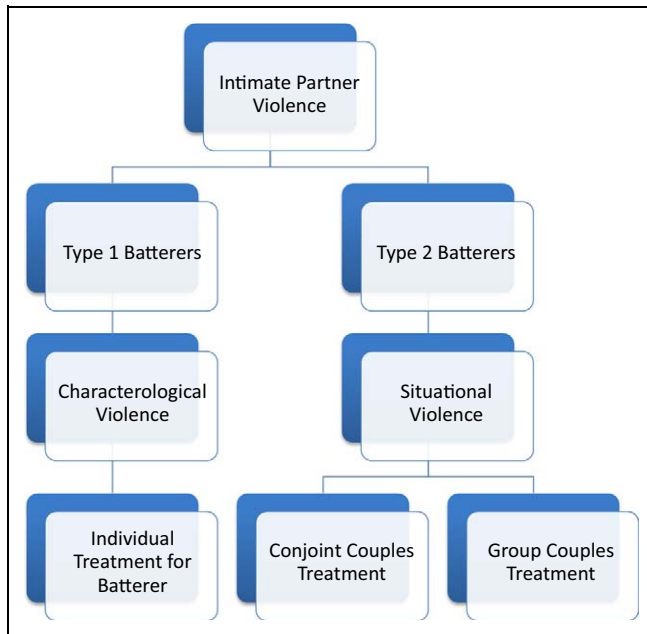


Figure 1. Intimate partner violence (IPV) differentiation flowchart.

informative and more generalized overview of IPV assessment and its procedures that fall outside the scope of this article. These assessments can help counselors to determine when couples counseling may be effective. Stith, Rosen, McCollum, and Thomsen (2004) found that mild to moderately violent couples that participated in multi-couple counseling groups changed positively across three dependent variables (marital satisfaction, attitudes about partner beating, and levels of aggression). The authors compared these findings with individual couple treatment and untreated comparison groups that showed no changes at all in these variables. The authors also reported that according to female partners' reports, males who participated in either of the two treatment groups were less likely to recidivate than males in the comparison group at both 6-month and 2-year follow-up points. Furthermore, at the 2-year follow-up, only 1 of the 19 females contacted by the researchers reported that her partner had been violent since the 6-month follow-up. These findings suggest that individual couples counseling and group couples counseling both offer benefits to situationally violent couples and that group counseling for couples may offer some benefits unseen in individual couples counseling (Figure 1). Cleary Bradley and Gottman (2012) found that low-income, situationally violent couples can be safely and effectively treated together within a psychoeducational group-based program geared toward promoting skills to foster healthy relationships. IPV was reduced in the long term when couples' relationship skills improved upon intervention completion. Interventions were based on three decades of research entitled The Creating Healthy Relationships Program. Results supported Johnson's (1995) notion that situational violence may be the result of couples' unmanageable conflict. Wray, Hoyt, and Gerstle (2013) also found that mutually violent couples who participated in a 12-week group intervention displayed

lower recidivism rates among couples who completed than couples who did not complete the program. Lowest rates of recidivism were among couples where both partners completed, followed by couples where one partner completed, with highest recidivism rates among those where neither partner completed. Fals-Stewart and Clinton-Sherrod (2009) found that couples therapy may also be effective in treating IPV among substance abusing couples as well. In a study comparing individual treatment to couples treatment among substance abusing couples, they found utilizing behavioral couple's therapy to be associated with significantly lower rates of future violence than individual treatment alone. Research has also revealed that couples counseling is not the only option for treating IPV.

Recent IPV treatment options also have a place for integrated individual therapeutic approaches, with many breakthroughs in treatment aimed solely at male perpetrators in both individual and group settings (Lawson, Kellam, Quinn, & Malnar, 2012). Connors, Mills, and Gray (2013) found that incarcerated male offenders who were perpetrators of IPV responded positively (specifically in areas of motivation as reported by both participant and facilitator) to a highly structured program with individual and group sessions involving a cognitive behavioral treatment modality and principles of Motivational Interviewing (Miller & Rollnick, 2002). Semiatin, Murphy, and Elliott (2013) also found that signs of motivation and pro-social behaviors in group therapy indicated that perpetrators of IPV were at lower risk of recidivism posttreatment after utilizing cognitive behavioral therapy and motivation focused therapy in a group setting. Other new methods of working with male perpetrators are in development as well. In another study, Stover and Morgos (2013) considered the relationship that many perpetrators still have with their children through visitation. In keeping child safety in mind and carefully selecting appropriate candidates, they presented therapeutic interventions designed to focus on familial relationships and interactions between parent and child. Finally, Murphy (2013) pointed out the need for a biopsychosocial model of IPV and presented the social information processing (SIP) approach. The SIP approach views the world of the IPV perpetrator holistically, including biological, psychological, and social variables. It is one step further in seeking to fully understand IPV. For further reading on recent IPV interventions, the reader may reference Stover, Meadows, and Kaufman (2009). In this article, the authors provided a highly informative review of further available treatment studies for perpetrators, victims, couples, and child witnesses affected by IPV. A fully comprehensive history of treatments falls outside the scope of this article.

Implications for Counselors

This line of research presents implications for counselors at the forefront of which is how important it is to accurately assess what level of IPV is or is not occurring in a couple's relationship prior to treating them. In order to do this, counselors must be aware that types of abuse and abuser's do not exist

homogeneously and be educated with regard to covert and overt signs and implications associated with them. Counselors and other mental health professionals must first and foremost keep the safety of partners of batterers as the primary concern. If there is any indication that harm could be forthcoming to these individuals or the family while they are in counseling, the counselor must follow appropriate preventive measures. While some of the data discussed in this article are preliminary, it is worthy of merit in encouraging counselors and counselor educators to consider different approaches to abuse. Despite researchers' disagreement on subtypes of abusers themselves, a fair body of evidence exists differentiating between subtypes of abuse. These differentiations hold practitioners and counselor educators to a higher standard in their approach to treating couples and educating students, as they cite specific interventions that are more effective than others and some that can be harmful. Ethically responsible counselors need to stay current by continually seeking further knowledge and education related to the topic of IPV.

Appendix A

Portrait of Characterological Violence

William and Stacy have been married 3 years. Stacy is terrified of William. He frequently verbally abuses her, telling her that she is worthless, that no one will ever love her like he does because she is flawed, and that she deserves that ways he treats her. He physically abuses her too, slapping her, pushing her, or even punching or choking her when he feels words are not enough. William often comes home from work angry. Stacy can tell right away by the silence and the firm gaze he fixes on her after entering the door. This often escalates to William interrogating her about her day: What she did with her time, how much money she spent, why she did not get this or that done. If Stacy does not give him the "right" answers, he accelerates into yelling which may lead to him putting his hands on her. Stacy is too scared to leave him or report anything to the authorities. She knows enough about him to know that he has had restraining orders put on him in the past by women who initiated separation. She feels unloved and misunderstood in the relationship but has learned not to express her needs to William, as this is one of his biggest triggers for violence. In the past, when she expressed emotional needs to him he attacked her both verbally and physically, showing no remorse and blaming the altercation on her "betraying" him. Stacy is trapped in a characterologically violent relationship.

Appendix B

Portrait of Situational Violence

Jose and Gabriela have been married for 5 years. They both consider their relationship fairly balanced but also report feeling somewhat unsatisfied. Jose sometimes feels jealous about the time Gabriela spends with her coworkers at happy hour. Sure he spends time with the guys after work sometimes also,

but they are just that, guys. Gabriela on the other hand works in an office with men and women, and Jose is well aware that one of the men habitually flirts with Gabriela. They have had evening confrontations about this more than once. While confrontations such as these do not happen very often, they get heated quickly when they do. Jose and Gabriela both engage head on, yelling at first, sometimes throwing things or hitting each other. Eventually, things calm back down and the couple reaches some sort of temporary resolution. They report feelings of guilt and remorse and find reconciliation through apologizing and blame sharing. Neither feels necessarily bullied by the other, but both want to find a way out of this cycle in which they feel trapped. They report some insight into their conflicts: that sometimes they do not know how else to solve their problems. Jose and Gabriela are trapped in a situationally violent relationship.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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