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Cognitive Behavioural Therapy for Men Who Physically Abuse their Female Partner

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Please note: Pending reformatting.



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Colophon

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Cognitive behavioural therapy for men who physically abuse their female partner

Review information

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What's new

Date	Event	Description
22 December 2010	Updated	An update search in January 2010 gave no new trials for inclusion. A study that had been 'awaiting assessment' (Rathus 2006) was excluded as it is not an RCT. Risk of bias tables have been added for included studies. No change to conclusions.

History

Date	Event	Description
12 November 2008	Amended	Converted to new review format.
22 May 2007	Amended	Minor update
24 April 2007	New citation: conclusions changed	Substantive amendment

Abstract

Background

In national surveys, between 10% and 34% of women have reported being physically assaulted by an intimate male partner. Cognitive behavioural therapy (CBT) or programmes including elements of CBT are frequently used treatments for physically abusive men. Participants either enrol voluntarily or are obliged to participate by means of a court order. CBT not only seeks to change behaviour using established behavioural strategies, but also targets thinking patterns and beliefs.

Objectives

To measure effectiveness of CBT and programmes including elements of CBT on men's physical abuse of their female partners.

Search strategy

We searched CENTRAL (The Cochrane Library Issue 4, 2009), C2-SPECTR (2006), MEDLINE (1950 to 1 January 2010), EMBASE (1980 to 2009 week 53), CINAHL (1982 to December 2009), PsycINFO (1806 to week 4, December 2009), ERIC (1966 to December 2009), Social Care Online, previously CareData (13 January 2010), Sociological Abstracts (1963 to December 2009), Criminal Justice Abstracts (2003), Bibliography of Nordic Criminology (13 January 2010), and SIGLE (2003). We also contacted field experts and the authors of included studies.

Selection criteria

Randomised controlled trials that evaluated the effectiveness of cognitive behavioural therapy for men who have physically abused their female partner and included a measure of the impact on violence.

Data collection and analysis

Two reviewers independently assessed references for possible inclusion, extracted data using an online data extraction form and assessed the risk of bias in each included study. Where necessary, we contacted study authors for additional information.

Main results

Six trials, all from the USA, involving 2343 participants, were included. A meta-analysis of four trials comparing CBT with a no-intervention control (1771 participants) reported that the relative risk of violence was 0.86 (favouring the intervention group) with a 95% confidence interval (CI) of 0.54 to 1.38. This is a small effect size, and the width of the CI suggests no clear evidence for an effect. One study (Wisconsin Study) compared CBT with process-psychodynamic group treatment and reported a relative risk of new violence of 1.07 (95% CI 0.68 to 1.68). Even though the process-psychodynamic treatment did marginally better than CBT, this result is equivocal. Finally, one small study (N = 64) compared a combined CBT treatment for substance abuse and domestic violence (SADV) with a Twelve-Step Facilitation (TSF) group. An analysis involving 58 participants investigated the effect on reduction in frequency of physical violence episodes. The effect size was 0.30 (favouring TSF) with 95% CI from -0.22 to 0.81.

Authors' conclusions

There are still too few randomised controlled trials to draw conclusions about the effectiveness of cognitive behaviour therapy for male perpetrators of domestic violence.

Plain language summary

Cognitive behavioural therapy for men who physically abuse their female partner

Violence by men against an intimate female partner is a serious and common problem, with between 10% and 34% of women reporting in national surveys that they have been assaulted by a male partner. Cognitive behavioural therapy (CBT) is used to reduce male violence by bringing about changes in how men think about violence and how they manage their behaviour. Some men volunteer to attend CBT treatment, while others are court mandated to participate. We included trials that involved both types of participants. The review found all randomised controlled evaluations of the effects of CBT on men's physical violence to their female partners worldwide, but there were only six small trials with a total of 2343 participants that met the inclusion criteria. The results of four of these trials, which compared men who received CBT with men getting no treatment, were combined. This was not able to show us whether or not CBT was better than no treatment. Similarly, the individual results of the other two trials, which compared CBT with another treatment, were inconclusive. Overall, the evidence from the included studies is insufficient to draw any conclusions.

Background

Violent behaviour constitutes a serious problem in societies worldwide. Intimate partner abuse is especially problematic because it takes place in the private family sphere, making it a difficult arena for intervention and help. In this review the focus is only on partnership abuse, and specifically on men who physically abuse their female partner, wife or ex-partner. The term domestic violence is therefore too broad for this review because it includes violence towards another family member. A more useful term includes interpersonal violence, though it also included same sex violence which is outside the scope of this review. Other terms frequently used are physical abuse, battering, and intimate partner abuse.

Description of the condition

Violence towards women by their male partner is a serious concern because "it affects a distressingly high percentage of the population and it results in physical, psychological, social, and economic consequences" ([CDCP 2003](#)). The World Health Organisation (WHO) reported that "the overwhelming health burden of partner violence is borne by women at the hands of men" ([WHO 2002](#)). The WHO also provided evidence about the extent of the problem: in national surveys between 10% and 34% of the women reported being physically assaulted by an intimate male partner ([WHO 2002](#)).

Description of the intervention

The stated goals for the intervention programmes for physically abusive men differ widely, from statistically measurable

reductions in violence, to holding men accountable, to preparing men to take action against the woman battering culture. One frequently used treatment program for physically abusive men is a psychological intervention called cognitive behavioural therapy (CBT).

The scope of this review is to determine the effectiveness of CBT delivered to men currently engaged in physical abuse against their female partner. CBT is a broad category that encompasses many different approaches. CBT not only seeks to change behaviour using established behavioural strategies, but also targets the thinking patterns and beliefs that are thought to contribute to violence. CBT is "designed to help the patient test certain maladaptive cognitions and assumptions" ([Beck 1979](#)).

How the intervention might work

CBT techniques aim to identify thoughts and beliefs that precede violent behaviour, challenging the patterns that violent men use to justify their violence after the event. The goal is to bring about changes in the way that physically abusive men think about violence and the circumstances which lead to violence, thereby interrupting the chain of events that lead to physical abuse. CBT can be delivered in individual, couple or group format. Some programmes, like a common one called the Duluth Model programme ([Pence 1993](#)), make substantial use of CBT. As they have many cognitive-behavioural components, these are included in this review. Not to include models such as the Duluth Model would eliminate most batterer intervention programmes in the US. The fact that it has CBT components does not mean that everyone recognises the Duluth Model as a form of CBT. The Duluth Model may include elements of anti-sexist messages, or take a feminist approach, whereas traditional CBT approaches do not.

Why it is important to do this review

An American review of state and provincial programmes for intervening reported simply "the jury remains out on the effectiveness of these programmes" ([Arias 2002](#)). When spouse abusers are sent on programmes, it is important to know the positive or negative effect. If a programme does not work or has adverse outcomes, we risk putting women in danger of future abuse.

To date, we know of no other systematic review of the effects of CBT for men who are physically violent toward their partners that has employed a search strategy designed to locate every relevant randomised controlled study worldwide. Davis and Taylor ([Davis 1999](#)) reviewed the literature but did not report a search strategy. A later review ([Babcock 2004](#)) searched only PsycINFO and used only four search terms. A previous review of cognitive therapy for violent offenders ([Butler 2000](#)) did not include physically violent spouse abusers, but concluded that the therapy had a beneficial effect for those with problems such as marital distress and anger.

The results from the present review are of importance for perpetrators and victims of this form of violence, for those who seek this form of treatment for the problem, and also for therapists, researchers, the judiciary, and the general public.

Objectives

To assess if cognitive behavioural therapy (CBT) reduces violence from men who are physically violent towards their female partners.

Methods

Criteria for considering studies for this review

Types of studies

Randomised controlled trials, including quasi- and cluster randomised controlled trials.

Types of participants

Men who are physically violent towards their female wife, partner or ex-partner. Primary studies where the focus is on women who abuse their partner/spouse were excluded. In the event of trials having a mixed population of men who have been violent against women and those who have been violent against men, we requested data separately from the trial investigators. Trials in which the participants attended the treatment programme voluntarily or were court-ordered to participate were included, and results are separately reported.

Types of interventions

Interventions stated by the authors to be, or to contain elements of, cognitive behavioural therapy or recognisable as such from the description provided (for example, Duluth Model). The therapeutic programme can be delivered individually, couple/conjoint or be group based. It can be given in various settings such as in prison, in the person's home, or be office-based.

Types of outcome measures

The primary outcome is physically violent behaviour towards female partner, wife or ex-partner. We also included other violent behaviour, like verbal aggression and hostile attitudes. Secondary outcomes were: improved self-esteem, reduced substance abuse and anger management. Regarding self-esteem, substance abuse, and emotional distress, these were recorded for both perpetrators and victims wherever possible. Measures of outcome data were grouped into short follow-up time (0 to 6 months), intermediate (7 to 18 months), and long term (19 months and beyond). Any formats for measuring the outcome were included but were separately reported (for example, self report, victim report, judicial and police report). Both standardised and unstandardised measures were included.

Search methods for identification of studies

Searches for the original review were run in 2003 and 2006. Searches were repeated for this update in December 2009 and January 2010.

Electronic searches

We searched the following databases:

- Cochrane Central Register of Controlled Trials: The Cochrane Library Issue 4, 2009 (Searched 12 January 2010)
- MEDLINE: 1966 to 1 January 2010 (searched 5 January 2010)
- EMBASE: 1980 to 2009 week 53 (searched 5 January 2010)
- CINAHL: 1982 to December 2009 (searched 12 January 2010)
- PsycINFO: 1806 to week 4, December 2009 (searched 5 January 2010)
- ERIC: 1966 to December 2009 (searched 13 January 2010)
- Social Care Online, previously CareData (searched 13 January 2010)
- Sociological Abstracts: 1963 to January 2010 (searched 13 January 2010)
- Bibliography of Nordic Criminology (searched 13 January 2010)
- Criminal Justice Abstracts: 1968 to September 2003
- SIGLE: 1980 to September 2003
- C2-SPECTR: December 2006

Criminal Justice Abstracts and SIGLE were only searched until 2003 because we did not have access in 2006 or 2010. C2-SPECTR was not searched for this update as it had ceased to be maintained. Details of the search strategies used in this update and the previous published version of the review are in the [Appendices](#).

Searching other resources

We handsearched *Santé mentale au Québec*, an online scientific journal, from 1976 up to 2003. The reviewers contacted field experts and the authors of retrieved studies in order to find additional studies. Conference papers were also searched in order to minimise the threat of publication bias. Reference lists in included studies were searched for relevant literature. Studies were included regardless of language and country of origin.

Data collection and analysis

Selection of studies

Two reviewers independently assessed the citations against the inclusion criteria. All review authors contributed in this process. If two authors disagreed, a third author mediated, and the decision whether to include or exclude was reached through consensus.

Data extraction and management

Two review authors independently extracted data from the included studies using an online data extraction form, and are presented in the [Characteristics of included studies](#) table. Any disagreement between review authors generated a conflict in SRS which had to be solved through a discussion. If disagreement persisted, a third review author was consulted. If outcome or other vital information was missing from the original reports, we contacted the author(s) by e-mail in an attempt to retrieve the necessary data for the analysis. The following data were extracted:

Study characteristics: country where the study was conducted, year of publication, publication type (for example, journal article, report, book chapter), risk of bias.

Participants: age, socio-economic status, ethnicity, previous history of violent behaviour and treatment for it, current substance abuse, additional problems/disorders, and marital status.

Intervention: content, duration/time, profession of person delivering the programme (or intervention), gender and number of therapist(s)/group leader(s), support for women, the degree of mandatory delivery, attrition, adherence, type of comparison group (no intervention, other intervention).

Type of outcome measure: physical violence, aggression, self-esteem, substance abuse and managing anger.

Source of outcome data: official statistics; self-reports, partner report, or other forms for gathering outcome data.

Length of follow-up time: months and years.

Assessment of risk of bias in included studies

Since "variation in validity can explain variation in the results of the studies included in a systematic review" ([Higgins 2005](#)), we assessed the internal validity of included studies using the risk of bias tool. Uncertainty or disagreement was solved by discussion with a third reviewer. The review authors were not blinded to the authors or other information about the publication when assessing study risk of bias. Whenever information about risk of bias, or other information about the study, was missing, we contacted the author(s) of the study, to minimise the danger of measuring the quality of the reporting, rather than of the study.

Measures of treatment effect

Standardised or unstandardised measures or raw data or both of treatment effect was collected and presented.

Unit of analysis issues

Cluster-randomised trials

No such trials were identified in this version of the review. See [Table 2](#) for plans for future updates.

Dealing with missing data

Authors were contacted for information on missing data.

Assessment of heterogeneity

If the primary studies were sufficiently homogenous, we performed a fixed-effect meta-analysis. Homogeneity was tested with the Q-test (Chi-square, P-value) and we measured degree of heterogeneity with I^2 (I-squared, [Higgins 2002](#)). In addition to the formal procedures, we also took into account common sense, the nature of the measures, etc.

If there was statistically significant heterogeneity among studies' effect sizes, a random-effects model was used. Effect sizes were pooled across studies using the DerSimonian and Laird method for random-effect models. For fixed-effect models we used the Mantel-Haenszel method for dichotomous data (except for data analysed using Peto's method) or the inverse variance method for continuous or generic inverse variance data. We also checked forest plots for detecting heterogeneity.

Assessment of reporting biases

We used a funnel plot to explore the likelihood of publication bias ([Figure 1](#)). Asymmetry of the funnel plot may indicate possible publication bias in this review, but may also indicate other methodological or sample size issues within the trials. If asymmetry of the funnel plot was found, the clinical diversity of the studies was examined ([Egger 1997](#)).

Data synthesis

We expressed binary outcome measures (for example, violent/not violent) as risk ratios (relative risks). Continuous measures were calculated as mean differences or, when different scales were used, as standardised mean differences. We reported the 95% confidence intervals for all of the above.

Dealing with dependent outcomes

In some primary studies, several different outcomes are measured on the same participants. Sometimes the same outcome is measured at multiple points in time. As these data are from the same sample of participants, and, therefore, are not independent estimates of treatment effect, we analysed the data in such a way that any analysis contained a single, most recent, outcome (one measure from a single point in time) from each sample. The rationale for using the most recent outcome was that we opted for the longest possible follow-up time. In cases with several treatment arms, we compared only one of the treatment arms with the control group. The decisions and rationale for this are reported separately for each study in the [Results](#) section.

Subgroup analysis and investigation of heterogeneity

When there was statistically significant heterogeneity among primary outcome studies, the following factors were considered as possible explanations: voluntary or mandatory participation, intensity or length/period of the intervention, and differences in participant characteristics.

We considered performing moderator analyses (stratification on subgroups, meta-analysis analogue to ANOVA, meta-regression) to explore how observed variables were related to heterogeneity.

Sensitivity analysis

Sensitivity analysis was inappropriate for this version of the review. Plans for future updates are in [Table 2](#)

Results

Description of studies

Results of the search

In total, 2856 citations were found. 2584 citations were excluded based on title. 272 were ordered in full text for further inspection. 260 were then excluded for further analysis (flow chart presented in [Figure 2](#)). Two citations are awaiting assessment because we could not find the full text version of [Harris 1981](#) and [South Florida 2002](#).

Included studies

After reading the full text reports, 12 records were included. They reported results from six randomised trials. All were conducted in the USA. None of the studies were cluster-randomised trials. There were two types of comparisons: four studies compared CBT with a no treatment control group, while two studies compared CBT with other treatment.

CBT versus No treatment

In [Bronx Exp. 2005](#), participants were 420 men who were convicted for domestic violence. Participants were randomised into four experimental conditions: (1) batterer programme plus monthly judicial monitoring, (2) batterer programme plus graduated monitoring, (3) monthly monitoring only, and (4) graduated monitoring only. The batterer programme was delivered using CBT in a group format and lasted for 26 weeks.

In [Brooklyn Exp. 2000](#), 376 court-mandated offenders were randomly assigned to batterer treatment or to a treatment irrelevant to the violence problem (40 hours of community service). The length of the batterer treatment was 39 hours, but some men were assigned to complete the treatment in 26 weeks and others in 8 weeks. Interviews with victims and offenders were attempted at 6 and 12 months after the court-order date. Records of criminal justice agencies were also checked to determine if new crime reports or arrests had occurred involving the same defendant and victim.

A total of 404 men convicted of misdemeanour in Broward County, Florida ([Broward Exp. 2000](#)) were randomly assigned to a

batterer programme using the Duluth Model or to a control group. The Duluth Model includes a feminist, cognitive psycho-educational curriculum and was delivered in group sessions. The intent is to help participants develop an understanding of how battering is part of a range of male behaviours that seek to control women. The researchers hypothesised that men with a high stake in conformity would have a lower likelihood of recidivism than those with a low stake in conformity. The offenders were interviewed at the time of adjudication and 6 and 12 months post-adjudication. Probation records and computer checks with the local police for all new arrests were used to track the defendants for one-year post-adjudication.

The largest study in this review was conducted in the military ([San Diego Navy 2000](#)). Participants were servicemen in the navy substantiated as having physically assaulted their wives. The 861 couples in the study were randomly assigned to four groups: a men's group (N = 218); a conjoint group (the men participating with their wives) (N = 216); a rigorously monitored group (N = 213), and a control group (N = 214) who received no treatment. The men's group met weekly for 6 months and then monthly for another 6 months and included both didactic and process activities. In the didactic part of the sessions, group leaders addressed perpetrator attitudes and values regarding women and violence toward women and taught the men a variety of skills thought to be important in the successful elimination of the continued abuse of women (for example, cognitive restructuring, empathy enhancement, communication skills, anger modification, and management of jealousy). The sessions involved dealing with issues raised in the didactic segments of the sessions as well as with other issues that emerged. The conjoint group was similar to the men's group except for the presence of wives. The rigorously monitored group was based on a "stake in conformity" strategy to determine if male perpetrators held accountable for their abusiveness toward their wives, using systematized and official monitoring procedures, would stop the continued abuse. The interventions were cognitive-behavioural and outcome data were collected both from the male servicemen and their female partners at roughly 6 month intervals over the approximate 18-month experimental period. The interventions lasted for 12 months. We chose to compare the men's group with the control group because we thought that this comparison would be the most similar to the other included studies.

CBT versus Other therapy

In the [Wisconsin Study 1996](#), 218 men were randomly assigned to receive either feminist-cognitive-behavioural group treatment (FCBT) or process-psychodynamic group treatment (PPT). FCBT focused on progressive relaxation, using coping thoughts, and becoming aware of feelings. PPT focused on childhood losses and rejections, childhood experience with violence, and emotional safety in the group. FCBT also used leader role-play, lectures and giving advice, while PPT emphasised self-disclosure. Treatment integrity was verified through audio-taped recordings of each session. The partners of 79% of the 136 treatment completers gave reports of the men's behaviour an average of 2 years post-treatment. There were also arrest records and self-reports by the men.

One study ([Yale Study 2007](#)), which was conducted in the US state of Connecticut, randomly assigned substance dependent offenders with reported intimate partner violence to one of the following interventions: a 12-week substance abuse and domestic violence group (grounded in CBT) (N = 32) or a 12-week twelve-step facilitation group (N = 32). Data were collected using the SCID (Structured Clinical Interview for DSM-IV-TR), Addiction Severity Index, Substance Abuse Calendar, Conflict Tactics Scale Revised, breath samples, urine toxicology screens, and collateral reports from female partners at baseline, monthly, and post-treatment periods.

Risk of bias in included studies

[San Diego Navy 2000](#) was the closest to having an overall low risk of bias for the violence outcome, but blinding and incomplete outcome data were not adequately reported, leaving us to conclude that there was unclear risk of bias. The [Bronx Exp. 2005](#), [Brooklyn Exp. 2000](#), [Broward Exp. 2000](#), [Wisconsin Study 1996](#) and [Yale Study 2007](#) studies all have a high risk of bias. A complete overview of how we assessed the risk of bias items is available in both [Table 1](#) and [Figure 3](#) and [Figure 4](#).

Allocation

Sequence generation was unclearly reported in the [Brooklyn Exp. 2000](#) and [Wisconsin Study 1996](#) studies, but in the rest of the trials we judged it to be adequate. All included trials were reported as randomised; however, only the San Diego and Bronx studies had concealed allocation.

Randomisation procedure was compromised in the Broward and Bronx studies by judges overriding the allocation.

Blinding

Blinding was not adequately performed in five of the included studies, though in the San Diego trial it was unclear reporting on this item.

Incomplete outcome data

Incomplete outcome data was not adequately addressed in the Bronx, Brooklyn and Yale studies and was unclear in the other three studies.

Selective reporting

Four trials were free of selective reporting. Both Broward and Wisconsin gave inadequate information for us to judge this item so they remain unclear.

Other potential sources of bias

Most studies had some reports of other risks of bias such as "therapist effect" or problems with "treatment integrity". Broward and San Diego appeared free of other biases.

Effects of interventions

CBT versus No treatment

Proportion new violence

Four of the six included studies compared CBT with a control group and measured recurrence of violence as an outcome. The relative risk of 1.96 in [Bronx Exp. 2005](#) indicated that CBT had a harmful effect on new violence, but the 95% confidence interval went from 0.96 to 3.99. The CBT in [Brooklyn Exp. 2000](#) appeared to have a positive effect on recurrence of violence (relative risk: 0.39, 95% CI 0.23 to 0.67). This means that the intervention on average reduced new violence by 61% relative to the control group. The relative risk in [Broward Exp. 2000](#) was 1.01, indicating no effect and the 95% confidence interval was from 0.71 to 1.42. The results of [San Diego Navy 2000](#) showed a positive effect for the intervention compared to the control group with a relative risk of 0.82, and a 95% confidence interval from 0.63 to 1.09.

The effect estimates were heterogeneous. Only one study ([Brooklyn Exp. 2000](#)) showed a statistically significant effect in favour of CBT. A meta-analysis involving 1771 men showed a risk ratio of 0.86, but the 95% confidence interval included zero difference (from 0.54 to 1.38).

CBT versus Other therapy

[Wisconsin Study 1996](#) (FCBT versus PPT)

Proportion new violence

The risk ratio (1.07) of the [Wisconsin Study 1996](#) was not statistically significant (95 percent confidence interval from 0.68 to 1.68).

[Yale Study 2007](#) (SADV including elements of CBT versus twelve step facilitation)

Frequency of new violence

The mean number of reported violent episodes per month in the [Yale Study 2007](#) was higher at post-treatment in the SADV group (0.95) than in the TSF group (0.73). This corresponds to a standardised mean difference of 0.30 (95% CI: -0.22 to 0.81).

Presence of new violence

There were reports of violence for three of the men in the SADV group and for two men in the TSF group in the [Yale Study 2007](#). This corresponds to a risk ratio of 1.50 (95% CI: 0.27 to 8.32).

Discussion

Care should be taken when generalising the results of this review. First, there may be different baseline risk of violence across populations. Second, the motivation to comply with the treatment might vary greatly across populations of violent men. Men may also have different reasons for being in therapy. Their wives might have threatened to leave them if they do not enter therapy, or the men might have been court-ordered to take part. Our results neither substantiate nor refute these hypotheses.

Summary of main results

Only one study ([Brooklyn Exp. 2000](#)) showed a statistically significant effect in favour of CBT compared to no treatment. A meta-analysis involving 1771 men showed a risk ratio of 0.86, but the 95% confidence interval included zero difference (CI from 0.54 to 1.38). For the two studies where CBT was compared to another form of treatment the results were inconclusive.

Overall completeness and applicability of evidence

There have been few randomised evaluations of cognitive behavioural therapy for men who physically abuse their female partner. All such studies have so far been conducted in the USA. The studies also have relatively small sample sizes, the largest study having 861 participants. This review has employed an extensive search strategy with no restrictions on publication language or geographical region. Because there were so few studies, we could not model sources of heterogeneity using, for example, meta-regression or stratified analyses. Only one meta-analysis was performed. The results were inconsistent and heterogeneous, but there was no clear evidence for publication bias ([Figure 1](#)). The number of studies in this funnel plot (N = 4) is, however, so small that great caution should be taken in its interpretation.

Quality of the evidence

The risk of bias in the included studies was generally high ([Table 1](#)) and results should therefore be interpreted with caution. More high quality trials are probably needed.

Potential biases in the review process

Two anonymous peer-reviewers pointed to a number of issues. First, the partners of the male perpetrators were offered some support. This support might have made the partners more able to report new violence, independently of the effect of the interventions on the men. Our review does not answer this question. Second, interventions may have an impact on physical violence, perpetrators may continue or possibly increase the use of emotionally controlling behaviours ([Dobash 2000](#)). This hypothesis is not addressed in our results.

Finally, reliance on criminal justice records is also problematic because much violence is never recorded by the police. Some authors have been worried about whether assignment to a batterer intervention programme actually sends an implicit message that contradicts its official aim, namely that battering will not be taken seriously. This raises another debate: although some form of monitoring for compliance was present in all of the studies reviewed, sanctions for noncompliance are very rare. Moreover, the issue of attendance versus drop-out raises the important issue of selection bias, namely whether men who complete programmes are more motivated to stop their violence than those who never attend or drop out. While

randomised controls should eliminate selection bias, the poor ways in which compliance is monitored suggest this may not be so.

Agreements and disagreements with other studies or reviews

The evidence base for the effectiveness of these programmes is still unclear and that is accordance with previous reviews ([Arias 2002](#)).

Authors' conclusions

Implications for practice

The research evidence is insufficient to draw conclusions about the effectiveness of cognitive behavioural interventions for physically abusive men in reducing or eliminating male violence against female partners. This does not mean that there is evidence for no effect. We simply do not know whether the interventions help, whether they have no effect, or whether they are harmful.

Implications for research

In the USA, and in other countries, there is a need for more, and larger-scale, randomised controlled trials. This has been possible in other fields, such as welfare-to-work ([Smedslund 2006](#)), where the weight of evidence involves randomised evaluations with more than 400,000 participants. In the rest of the world there is, to the best of our knowledge, a complete lack of randomised controlled trials. Information from such studies is needed in order to estimate the effects of CBT on male violence towards intimate female partners.

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Contributions of authors

Dalsbo and Smedslund wrote the protocol.

All reviewers independently screened literature, reviewed potential trials, and extracted data. Smedslund analysed the data. Smedslund wrote the text of the completed systematic review. Dalsbo coordinated and wrote the 2010 updated version. Steiro, Winsvold and Clench-Aas contributed by giving comments, assessing studies and acting as mediators if necessary. Responsibility for updating the review is jointly shared between Dalsbo and Smedslund.

Declarations of interest

- Geir Smedslund - none known
- Therese K Dalsbø - none known
- Asbjørn Steiro - none known
- Aina Winsvold - none known
- Jocelyne Clench-Aas - none known

Differences between protocol and review

Published notes

This review is co-registered within the Campbell Collaboration.

Characteristics of studies

Characteristics of included studies

Bronx Exp. 2005

Methods	Randomised controlled trial.
Participants	420 offenders arraigned on a domestic violence misdemeanour, convicted of a violation, and sentenced to conditional discharge with a one-year protection order. The mean age was 30.8 years, and there were 40% Blacks, 42% Hispanics, and 18% White or other ethnic group.
Interventions	Four different interventions: (1) batterer program + monthly monitoring n=102, (2) batterer program + graduated monitoring n=100, (3) only monthly monitoring n=109, (4) only graduated monitoring n=109. In total 202 were in a batterer program compared to 218 in control group being monitored. The batterer program lasted for 26 weeks with classes meeting weekly for 75 minutes.
Outcomes	Official re-arrests, victim reports of re-abuse, victim satisfaction with criminal justice system
Notes	2x2 factorial design. Register data. Interviews.

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Yes	Quote: "Either the resource coordinator or the project senior research associate performed the random assignment. This was done by shaking and then removing from a cup one of four pieces of folded paper on which were written numbers 1 through 4, representing the four study groups."
Allocation concealment?	Yes	The researchers performed the allocation using folded pieces of papers. Not clearly described that the written numbers were sealed.
Blinding?	No	Participants and personnel were not blinded for measurement on violence as outcome.
Incomplete outcome data addressed?	No	For victims, report interviews in violence as outcome were only successfully collected in 25% of the cases. At least two cases were missing in the outcome of re-arrest assessed with official sentencing.
Free of selective reporting?	Yes	Published report include the expected outcomes.
Free of other bias?	No	After passing the selection criteria the judges could still override the decision about including participants into the study.

Brooklyn Exp. 2000

Methods	Randomised controlled trial.
Participants	376 court-mandated batterers. Spousal assault cases in Kings County, NY.
Interventions	39 hours of class time. Some were assigned to complete the treatment in 26 weeks and others in 8 weeks. Men assigned to the control condition were sentenced to 40 hours of community service. The intervention included defining domestic violence, understanding historical and cultural aspects of domestic abuse and reviewing criminal/legal issues. Batterers were encouraged to take responsibility for their anger, actions, and reactions.
Outcomes	Proportion violent. Interviews with batterers and victims at 6 and 12 months after the sentence date. In addition, records of criminal justice agencies were checked for new crime reports or arrests.
Notes	This Duluth model was rooted in a feminist perspective.

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'.
Allocation concealment?	No	Quote from p21 in report dated January 2nd: "Lottery". From the justice quarterly article: "After the defendant completed the interview, his name and case identifier were written on a new line of a log book. Each line carried a pre-assigned designation set by using a random number table."
Blinding?	No	All parties agreed to batter treatment prior to randomisation. No masking of control group treatment. No blinding of interviewers mentioned. Police records were used to measure recidivism, but we still found it appropriate to judge this section as a "no" for the violence outcome.
Incomplete outcome data addressed?	No	For the violence outcome, there were 50% completion of interviews for victims and only 24% for participants at follow up. Percent of police reports are not accounted for. Covariates are used. No mention of imputation.
Free of selective reporting?	Yes	All measurements of violence are reported.
Free of other bias?	No	Judges overrode the lottery decision in 28% of the control cases assignments and none from the treatment assignments.

Broward Exp. 2000

Methods	Randomised controlled trial.
Participants	Men (N=404) convicted of misdemeanour domestic violence in Broward County during a 5-month period in 1997.
Interventions	Duluth Model, which is a feminist, cognitive psycho-educational curriculum provided in 26-week group sessions. Men in the control group were sentenced to 1 year's probation.
Outcomes	Outcomes were collected by means of interviews with batterers and victims, and police records of repeat violence. Differences between the groups at time of education (Time 1), at least 6-months post education (Time 2), and changes between Time 1 and Time 2 were examined. Offender attitudes, beliefs, and self-reported behaviours were collected from the offenders. The men answered the revised Conflict Tactics Scale.
Notes	According to authors: There was controversy in the community around randomizing men into a spouse abatement programme. This led to low victim response rates, high staff turnover, delays, and other problems.

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Yes	Quote: "Random assignment was based on the last digit of the court docket number assigned to the case – randomly generated by the court computer."
Allocation concealment?	No	Participants and investigators knew the assignment because it was the case record number. According to the authors, Feder and Forde, in 14 cases the random assignment was overridden by the judges.
Blinding?	No	No blinding of participants, investigators, personnel.
Incomplete outcome data addressed?	Unclear	Comment: Completeness differed from the data sources (self-report, victim report, official crime records). There is insufficient information about the attrition to permit a judgement of 'yes' or 'no'. 216 were in experimental group and 188 in the control group according to random generated process, then a total of 174 men were placed in the control group and 230 in the experimental group due to judges' alteration of placement.
Free of selective reporting?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'. The researchers analysed the participants according to placement and NOT according to their random assignment. How the participants were analysed in the result section is impossible for us to say due to lack of information in the two publications.
Free of other bias?	Yes	Researchers checked that the control group did not get any compensating or additional interventions. Probation officers were also investigated for potential extra monitoring or supervision of participants.

San Diego Navy 2000

Methods	Randomised controlled trial.
Participants	861 married U.S. Navy couples in which active-duty husbands were substantiated as having physically assaulted their wives. Mean age was 27 years. Mean length of marriage was 47 months. 83% had a mean of 1.7 children. Mean number of school years was 12.6. Sample selection took 46 months. A computer did the randomisation to one of four groups: a men's group, a conjoint group, a rigorous assessment group, or a control group.
Interventions	The men's group, which used a cognitive-behavioural model of change, met weekly for 6 months and then monthly for another 6 months, for a total 1-year treatment period. The conjoint group also had 26 weekly sessions that included both didactic and process activities, followed by 6 monthly sessions. The main difference from the men's group was the presence of wives. The rigorous monitoring group attempted to hold perpetrators accountable for their abusiveness. Every 6 weeks a record search was completed to determine if perpetrators had been arrested or referred to court anywhere in San Diego County. Wives were called monthly and asked about new instances of abuse. Men assigned to the control group did not receive any treatment but their wives received preliminary assistance called 'stabilization and safety planning'.
Outcomes	Four types of outcome measures were used. A self-reported episodic measure assessed the number of incidents or episodes in which a victim or perpetrator reported being abused across three different levels of abuse. The second outcome measure, the Modified Conflict Tactics Scale, focused on types of abusive behaviours as reported by respondents. The third outcome measure consisted of official police and court records for all respondents (both victims and perpetrators) living within the boundaries of San Diego County. The fourth outcome measure focused on the date of the first instance in which a repeat case of spouse assault occurred as indicated by both official arrest records and victim reports of new physical injuries.
Notes	

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Yes	Computer programmed to randomise cases to one of four groups.
Allocation concealment?	Yes	The case was given to research staff for randomisation.
Blinding?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'.
Incomplete outcome data addressed?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'. Victims and perpetrator interviews lacked for up to 25%. Only 71% completed treatment. 23 crossover cases were analysed according to treatment given rather than by intention to treat.
Free of selective reporting?	Yes	Protocol is not available, but violence is well reported from arrest records, victim report and self report.
Free of other bias?	Yes	The study appears to be free of other sources of bias.

Wisconsin Study 1996

Methods	Randomised controlled trial.
Participants	218 men who had been referred by the criminal justice system and accepted for treatment at a family counselling agency that was certified as an outpatient mental health clinic.
Interventions	Feminist-cognitive behavioural (FCBT) or process-psychodynamic (PPT) group treatments. The FCBT condition followed a highly structured format. Agendas and homework assignments were included in each session. Each session included a didactic session on communication and cognitive skills, relaxation/desensitization training, consciousness raising about sex roles and violence against women, and behavioural or cognitive rehearsal. The PPT did not use agendas but focused on building trust and a sense of safety, uncovering childhood traumas and reconnecting with traumatic childhood events. Treatment integrity was verified through audio-taped coding of each session.
Outcomes	The partners of 79% of the 136 treatment completers gave reports of the men's behaviour an average of 2 years post-treatment. These reports were supplemented with arrest records and self-reports.
Notes	Hypothesised that the feminist-cognitive-behavioural model is best suited to men with antisocial traits and that the process-psychodynamic model is most suited for men with moderate to high level of dependency needs because they are much more likely to engage in group process and methods for enhancing self-awareness.

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Unclear	Quote: "randomly assigned to one of the two treatments". Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'.
Allocation concealment?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'.
Blinding?	No	Participants were informed about the experiment and what treatment they received. Comment: Insufficient information in the article to permit judgement of 'yes' or 'no' for blinding of researchers, treatment providers and spouses who contributed to the outcome measurements on violence.
Incomplete outcome data addressed?	Unclear	Imputing data for participants who dropped out of the treatment is possible. Similar rate of drop out from both treatment and control group. 218 men randomly assigned, 178 attended (91 in FCBT and 87 in the PPT). There were several participants who did not complete the treatment program and outcome data is not presented for this group. Recidivism rate according to arrest data included violence is available for 56 in FCBT and 64 in the PPT.
Free of selective reporting?	Unclear	Comment: Insufficient information in the article to permit judgement of 'yes' or 'no'.
Free of other bias?	No	According to the authors, there were potential bias problems due to treatment integrity.

Yale Study 2007

Methods	Randomised controlled trial
Participants	Substance dependent offenders (N = 64) with a history of intimate partner violence. Mean age was 38 and they had the following racial composition: 49% Caucasian, 33% African American, 10% Hispanics, and 8% other.
Interventions	A 12 week Substance Abuse & Domestic Violence group (grounded in CBT) (N = 32) or a 12 week Twelve Step Facilitation group (N=32).
Outcomes	Data were collected using the SCID, Addiction Severity Index, Substance Use Calendar, Conflict Tactics Scale Revised, breath samples, urine toxicology screens, and collateral reports from female partners at baseline.
Notes	

Risk of bias table

Item	Judgement	Description
Adequate sequence generation?	Yes	Quote: "Urn randomisation was used to balance groups on amount of alcohol use, number of domestic violence arrests, age, education, and race".
Allocation concealment?	Unclear	Quote: "The research assistant that utilized the computerized urn procedure was blind to indices of domestic violence severity and alcohol dependence". Comment: Insufficient information to permit judgement of 'yes' or 'no'.
Blinding?	No	Therapists and participants were not blinded to the treatment they provided/received. Participants gave subjective self-reports, but they were compared to breathalyzer, urine screens and collateral report of violence.
Incomplete outcome data addressed?	No	Collateral reports were only available for 55% of the participants. 75 of the 78 attended all of the 12 treatment sessions. For violence, information is only available on 58 participants (29 in each group) at the completion of treatment. For the six month follow up there is no information about number of participants.
Free of selective reporting?	Yes	Violence, retention and substance use are all accounted for.
Free of other bias?	No	According to authors there is reason to suspect a "Therapist effect".

Footnotes

Characteristics of excluded studies

DVFCT Program 2004

Reason for exclusion	Subjects were randomised to individual couple therapy or to multi-couple group therapy. Random assignment was not applied in creating the comparison group.
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Fals-Stewart 2001

Reason for exclusion	Wrong participants.
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Lanza 2002

Reason for exclusion	Wrong participants.
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Upshaw 2005

Reason for exclusion	The outcomes were symptomatic distress, interpersonal relations, social role adjustments, and well-being, not whether the men ceased to be violent towards their partners.
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Watt 1999

Reason for exclusion	Wrong participants.
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*Footnotes***Characteristics of studies awaiting classification****Harris 1981**

Methods	Unclear
Participants	Unclear
Interventions	Unclear
Outcomes	Unclear
Notes	We could only obtain an abstract. Appears to be a practical guide book and not an RCT.

South Florida 2002

Methods	Unclear, efficacy trial
Participants	Unclear
Interventions	Psycho-education
Outcomes	Unclear
Notes	We could only obtain an abstract

*Footnotes***Characteristics of ongoing studies***Footnotes***Summary of findings tables****Additional tables****1 Risk of bias**

Study name	Adequate sequence generation?	Allocation concealment?	Blinding?	Incomplete outcome data addressed?	Free of selective reporting?	Free of other bias?
Bronx	Yes	Yes	No	No	Yes	No
Brooklyn	Unclear	No	No	No	Yes	No
Broward	Yes	No	No	Unclear	Unclear	Yes
San Diego	Yes	Yes	Unclear	Unclear	Yes	Yes
Wisconsin	Unclear	Unclear	No	Unclear	Unclear	No
Yale	Yes	Unclear	No	No	Yes	No

*Footnotes***2 Additional methods for future updates**

Issue	Method
Cluster randomised controlled trials	In cluster-randomised trials, the elements are groups of individuals (for example, courts, jurisdictions, prisons, geographical areas), rather than individuals themselves. In such studies, care should be taken to avoid unit-of-analysis errors. If, for instance, there are a total of 100 offenders with 25 offenders in each of four jurisdictions, and two jurisdictions are randomised to receive the intervention and the other two are randomised to receive the control, the correct N to use in the analysis is not 100 but smaller. The effective sample size of a single intervention group in a cluster-randomised trial is its original sample size divided by a quantity called the design effect. A common design effect is usually assumed across intervention groups. The design effect is $1+(m-1)r$, where m is the average cluster size and r is the intracluster correlation coefficient. If we include any cluster randomised controlled trials in this review, we will try to measure the intra-cluster correlation. The total variance in the outcome can be partitioned into variance between groups (VBG) and variance within groups (VWG). The intracluster correlation (ICC) is calculated as $VBG/(VBG+VWG)$. But the ICC is seldom reported in the primary studies. The number of participants can be used in the analyses if the ICC is used as a correcting factor. For dichotomous data both the number of participants and the number experiencing the event can be divided by the same design effect (Higgins 2005).
Number needed to treat	For statistically significant meta-analyses, we plan to compute the number needed to treat (NNT).
Sensitivity analyses	If the number of included studies is sufficient, we will assess the impact of differing risk of bias by sensitivity analyses.

Footnotes

References to studies

Included studies

Bronx Exp. 2005

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* Taylor BG, Davis RC, Maxwell CD. The effects of a group batterer treatment program: a randomized experiment in Brooklyn. *Justice Quarterly* 2001;18(1):171-201.

Broward Exp. 2000

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Wisconsin Study 1996

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Yale Study 2007

Unpublished data only

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* Easton CJ, Mandel DL, Hunkele KA, Nich C, Rounsaville BJ, Carroll KM. A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: an integrated substance abuse-domestic violence treatment approach (SADV). *American Journal on Addictions* 2007;16(1):24-31.

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Lanza 2002

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Upshaw 2005

Unpublished data only

Upshaw R. The Efficacy of Thought Field Therapy as an Adjunct Treatment Modality for Male Domestic-Violence Perpetrators with Domestic Abuse in their Family of Origin. Minneapolis, MN: Walden University, 2005.

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Ongoing studies

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Other published versions of this review

Smedslund 2007

Smedslund G, Dalsbø TK, Steiro A, Winsvold A, Clench-Aas J. Cognitive behavioural therapy for men who physically abuse their female partner. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD006048 DOI: 10.1002/14651858.CD006048.pub2.

Classification pending references

Data and analyses

1 CBT versus control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Proportion new violence	4	1771	Risk Ratio (M-H , Random , 95% CI)	0.86 [0.54, 1.38]

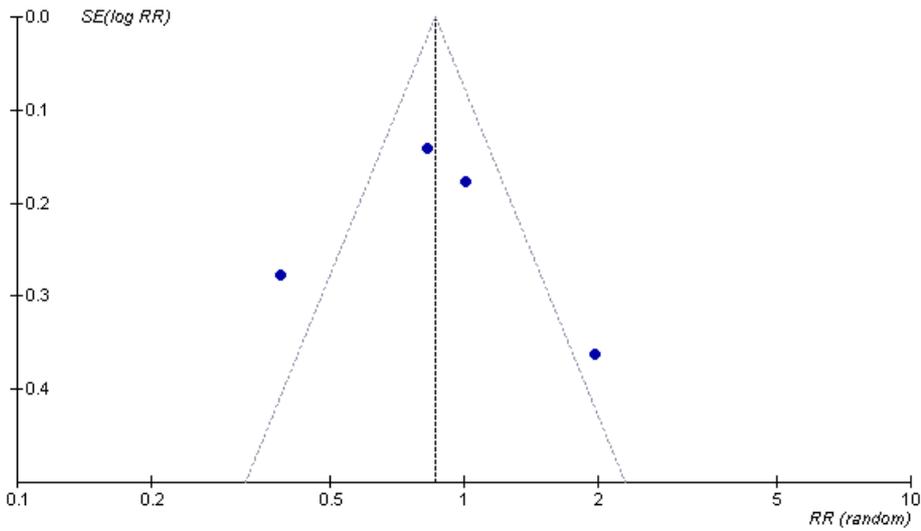
2 CBT versus other therapy

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
2.1 Proportion new violence	1		Risk Ratio (M-H , Random , 95% CI)	No totals
2.2 Frequency of violence	1	58	Std. Mean Difference (IV , Random , 95% CI)	0.30 [-0.22, 0.81]
2.3 Any violence	1	58	Risk Ratio (M-H , Random , 95% CI)	1.50 [0.27, 8.32]

Figures

Figure 1

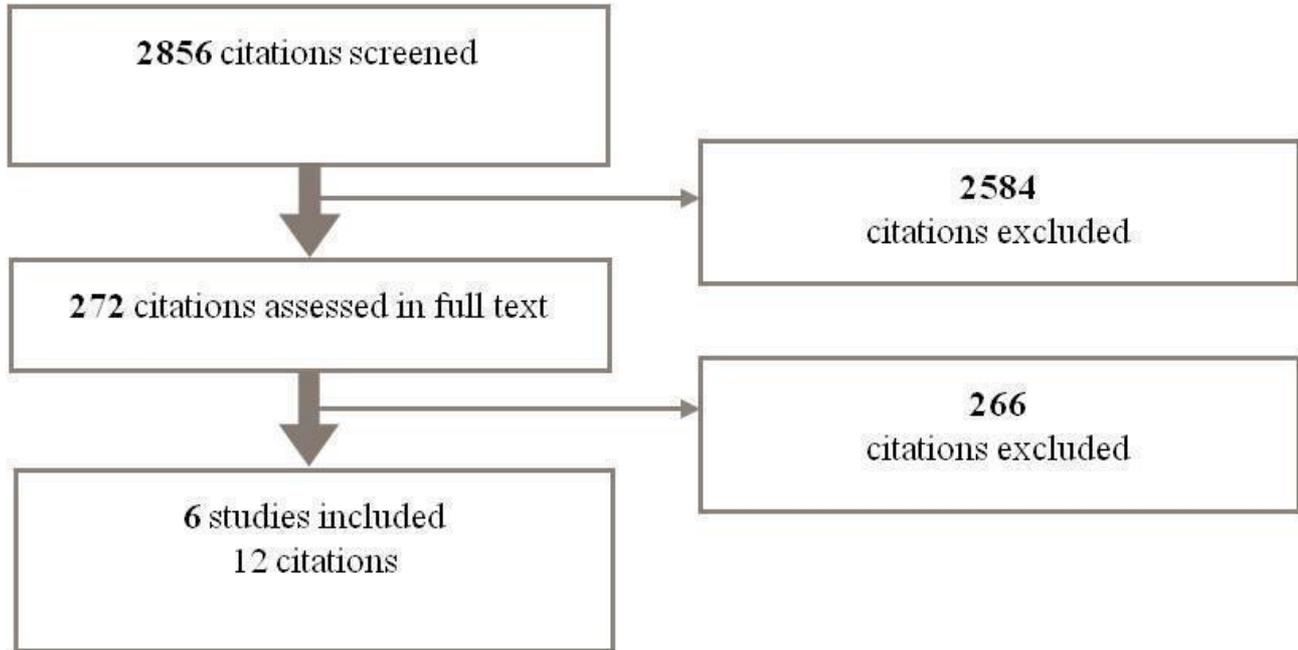
Review: Cognitive behavioural therapy for men who physically abuse their female partner
 Comparison: 01 CBT versus control
 Outcome: 01 Proportion new violence



Caption

Fig 01 - Funnel plot.

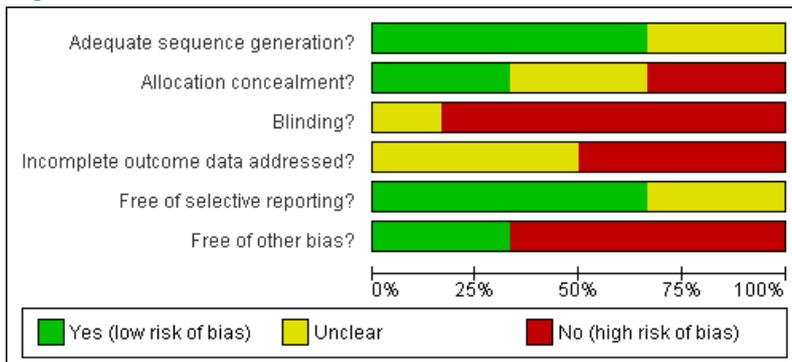
Figure 2



Caption

Flow chart

Figure 3



Caption

Risk of bias graph: review authors' judgements about each risk of bias item presented as percentages across all included studies.

Figure 4

	Adequate sequence generation?	Allocation concealment?	Blinding?	Incomplete outcome data addressed?	Free of selective reporting?	Free of other bias?
Bronx Exp. 2005	+	+	-	-	+	-
Brooklyn Exp. 2000	?	-	-	-	+	-
Broward Exp. 2000	+	-	-	?	?	+
San Diego Navy 2000	+	+	?	?	+	+
Wisconsin Study 1996	?	?	-	?	?	-
Yale Study 2007	+	?	-	-	+	-

Caption

Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Sources of support

Internal sources

- Norwegian Knowledge Centre for the Health Services, Norway

External sources

- Nordic Campbell Centre, Denmark

Feedback

Appendices

1 CENTRAL Search strategy

Search strategy used in Cochrane Central Register of Controlled Trials (CENTRAL), part of The Cochrane Library

#1MeSH descriptor Battered Women, this term only

#2MeSH descriptor Domestic Violence, this term only

#3MeSH descriptor Spouse Abuse, this term only

#4((family or domestic or conjugal or partner*) near/3 violence):ti,ab,kw

#5((abus* or batter* or beat* or assault*) near/3 (wom*n or partner* or spouse* or female* or wife or wives or domestic* or fiancé or cohabitant* or live-in)):ti,ab,kw

#6((male* or men or man or partner* or spouse* or husband or fiancé or cohabitant* or live-in) near/3 (batter* or perpetrator* or abus* or violen* or beat* or assault)):ti,ab,kw

#7(#1 OR #2 OR #3 OR #4 OR #5 OR #6)

#8MeSH descriptor Behavior Therapy, this term only

#9MeSH descriptor Cognitive Therapy, this term only

#10MeSH descriptor Psychotherapy, Rational-Emotive, this term only

#11(cognitive* near/3 (therap* or train* or techni* or question* or approach* or assessment*)):ti,ab,kw

#12((behavior* or behaviour*) near/3 (therap* or train* or modif* or experiment*)):ti,ab,kw

#13(rational* near/3 emotive*):ti,ab,kw

#14(cbt):ti,ab,kw

#15(schemas or schematas):ti,ab,kw

#16MeSH descriptor Imagery (Psychotherapy), this term only

#17(imager*):ti,ab,kw

#18((cognitive* or mental*) near/3 (map* or model*)):ti,ab,kw

#19(Socratic* near/3 (question* or method* or dialogue* or strateg* or sequence*)):ti,ab,kw

#20(dysfunctional near/2 (thought* or assumption* or rule* or appraisal* or belief* or attitude* or scheme*)):ti,ab,kw

#21(automatic near/3 (thought* or process*)):ti,ab,kw

#22(nat or nats):ti,ab,kw

#23(reattribution*):ti,ab,kw

#24((key or core) near/2 belief*):ti,ab,kw

#25(#8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24)

#26(#7 AND #25)

2 MEDLINE search strategy

Database: MEDLINE 1966 to September Week 3 2006

Date: 05.10.2006

Search by Sigrun Espelien Aasen

Number of hits: 26

Search strategy in OVID : CBT_Medline 041006

Updated searches were performed by Jo Abbott, CDPLPG

MEDLINE 2006 to 1 January 2010

Number of hits: 75

1.Battered Women/

2.domestic violence/ or spouse abuse/

3.((family or domestic or conjugal or partner) adj3 violence).tw.

4.((abus\$ or batter\$ or beat\$ or assault\$) adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$ or fiance or cohabitant\$ or live?in)).tw.

5.((male\$ or men or man or partner\$ or spouse\$ or husband or fiance or cohabitant\$ or live?in) adj3 (batter\$ or perpetrator\$ or abus\$ or violen\$ or beat\$ or assault)).tw.

6.or/1-5

7.behavior therapy/ or cognitive therapy/

8.psychotherapy, rational-emotive/

9.(cognitiv\$ adj3 (therap\$ or train\$ or techni\$ or question\$ or approach\$ or assessment\$)).tw.

10.(behavio?r\$ adj3 (therap\$ or train\$ or modif\$ or experiment\$)).tw.

11.(rational\$ adj3 emotive\$).tw.

12.cbt.tw.

13.(schemas or schematas).tw.

14."Imagery (Psychotherapy)"/

15.imager\$.tw.

16.((cognitive\$ or mental\$) adj3 (map\$ or model\$)).tw.

17.(socratic\$ adj3 (question\$ or method\$ or dialogue\$ or strateg\$ or sequence\$)).tw.

18.(dysfunctional adj2 (thought\$ or assumption\$ or rule\$ or appraisal\$ or belief\$ or attitude\$ or scheme\$)).tw.

19.(automatic adj3 (thought\$ or process\$)).tw.

20.(nat or nats).tw.

21.reattribution\$.tw.

22.((key or core) adj2 belief\$).tw.

23.or/7-22

24.6 and 23

3 EMBASE Search strategy

Database: EMBASE 1980 to 2006 Week 39

Date: 05.10.2006

Search by Sigrun Espelien Aasen

Number of hits: 112

Updated searches were performed by Jo Abbott, CDPLPG

EMBASE 2006 to 2009 week 53

Number of hits:108

Search strategy for OVID : CBT_Embase 041006

1.exp domestic violence/ or battered woman/ or family violence/ or partner violence/

2.((family or domestic or conjugal or partner) adj3 violence).tw.

3.((abus\$ or batter\$ or beat\$ or assault\$) adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$ or fiance or cohabitant\$ or live?in)).tw.

4.((male\$ or men or man or partner\$ or spouse\$ or husband or fiance or cohabitant\$ or live?in) adj3 (batter\$ or perpetrator\$ or abus\$ or violen\$ or beat\$ or assault)).tw.

5.or/1-4

6.behavior therapy/ or cognitive therapy/

7.behavior modification/

- 8.(cognitiv\$ adj3 (therap\$ or train\$ or techni\$ or question\$ or approach\$ or assessment\$)).tw.
- 9.(behavio?r\$ adj3 (therap\$ or train\$ or modif\$ or experiment\$)).tw.
- 10.(rational\$ adj3 emotive\$).tw.
- 11.cbt.tw.
- 12.(schema\$ or schemata\$).tw.
- 13.imagery/
- 14.imager\$.tw.
- 15.((cognitiv\$ or mental\$) adj3 (map\$ or model)).tw.
- 16.(socratic\$ adj3 (question\$ or method\$ or dialogue\$ or strateg\$ or sequence\$)).tw.
- 17.(dysfunctional adj2 (thought\$ or assumption\$ or rule\$ or appraisal\$ or belief\$ or attitude\$ or scheme\$)).tw.
- 18.(automatic adj2 (thought\$ or process\$)).tw.
- 19.(nat or nats).tw.
- 20.reattribution\$.tw.
- 21.((key or core) adj2 belief\$).tw.
- 22.or/6-21
- 23.5 and 22

4 CINAHL search strategy

Database: CINAHL - Cumulative Index to Nursing & Allied Health Literature
1982 to September Week 5 2006
Date: 05.10.2006
Search by Sigrun Espelien Aasen
Number of hits: 14

Updated searches were performed by Jo Abbott, CDPLPG
CINAHL 2006 to Dec 2009
Number of hits: 56

Search strategy in OVID: CBT_Cinahl 041006

- 1.Battered Women/
- 2.Domestic Violence/
- 3.partner abuse/ or spouse abuse/
- 4.((family or domestic or conjugal or partner) adj3 violence).tw.
- 5.((abus\$ or batter\$ or beat\$ or assault\$) adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$ or fiance or cohabitant\$ or live?in)).tw.
- 6.((male\$ or men or man or partner\$ or spouse\$ or husband or fiance or cohabitant\$ or live?in) adj3 (batter\$ or perpetrator\$ or abus\$ or violen\$ or beat\$ or assault\$)).tw.
- 7.or/1-6
- 8.behavior therapy/ or cognitive therapy/
- 9.Behavior Modification/
- 10.(cognitiv\$ adj3 (therap\$ or train\$ or techni\$ or question\$ or approach\$ or assessment\$)).tw.
- 11.(behavio?r\$ adj3 (therap\$ or train\$ or modif\$ or experiment\$)).tw.
- 12.(rational\$ adj3 emotive\$).tw.
- 13.cbt.tw.
- 14.(schema\$ or schemata\$).tw.
- 15.imagination/ or guided imagery/
- 16.imager\$.tw.
- 17.Concept Mapping/
- 18.((cognitiv\$ or mental\$) adj3 (map\$ or model)).tw.
- 19.(socratic\$ adj3 (question\$ or method\$ or dialogue\$ or strateg\$ or sequence\$)).tw.
- 20.(dysfunctional adj2 (thought\$ or assumption\$ or rule\$ or appraisal\$ or belief\$ or attitude\$ or scheme\$)).tw.
- 21.(automatic adj2 (thought\$ or process\$)).tw.
- 22.(nat or nats).tw.
- 23.reattribution\$.tw.
- 24.((key or core) adj2 belief\$).tw.
- 25.or/8-24
- 26.7 and 25

5 PsycINFO search strategy

Database: PsycINFO 1806 to October Week 1 2006
Date: 05.10.2006
Search by Sigrun Espelien Aasen
Number of hits: 55
Search strategy in OVID: "CBT_PsychInfo 041006"

Updated searches were performed by Jo Abbott, CDPLPG
PsycINFO 2006 to Dec Week 4 2009
Number of hits: 142

- 1.partner abuse/
- 2.family violence/
- 3.((family or domestic or conjugal or partner) adj3 violence).tw.
- 4.battered females/
- 5.((abus\$ or batter\$ or beat\$ or assault\$) adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$ or fiance or cohabitant\$ or live?in)).tw.
- 6.((male\$ or men or man or partner\$ or spouse\$ or husband or fiance or cohabitant\$ or live?in) adj3 (batter\$ or perpetrator\$ or abus\$ or violen\$ or beat\$ or assault)).tw.
- 7.or/1-6
- 8.cognitive therapy/
- 9.cognitive behavior therapy/
- 10.rational emotive behavior therapy/
- 11.exp behavior therapy/
- 12.behavior modification/
- 13.cognitive assessment/
- 14.(cognitiv\$ adj3 (therap\$ or train\$ or techni\$ or question\$ or approach\$ or assessment\$)).tw.
- 15.(behavio?r\$ adj3 (therap\$ or train\$ or modif\$ or experiment\$)).tw.
- 16.(rational\$ adj3 emotive\$).tw.
- 17.cbt.tw.
- 18.schema/
- 19.(schema\$ or schemata\$).tw.
- 20.exp imagery/ or conceptual imagery/
- 21.imager\$.tw.
- 22.cognitive maps/
- 23.mental models/
- 24.((cognitiv\$ or mental\$) adj3 (map\$ or model)).tw.
- 25.(socratic\$ adj3 (question\$ or method\$ or dialogue\$ or strateg\$ or sequence\$)).tw.
- 26.(dysfunctional adj2 (thought\$ or assumption\$ or rule\$ or appraisal\$ or belief\$ or attitude\$ or scheme\$)).tw.
- 27.(automatic adj2 (thought\$ or process\$)).tw.
- 28.(nat or nats).tw.
- 29.reattribution\$.tw.
- 30.((key or core) adj2 belief).tw.
- 31.or/8-29
- 32.7 and 31

6 ERIC search strategy

Updated searches were performed by Jo Abbott, CDPLP
ERIC 2006 to Dec 2009
Number of hits: 200

CBT_Eric via Ovid December 2009

- 1.family violence/
- 2.battered women/
- 3.(abuse\$ adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$)).tw.
- 4.(batter\$ adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives)).tw.
- 5.(violen\$ adj3 (partner\$ or spous\$ or family or families or domestic\$ or conjugal\$)).tw.
- 6.or/1-5
- 7.cognitive restructuring/
- 8.exp behavior modification/
- 9.(cognitiv\$ adj3 (therap\$ or train\$)).tw.
- 10.(behavio?r\$ adj3 (therap\$ or train\$)).tw.
- 11.(behavio?r\$ adj3 modif\$).tw.
- 12.or/7-11
- 13.6 and 12

Search in ERIC via CSA Illumina 29.11.06
Search by Sigrun Espelien Aasen
Database: ERIC, searched 1966 to September 2006.
Date: 29.11.2006
Number of hits: 1

((DE="family violence") or (DE="battered women") or ((TI=abuse* or AB=abuse*) within 3 (TI=(wom*n or partner* or spouse* or female* or wife or wives or domestic*) or AB=(wom*n or partner* or spouse* or female* or wife or wives or domestic*))) or ((TI=batter* or AB=batter*) within 3 (TI=(wom*n or partner* or spouse* or female* or wife or wives) or AB=(wom*n or partner* or spouse* or female* or wife or wives))) or ((TI=violen* or AB=violen*) within 3 (TI=(partner or spous* or family or families or domestic* or conjugal*) or AB=(partner or spous* or family or families or domestic* or conjugal*))) and (((DE="cognitive restructuring") or (DE=("behavior modification" or "contingency management" or "desensitization"))) or ((TI=(cognitiv* or behavio*r) or AB=(cognitiv* or behavio*r)) within 3 (TI=(therap* or train*) or AB=(therap* or train*))) or (TI=(behavio*r* within 3 modif*) or AB=(behavio*r* within 3 modif*))) or (TI=cbt or AB=cbt))

1 result found in Multiple Databases +

346 results found in Community of Scholars: Social Science

2 results found in Web Resources Related to the Social Sciences/Humanities

Date Range: 2005 to 2007

7 Sociological search strategy

CBT_Sociological Abstracts search via Ovid

Searched 1963 to September 2006

Updated searches were performed by Jo Abbott, CDPLP

2006 to Dec 2009 Number of hits: 392

- 1.exp spouse abuse/
- 2.battered women/
- 3.family violence/
- 4.((family or domestic or conjugal or partner) adj3 violence).tw.
- 5.((abus\$ or batter\$ or beat\$ or assault\$) adj3 (wom?n or partner\$ or spouse\$ or female\$ or wife or wives or domestic\$ or fiance or cohabitant\$ or live?in)).tw.
- 6.((male\$ or men or man or partner\$ or spouse\$ or husband or fiance or cohabitant\$ or live?in) adj3 (batter\$ or perpetrator\$ or abus\$ or violen\$ or beat\$ or assault)).tw.
- 7.or/1-6
- 8.behavior modification/
- 9.treatment programs/
- 10.treatment methods/
- 11.(cognitiv\$ adj3 (therap\$ or train\$ or techni\$ or question\$ or approach\$ or assessment\$)).tw.
- 12.(behavio*r\$ adj3 (therap\$ or train\$ or modif\$ or experiment\$)).tw.
- 13.(rational\$ adj3 emotive\$).tw.
- 14.cbt.tw.
- 15.(schema\$ or schemata\$).tw.
- 16.exp images/
- 17.imager\$.tw.
- 18.cognitive mapping/
- 19.((cognitiv\$ or mental\$) adj3 (map\$ or model)).tw.
- 20.(socratic\$ adj3 (question\$ or method\$ or dialogue\$ or strateg\$ or sequence\$)).tw.
- 21.(dysfunctional adj1 (thought\$ or assumption\$ or rule\$ or appraisal\$ or belief\$ or attitude\$ or scheme\$)).tw.
- 22.(automatic adj1 (thought\$ or process\$)).tw.
- 23.(nat or nats).tw.
- 24.reattribution\$.tw.
- 25.((key or core) adj1 belief\$).tw.
- 26.or/8-25
- 27.7 and 26

8 Bibliography of Nordic Criminology search strategy

Bibliography of Nordic criminology

Searched 1999 to December 2006

Bibliography of Nordic criminology (<http://www.nsfk.org/>) was searched on December 11 2006 by GS, using the textword 'violence' and limiting the search to 2003-2006. The database was searched from 1999 up to 2003 by Torill Johme. There were 152 hits, but none were judged to be relevant.

The search was updated on 13 January 2010 by Jo Abbott using the terms (domestic violence or battered women or family violence or partner violence). No relevant records were found.

9 C2-SPECTR search strategy

C2-SPECTR was searched on December 12, 2006 by GS. All indexed fields or all non-indexed fields were searched for the term 'violence'. Of 49 hits, none were judged as relevant. C2-SPECTR was not an active database at the time of this update.

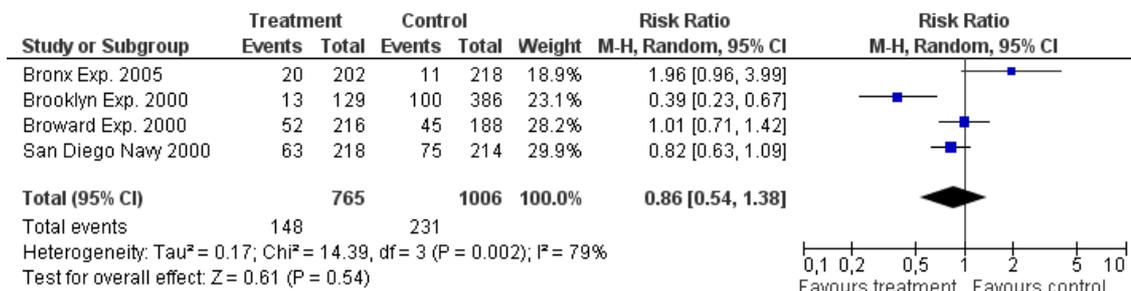
10 Social Care Online (previously CareData) search strategy

Social Care online searched 13 January 2010 by Jo Abbott using the terms (domestic violence and therapy)

Graphs

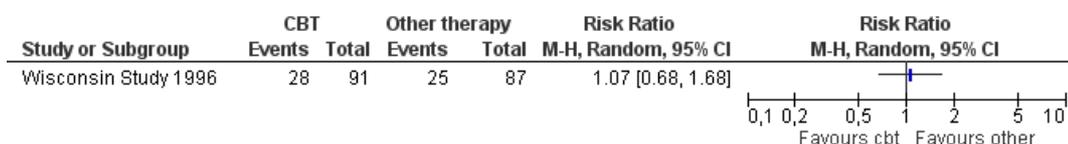
1 - CBT versus control

1.1 Proportion new violence

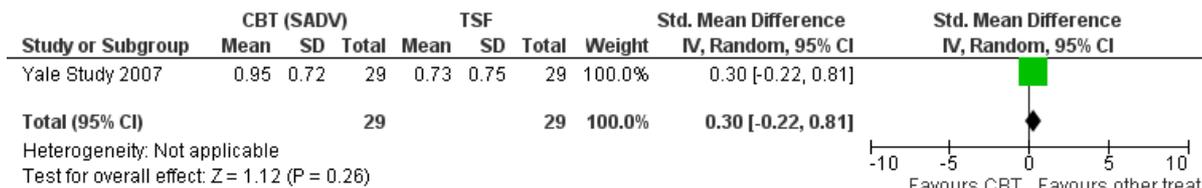


2 - CBT versus other therapy

2.1 Proportion new violence



2.2 Frequency of violence



2.3 Any violence

