INTIMATE PARTNER VIOLENCE (IPV) PERPETRATORS: WHAT THE RESEARCH SUGGESTS

SCOPE OF INTIMATE PARTNER VIOLENCE (IPV) PERPETRATION

How do we define IPV? IPV includes physical violence, emotional abuse, stalking, coercion, or rape within intimate or formerly intimate relationships, including dating relationships. People who commit this type of violence are commonly referred to as “batterers,” “spouse abusers,” or “wife beaters.” IPV occurs within all forms of intimate relationships, including dating, cohabitating, marital, and former relationships. IPV “perpetrator” and “victim” roles are not clear cut. Not all IPV perpetrators are male, and IPV occurs in both heterosexual and same-sex relationships. It is unknown whether power and control struggles that drive domestic violence differ between same-sex relationships and heterosexual relationships; coercive tactics in same-sex relationships may differ. Perpetrators can also be victims in their current or past relationships, and vice versa.

How frequently does IPV occur? The Centers for Disease Control (CDC) found that 35.6% of women and 28.5% of men are physically assaulted, raped, or stalked. Women and men reported more similar rates of emotional abuse by a partner in their lifetime: 48.4% of women versus 48.8% of men.1 When accounting for factors such as fear, concern for safety, trauma symptoms, need for health care, injury, and missing work, IPV appears to have an overall greater impact on women than men.2

What are the strongest predictors of IPV? IPV occurs across all demographic categories and socioeconomic classes, but it is more likely to occur among those who are poorer, younger, and less educated.3 The concept of poverty as a risk factor should be balanced by the concept of wealth as a protective factor. Victims of IPV with more resources might be in a better position to leave a violent relationship without drawing on public resources, their own financial resources, or those of family and friends. Additionally, poverty is not evenly distributed across communities. People from marginalized groups based on racial, religious, gender, and/or sexual identities are more vulnerable to IPV. Marginalized groups are more likely to
experience discrimination, violence, and poverty, as well as other social and emotional challenges. IPV may be particularly problematic for people who hold multiple marginalized identities.

PERPETRATOR TYPOLOGIES

There are many differences among perpetrators of IPV and among victims of IPV. Risk factors that increase a person's odds of being a perpetrator or victim of IPV include:

- Low self-esteem
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Antisocial or borderline personality traits
- Isolation
- Emotional dependence and insecurity
- Belief in strict gender roles

However, this does not mean that these factors determine if one will be a perpetrator or victim of IPV. In fact, the majority of those with these risk factors will not be an IPV perpetrator or victim. Similar to all behavior, the best predictor of future behavior is past behavior. Except for prior IPV, there are no specific indicators that can be used to identify a person who perpetrates IPV. Likewise, for any individual IPV perpetrator, there are no variables that can reliably identify why a perpetrator commits IPV.

The Three-Fold Typology (Family-Only, Unstable, Generally Violent). Perpetrator typologies are derived from dimensions, such as the severity of the violence (severe vs. moderate violence), generality of the violence (violence outside of the family vs. violence within the family), and presence of co-occurring behavior disorders. Most typologies find three somewhat similar types of IPV perpetrators. The three most common categories of IPV perpetrators are characterized as “Family-Only,” “Generally Violent,” and “Unstable.” (See Exhibit 1)

Exhibit 1. Perpetrator Typologies

<table>
<thead>
<tr>
<th>Family-Only</th>
<th>Unstable</th>
<th>Generally Violent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carries out violence on their partner and children</td>
<td>Experiences mood instability (e.g., from anxiety, depression, and dependency issues).</td>
<td>Violent against partner as an extension of their violence against society.</td>
</tr>
<tr>
<td>Possibly uses coercive behaviors in other areas of their life.</td>
<td>Experiences personality problems.</td>
<td>Possibly has antisocial personality orientation.</td>
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</table>

“Family-Only” perpetrators usually only carry out physical violence on their partners and children, but may also use coercive behaviors in other areas of their life. Their violence is at the lower end of severity, and they are less likely than the other two types of perpetrators to have substance use or other mental health disorders. “Unstable” perpetrators are characterized by mood instability ranging from anxiety, depression, and dependency issues, to personality problems characterized by emotional lability and other borderline personality features.

Compared to “Family-Only” perpetrators, “Unstable” perpetrators are more likely to carry out violence outside the family and to commit violence that is at the higher end of severity. Not surprisingly, “Unstable” perpetrators are more likely to use alcohol or other drugs to regulate their mood. Some scholars believe that borderline personality and insecure attachment constitute an abusive personality type.

The third commonly characterized type is considered “Generally Violent” or antisocial. Similar to the “Unstable” perpetrator in severity of violence and substance abuse, the “Generally Violent” perpetrator is not affectively...
unstable, but their violence against their partner is often viewed as an extension of their violence against society. In some cases, this perpetrator may have an antisocial personality orientation.

While classifying perpetrators is one way to identify differences, another approach is to classify the type of IPV rather than the type of perpetrator. Although IPV can vary widely, most IPV can be categorized as “intimate terrorism” or “situational couple violence.” Intimate terrorism is characterized as more severe, more chronic, more injurious, and more instrumental, and is more likely to be perpetrated by a man and to draw the attention of authorities.

There is considerable overlap between intimate terrorism, the abusive personality, and the “Unstable” or “Generally Violent” batterer. Although most practitioners and researchers agree on intimate terrorism as a type of IPV, situational couple violence is a more controversial idea. Less violent and sporadic, situational couple violence is characterized as mutual pushing and shoving between intimate partners arising in stressful relationship situations. These situations are believed to be less coercive in nature, result in fewer injuries, and most importantly, leave neither partner fearful of being abused again. In situational couple violence, the roles of perpetrator and victim are seen as more fluid than in cases of intimate terrorism. Importantly, due to less threat of injury and less fear, these cases are less likely to come to the attention of the criminal justice system.

A study of a representative sample of physically assaulted women in 11 cities looked at which factors characterized intimate terrorism and situational couple violence. The study found situational couple violence to be rare, with moderate to high levels of controlling behaviors associated primarily with partner factors.10

Are typologies useful? Unfortunately, the use of typologies is currently confined to researchers; typologies are not systematically used by many practitioners. Law enforcement officers in IPV cases are often called upon to identify a primary aggressor since it is not uncommon for an IPV victim to fight back. IPV typologies are also used in criminal justice when prosecuting offenders. IPV perpetrators are prosecuted differently depending on their past behavior, including whether they have prior IPV offenses where intervention has failed, if they have committed severe IPV (particularly strangulation or the use of weapons), and whether they complied with court orders.

Beyond behaviorally driven sentencing guidelines by the court, typologies remain more academic than practical. This is in part a logistical issue. There are few criminal justice or community programs for batterers. These programs often do not have the resources to match perpetrator characteristics with different programming, even if such programs were demonstrated to be useful.

THE SOCIAL ECOLOGY OF IPV PERPETRATION

Most research on IPV perpetration and victimization tends to examine individual factors. Recent research has paid more attention to risk and protective factors at all levels of the social ecology – that is, examining issues at the individual, relationship, community, and societal levels. In addition to the individual-level risk factors listed above (i.e., low self-esteem, aggressive or delinquent behavior as a youth, heavy alcohol and drug use, depression, anger and hostility, antisocial or borderline personality traits, isolation, emotional dependence and insecurity, and belief in strict gender roles), many risk factors for IPV occur at the relationship, community, and societal levels.
At the relationship level, the CDC cites the following as significant risk factors for IPV:

- Desire for power and control in relationships
- A history of being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- A history of experiencing poor parenting as a child
- A history of experiencing physical discipline as a child
- Marital conflict (e.g., fights, tension, and economic stress)
- Marital instability (e.g., divorce or separation)
- Dominance and control of the relationship by one partner over the other

More specifically, researchers have found that marital communication patterns of “husband demand–wife withdraw” significantly differentiated between violent and non-violent couples among a sample of maritally distressed couples.

At the community level, the following contribute to higher levels of IPV:

- Impoverished neighborhoods and associated factors (e.g., poor education, poor health care, overcrowding)
- Low social capital (e.g., a lack of institutions and relationships among community stakeholders that shape a community’s social interactions)
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

At the societal level, normative misogynistic beliefs that women should stay at home, not enter the workforce, and be submissive while men should work to support the family and make all the decisions have been associated with higher rates of IPV. Additionally, members of marginalized communities are more likely to experience poverty and social and emotional problems, which makes them more vulnerable to IPV. Discrimination and violence based on race, religion, gender, and sexuality compounds their vulnerability. Therefore, resources and programs seeking to address IPV must also address the ways social, emotional, and financial impacts of systemic discrimination exacerbate and compound the experiences of IPV in marginalized communities, with special attention paid to the experiences of people who hold multiple marginalized identities. While these extra individual-level factors have important implications, few concerted efforts or policy changes have been widely implemented to address risk factors at the relationship, community, or societal levels of the social ecology.

INTERVENTION

Interventions designed to reduce IPV perpetration occur primarily in the criminal justice system and in community-based agencies linked to the criminal justice system. It must be noted, however, that the majority of IPV events are undetected by either the criminal justice system or community-based agencies. In an early calculation, Dutton estimated that only 14 out of every 1,000 IPV events result in the perpetrator’s arrest, and of those arrested,

RESOURCES

Here are some resources you can share in your communities and states to prevent IPV:

Domestic Violence Hotline: 1-800-799-7233
https://www.thehotline.org

less than one in three receive some sort of punishment for their crime. Assuming that the passage of the Violence Against Women Act in 1994 and the developing emphasis on mandatory arrest for IPV during the last 30 years have doubled the rates of arrest, it would still mean that 97% of IPV perpetrators are undetected by society. Since most IPV is undetected by authorities, sanctions for it must be provided by the victim, the family, peers, or some other element of the community.

Beyond these informal sanctions, most formal IPV interventions occur in the criminal justice system and in community-based agencies designed to intervene with IPV victims or perpetrators at the request of the criminal justice system. IPV may also be identified initially through screening procedures of community agencies such as addiction treatment centers, although data suggest this does not happen often. Secondary prevention of IPV, usually in the form of screening and referral, also occurs in settings targeting other issues such as emergency departments and family medical settings. Without the stick and carrot of the justice system, however, community agencies have a difficult time motivating their clients to get help for an issue that they did not initially seek help for. The networking approach referred to as a “coordinated community response team” is one way that agencies and institutions can be brought to the same table so that the referral of IPV perpetrators can be worked out.

**Partner Abuse Intervention Programs (PAIP).** Partner Abuse Intervention Programs are community programs designed to prevent IPV from reoccurring. The vast majority of people who participate in PAIP are referred by the criminal justice system following arrest, prosecution, or sentencing for an IPV offense, including a violation of an order of protection. Whether PAIP regard their work as providing accountability, anti-violence education, or treatment for people who use IPV, the “big tent” of the coordinated community response provides a level of accountability for the PAIP. In fact, PAIP are best characterized as a local node in a community anti-violence network.

In addition to PAIP, other modes of community-based intervention for people who use IPV include couples’ groups and individual counseling. Couples’ groups and individual counseling are used less often due to concerns about victim safety and victim blaming in couples’ treatment, and concerns about reinforcing the batterer’s code of secrecy in individual counseling. Nevertheless, both couples’ groups and individual treatment are viable interventions for distressed, non-violent couples and for other non-IPV populations. Their potential application to people who use IPV, with proper selection criteria and monitoring, increases the intervention options for a very diverse group.

PAIP are intended for people arrested for domestic violence, for people who would be arrested if their actions were public, or for people who believe their coercive behavior toward partners or ex-partners is troubling. One of several unintended consequences of PAIP is that a man’s participation may support his belief that he is changing his behavior but his partner is not changing hers, therefore increasing his risk for future use of IPV. Contrary to common beliefs that self-motivation always enhances outcomes, perpetrators self-referred to PAIP are more likely to drop out of the PAIP and to re-offend compared to court-referred perpetrators. On the other hand, studies of motivational enhancement in PAIP have found positive results.

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**RESOURCES**

**Caring Dads Curriculum:** [https://www.caringdads.org/the-program/](https://www.caringdads.org/the-program/)


**National Resource Center for Healthy Marriage and Families Virtual Training Center:** [https://training.healthymarriageandfamilies.org/login/index.php](https://training.healthymarriageandfamilies.org/login/index.php)
PAIP typically consist of a short evaluation followed by anywhere from three to twelve months of weekly groups. These groups may be educational, treatment-oriented, or focused on personal growth, but there are usually elements of all three in varying combinations. PAIP may also include other intervention elements such as personal counseling, case management, addiction treatment, parent education, mentoring, or programming drawn from cultural and ethnic traditions. PAIP may focus on partner violence by men or by women, by heterosexuals or by people in same-sex relationships, but for safety reasons, groups are usually not mixed by gender or sexual orientation. PAIP are often housed in nonprofit or private agencies and less frequently in the criminal justice system or other public institutions. The details of conducting PAIP are readily available.20 Most states and provinces require that a PAIP meet specific organizational standards and that the staff of PAIP meet specific educational and training requirements,21 although the value, wisdom, and ethics of these requirements are debatable.22

Although there are many different theoretical approaches employed by PAIP, most fall into two camps commonly referred to as the psychoeducational approach and the cognitive-behavioral approach, though there is debate about the extent to which these approaches are different.23 Psychoeducational programs for IPV perpetrators reflect the programs’ origin in the women’s movement of the 1970s24 and the empirical success of social cognitive theory in explaining mechanisms by which coercive behavior can be learned by observation in the family of origin, peer groups, and media.25 Using the psychoeducational approach, PAIP have varying mixtures of psychoeducation, cognitive-behavioral skill building, and social action. The most commonly cited psychoeducational PAIP is the Domestic Abuse Intervention Program in Minnesota, commonly referred to as the “Duluth Model.” However, the actual Duluth Model consists of far more than simply a PAIP and includes all relevant community systems organized and coordinated to prevent IPV.26 A PAIP using a feminist perspective works to help men change their minds about male dominance through education and community activism. The second perspective informing PAIP employs cognitive and behavioral interventions to reshape thinking and action, with emphasis on learning new skills, identifying triggers for violence, interrupting the escalation process, managing anger, and substituting pro-social behaviors for coercive behaviors. Cognitive behavioral therapy enjoys considerable empirical success in treating a variety of problems, including anger, so it was logical to use it with IPV perpetrators. The mixture of cognitive-behavioral therapy and pro-feminist attitude change is one of the ways of differentiating PAIP. In practice, however, psychoeducational programs engage in cognitive-behavioral treatment (CBT), and CBT practitioners are often feminists, so the distinction between CBT and the psychoeducational approaches can be fuzzy. In fact, the thoughtful combination of these approaches forms a more complete explanation of IPV and IPV perpetrators. The typical PAIP in the United States is best characterized...
How effective are PAIP? Critics of PAIP interventions usually base their judgment partly on the results of clinical trials and meta-analyses of experimental and quasi-experimental studies. These studies suggest to critics that PAIP do not have much of an effect on IPV recidivism (reoffending and re-arrest) beyond that of chance alone. On the other hand, findings from a study of four large, well-established PAIP found a statistically significant reduction in recidivism, but also found that 25% of the men in PAIP commit 70% of post-PAIP episodes of IPV. At the present time, a definitive conclusion about the effectiveness of PAIP is not justified, but everyone who comments on the issue agrees that PAIP must continue to improve.

HOW CAN WE IMPROVE INTERVENTION STRATEGIES WITH IPV PERPETRATORS?

Culturally Informed Approaches. Culturally informed approaches to IPV intervention address individual risk factors, but also take into account skin color, ethnicity, religion, sexual orientation, and class. Culturally informed practices have been reported for Hispanic-American men, African American men, incarcerated African American men, Native American men, and Asian American men. Empirical research supporting these approaches is still lacking, although the lack of research has not dampened the enthusiasm of proponents. Non-completion of court-mandated intervention and re-arrest rates for African American men, for example, are substantially higher than those of Caucasian men, although this common finding may conflate issues of socioeconomic status, class and cultural conflict, sentencing bias, and other forms of institutional racism. Given such outcomes, calls for culturally oriented programs for African American men who batter have been prominent in the late 20th and early 21st centuries. Although it is widely believed that use of ethnically sensitive approaches may increase the involvement of African American men in treatment, reduce dropout, and increase non-violent behavior with their partners, empirical evidence to date remains mixed. However, future advances in treatment based on cultural traditions rather than PAIP tradition may yield positive results that are not currently evident in existing culture-blind interventions.

Addressing All Levels of the Social Ecology. Certainly, IPV does not occur within a relationship vacuum. Current primary and tertiary interventions to prevent IPV are overwhelmingly focused on individual-level risk and protective factors. By only addressing individual-level factors, our interventions will experience limited success. Interventions that address relationship-level problems and dynamics, community-level values, resources, support, and individual risk factors hold great promise theoretically. However, models for intervening across all levels of the social ecology have not yet been developed.
REFERENCES


12. See note 5 above.


15. See note 5 above.


and violence: Epidemiology, neurobiology, psychology, family issues (pp. 387-405). New York, NY: Plenum.


See note 18 above.


See note 34 above.


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www.HealthyMarriageandFamilies.org

This product was produced by ICF with funding provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: 90FH0003. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the United States Department of Health and Human Services, Administration for Children and Families.