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**Prise en charge des hommes auteurs de violences
conjugales, sans et avec comorbidités
addicto-psychiatriques : une revue de la littérature**

Lise Gomboc, Lionel Pouget

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UNIVERSITE CLERMONT AUVERGNE
UFR DE MEDECINE ET DES PROFESSIONS PARAMEDICALES

THESE D'EXERCICE
pour le
DIPLOME D'ETAT DE DOCTEUR EN MEDECINE
par

GOMBOC Lise
POUGET Lionel

Présentée et soutenue publiquement le 29 Septembre 2020

Prise en charge des hommes auteurs de violences conjugales, sans et avec comorbidités
addicto-psychiatriques : une revue de la littérature.

Treatment Options for Intimate Partner Violence Male Perpetrators, including men with a
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Directrice de thèse : Madame VICARD-OLAGNE Mathilde, Docteur, Chef de clinique de Médecine
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A nos Maîtres et membres du jury

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Les candidats

Lionel POUGET et Lise GOMBOC

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Abbreviations :

ADHD : Attention Deficit Hyperactivity Disorder

BIPs : Batterer Intervention Programs

CBT : Cognitive-Behavioural Therapy

CI : Confidence Interval

CT : Couple Therapy

IPV : Intimate Partner Violence

MI : Motivational Interviewing

n : Number

PE : Psycho-educational

PTSD : Post-Traumatic Stress Disorder

SBP : Standard Batterer Program

SURE : Specialist Unit for Review Evidence

TRO : Temporary Restraining Order

UK : United Kingdom

USA : United States of America

1. Background

Intimate Partner Violence refers to “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”⁽¹⁾. It can take a wide variety of forms, including acts of *physical violence*, such as slapping, pushing, kicking and grabbing; *sexual coercion*; *psychological abuse*, such as insults, belittling, humiliation, intimidation, threats (of harm, take away children) ; controlling behaviours, including isolation a person from family and friends, monitoring their movements, and restricting access to financial resources, employment, education or medical care⁽²⁾.

The consequences for the women victims and the children who witness domestic violence are well known and broad: murders, suicide, injuries, chronic pain, depression, post-traumatic stress disorder, chronic stress and functional disorders, unwanted pregnancies, sexually transmitted disease, anxiety, insomnia, social dysfunction and alcohol or drug abuse⁽³⁾. The predicted probability of IPV perpetration reaches its peak in the early twenties and subsequently declines during the latter half of the twenties, women victims will face these consequences throughout their all life⁽⁴⁾. According to the Global Health Observatory Data Repository of the WHO, in 2010, the intimate partner violence prevalence among ever partnered women aged from 15 to 69 was 19,3 % [15,9 – 22,7] in Western Europe and 21,3 % [16,2 – 26,4 %] in North America⁽⁵⁾. In 2018, 213 000 French women, between 18 and 75 years were victims of physical and/or sexual violence by their current or former partner, for comparison, over the same period, there were 58,459 cases of breast cancer^(6, 7). On a European scale, the lifetime prevalence of psychological Intimate Partner Violence is 28,7 % with a current prevalence of physical and/or sexual IPV of 6,1%⁽⁸⁾.

To understand intimate partner violence, the ecological model proposes four levels of risk factor interacting with each other: societal, community, relationship and individual⁽⁹⁾. Substance abuse is the most well-established individual factor increasing the risk of violence⁽¹⁰⁾. Between

50 and 60 % of male patients attending treatment for substance abuse had committed at least one act of physical intimate partner violence (IPV) in the previous year and are eleven times as likely to batter on a day on which they have been drinking ^(11, 12, 13 14). Besides, substance abuse issues are excessively represented in men who attend IPV treatment programs, half of patients disclosing an alcohol use disorder ^(15, 16, 17). Among individual factors, the links between personality disorder (antisocial personality disorder and borderline personality disorder), depression, anxiety and post-traumatic stress disorder and IPV perpetration are strong ⁽¹⁸⁾.

General practitioners are key elements of the primary health care which is “the first level of contact of individuals, the family and community with the national health system, it constitutes the first element of a continuing health care process addressing the main health problems in the community” ⁽¹⁹⁾. *General practitioners are engaged in long-term personal follow-ups, based on confidence and knowledge of comorbidities and individual backgrounds, which is valued by patients with serious or psychological problems.* Our patients include as many women victims as male perpetrators. It is our responsibility to help both in the supreme goal of ending the violence. As a global health problem, concerning every culture, there is a growing interest in the medical literature and in general opinion which was reinforced by the #MeToo movement.

In the desire to help practitioners to propose and guide their patients who are perpetrators towards the most recent and most suitable treatments, the aim of our study is to draw, in a systematic review, an inventory of treatment programs addressed to male offenders in heterosexual relationships, that have been used in Western countries in the last decade, including the specific management of comorbidities often associated with violence.

2. Method

2.1 Protocol and registration

The systematic review was registered in the International Prospective Register of Systematic Reviews, PROSPERO, N° CRD42020197903 and was written following the Preferred Reporting Items for Systematic Review and Meta-Analysis, PRISMA.

2.2 Eligibility criteria

We decided to include articles in which could be founded the following criteria :

- 1) Adult males aged 18 or older.
- 2) History of domestic violence perpetrated against female intimate partner.
- 3) Voluntarily or court-referred treatment attendance.
- 4) Type of treatment : facing intimate partner violence and associated comorbidities that are addictions and psychiatric troubles, including group, individual or couple therapies.
- 5) Type of studies : clinical trials, cohort studies, case-control studies, transversal studies and qualitative studies were included.
- 6) Written in English, Spanish or French.
- 7) Published between January 2009 and May 2020.

2.3 Information sources, search strategy and study selection

We conducted a systematic review in Medline via PubMed, PsycINFO, CINAHL, Embase and Central (Cochrane library). As there were no specific key-word directly referring to intimate partner violence male offenders, the research equation was created using a combination free-term text respectively designing intimate partner violence, males, and offenders (cu Annexe I). Then, selection of articles treating care management was manually performed by LG and LP.

2.4 Data collection process

Articles were screened on title and abstract. Double-reading allowed comparison and discussion. Final screening was based on full-text reading by LG and LP. Discrepancies were resolved by consensus found with MVO and BB.

2.5 Data items

For each included article, a table was created that identify the following variables : journal, date, location, type of study, aim of the study, number of participants, inclusion criteria, exclusion criteria, treatment characteristics, assessment of the outcome and results (cf Annexe II).

2.6 Risk of bias in individual studies

Quality of included studies was evaluated using SURE studies critical appraisal checklists (cf Annexe III).

2.7 Synthesis of results

Principal results were extracted and summarized for a descriptive analysis of intimate partner violence offenders' treatment.

2.8 Risk of bias across studies

Variability of outcomes in the different studies led to some heterogeneity bias.

3. Results

3.1 Study selection

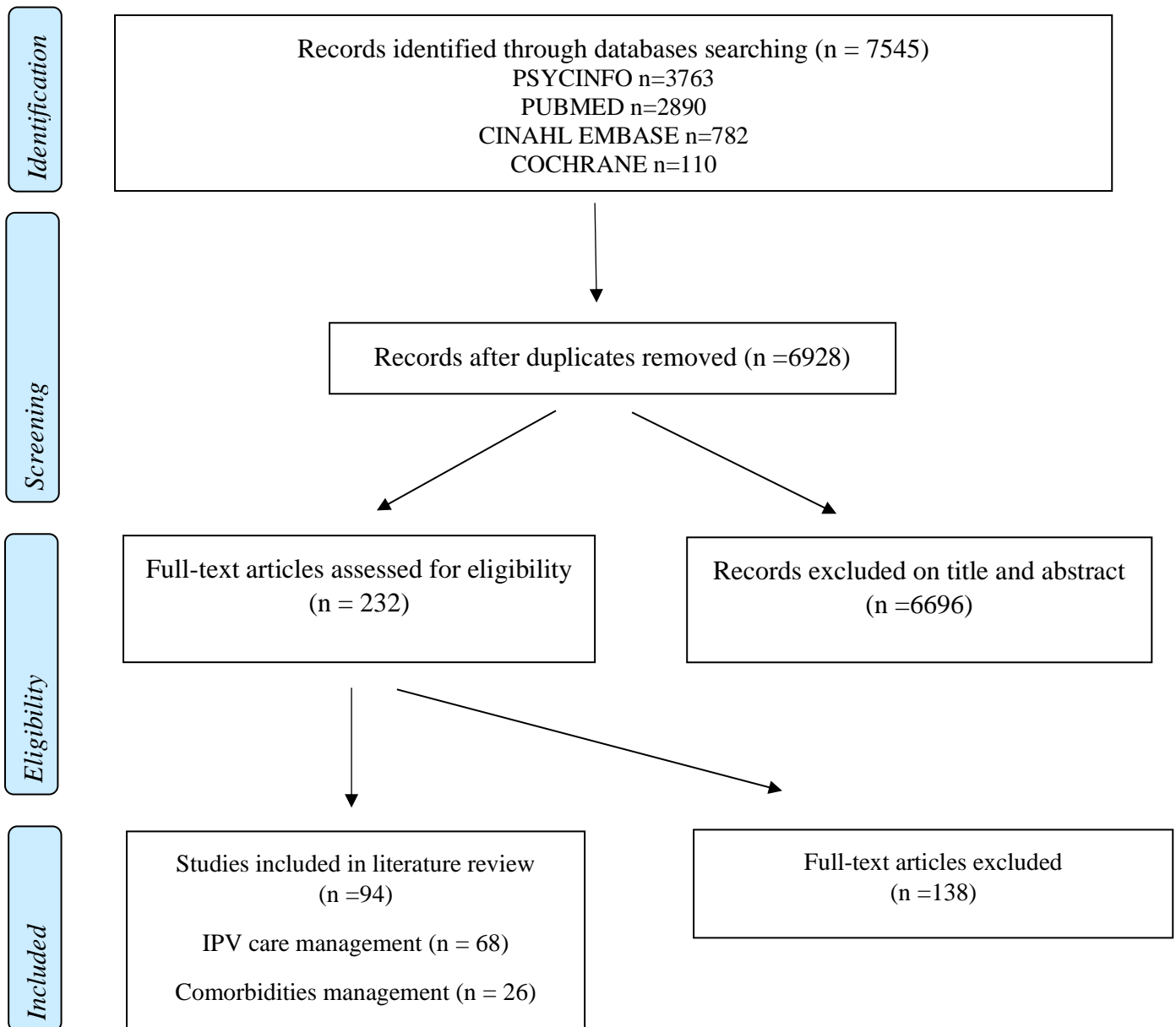


Figure 1: Flow-diagram

A total of 6928 articles were screened after duplicates withdrawal. After exclusion of 6696 articles on title and abstract, 232 articles were assessed for eligibility by full-text reading. Then, 138 articles were excluded. Finally, 94 studies were included in the review, 68 concerning intimate partner violence (IPV) care management and 26 concerning comorbidities management. Table I recaps reasons of exclusion at each step of the screening process.

Exclusion criteria		Title	Abstract	Full-text	Total
Location	Not in occidental country	1112	57		1169
Individual	Only women included	378	182	1	561
	Woman victim	659	107	2	768
	Woman perpetrator	89	20		109
	Woman victim and perpetrator	29	10	1	40
	Mother-Child relationship	35	12		47
	Impact on child	472	53		525
	Not adult	61	20		81
	Not heterosexual	162	29		191
	Bystander	28	1		29
	Stakeholders	55	50	5	110
	Men not perpetrators	260	269		529
Type of study	Commentary, literature review, meta-analysis	236	135	51	422
Subject	Not IPV	187	132	1	320
	Epidemiology	1	24		25
	Socio-demography	522	110	40	672
	Religion	5	2		7
	Clinic consequences	46	6	3	55
	Paraclinic consequences	24	9	1	34
	Psychology	50	46	17	113
	Parenthood	18	11		29
	Motivation for offending	18	35	9	62
	Relationship between partners	22	16	4	42
	Police involvement	93	67		160
	Prevention	130	91		221
	Screening	10	30	2	42
	Measure of IPV	20	9		29
	Ways of violence perpetration	11	30		41
	Consequences after IPV	63	24	1	88
	Population's perspectives	167	126		293
	Technological abuse	11	4		15
	Workplace violence	4	1		5
	Total of excluded articles	4978	1718	138	6834

Table I : Exclusion criteria

3.2 Characteristics of included studies

We included articles published between January 2009 and May 2020 (Figure 2).

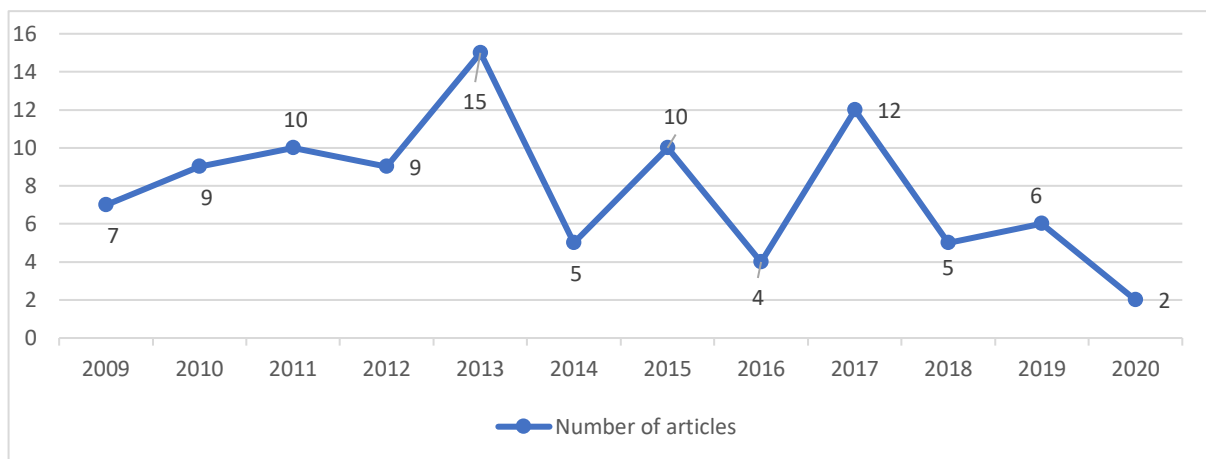


Figure 2 : Studies publication dates

Included studies were conducted in 8 different countries (Table II). The large majority came from the United States of America (USA) that is the cradle of domestic violence care management and is still very active in researching and developing new pathways of treatment. Some researches were also conducted in Canada and Quebec. Europe was largely less represented with only a few studies coming from the United Kingdom (UK), Norway, Finland, Sweden, Netherlands and Spain.

Countries	Number of articles
United States of America	53
Canada (including Quebec)	10
United Kingdom	6
Norway	3
Finland	4
Sweden	2
Netherlands	6
Spain	9
Collaboration: United States of America / Spain	1
Total	94

Table II : Number of articles per country

Studies were carried out in university settings, specialized health care settings, prison and probation services settings or community services settings.

Types of the 97 included studies are reported in Table III.

Experimental studies	Randomized Controlled Trials	23
	Others	25
Observational studies	Cross-Sectional Studies	14
	Case Studies	3
	Longitudinal Studies	2
	Case Control Study	2
	Survey	1
	Cohort Studies	8
Qualitative studies		26
Total		104*

*Total number of study types exceed total number of studies because of mixed-method studies.

Table III : Study types

Characteristics of each included study regarding number of participants, inclusion and exclusion criteria, aim of the study, description of the treatment program and evaluated outcomes are detailed in Annexe II.

3.3 Risk of bias within study

Risk of bias was assessed for each study by questionnaires from the SURE Critical Appraisal Checklist. Recap charts classified into types of studies and using a color-coding for a quick overview of studies strengths and weaknesses are represented in Annexe III.

3.4 Descriptive synthesis of results

3.4.1 Generalities

We retained 94 studies. Sixty-eight investigate IPV care management whom 51 concerning specific programs and 17 concerning men's general perspectives about treatment. Twenty-six studies investigate treatments in situations of alcohol abuse and psychiatric disorders that are frequent comorbidities of IPV perpetration.

Results from included studies highlight five main categories of treatments for male offenders : psychoeducational therapies, cognitive-behavioural therapies (CBT), integrated cognitive-behavioural and psychoeducational therapies, couple therapies and other more recently developed therapies.

Table IV summarizes articles repartition according to study location and type of treatment.

	IPV management	Substance use management	Psychiatric disorders management
USA	36 <i>PE: 5</i> <i>CBT: 5</i> <i>Integrated CBT + PE: 3</i> <i>Couple therapy: 8</i> <i>Other therapies: 7</i> <i>Men's perspectives about treatment: 8</i>	13 <i>PE: 3</i> <i>CBT: 2</i> <i>Integrated CBT + PE: 3</i> <i>Other therapies: 4</i> <i>CT: 1</i>	5 <i>CBT: 2</i> <i>Integrated CBT + PE: 1</i> <i>Couple therapy: 1</i> <i>Other therapies: 1</i>
Canada / Quebec	10 <i>PE: 1</i> <i>CBT: 7</i> <i>Other therapies: 1</i> <i>Men's perspectives about treatment: 1</i>		
UK	5 <i>Integrated CBT + PE: 1</i> <i>Other therapies: 1</i> <i>Men's perspectives about treatment: 3</i>		1 <i>Integrated CBT + PE: 1</i>
Norway	3 <i>PE: 1</i> <i>CBT: 1</i> <i>Men's perspectives about treatment: 1</i>		
Finland	4 <i>Couple therapy: 4</i>		
Sweden	2 <i>Integrated CBT + PE: 2</i>		
Netherlands	1 <i>Men's perspectives about treatment: 1</i>	3 <i>PE: 1</i> <i>CBT: 1</i> <i>Integrated CBT + PE: 1</i>	8 <i>CBT: 1</i> <i>Integrated CBT + PE: 1</i> <i>Couple Therapy: 2</i> <i>Other therapies: 4</i>
Spain	7 <i>CBT: 3</i> <i>Integrated CBT + PE: 1</i> <i>Men's perspectives about treatment in general: 3</i>	4 <i>PE: 1</i> <i>CBT: 2</i> <i>Integrated CBT + PE: 1</i>	2 <i>CBT: 2</i>
Total	68	20	16

Table IV : Types of treatment per country

3.4.2 Intimate partner violence care management

Psychoeducational programs :

The historical Duluth model, based on a pro-feminist approach underlying that violence results of gender social inequality and encouraging men to take the whole accountability of violence, is still commonly used in the USA ^(20,21). In Florida, the ‘Three-level community-based treatment program’ adds a classification of court-mandated batterers with adaptation of treatment length and services ⁽²²⁾. Canada developed the Help Yourself to Healthy Relationship program delivered on a voluntary basis by community services ⁽²³⁾. The Alternative To Violence (ATV) program, used with a court-referral in the USA and a voluntary referral in Norway, consists of a psychotherapy adjusted on each offender’s criminogenic needs affecting family relationship, employment and substance abuse ^(24,25).

Cognitive-behavioural therapies (CBTs) :

CBT whose aim is to teach men managing their negative emotions and learning skills to improve their intimate relationships is the most common alternative to the Duluth model ^(26,27,28,29). In the USA, the Abuser Intervention Program tailored for both voluntary or court-referred offenders associate CBT with motivational enhancement and focuses on family relationship improvement ⁽³⁰⁾. A Strength-At-Home program addressing misperceptions and aggressive reactions due to trauma is designed for voluntary active duty and military veterans ⁽³¹⁾. In Canada, an emotion-focused therapy called Relating Without Violence targets emotional and relationship changes to develop conflict resolution skills in court-referred men ⁽³²⁾. In Spain, the PSIMAE (Instituto de Psicología Jurídica y Forense) offers an individual CBT program tailored to the specific features of each court-referred batterer, taking into account psychopathological symptoms and cognitive distortions ⁽³³⁾. A CBT-rehabilitation program is also used to face cognitive limitations or deficits that mostly concern social skills development, control of jealousy, anger management and alternative non-violent behaviour ⁽³⁴⁾.

Integrated cognitive-behavioural therapy and psychoeducation :

USA, UK and Sweden work on programs combining a psychoeducational basis with cognitive-behavioural techniques to change learned behaviour and cognitive distortions. The AMEND model in Colorado and the Emerge model in Massachusetts are the largest and most established programs, mixing education about gender roles and new skills learning ⁽³⁵⁾. The Integrated Domestic Abuse Program (IDAP), based on the Duluth model with CBT elements targeting psychological and social factors linked to violence perpetration is the primary program for criminal justice IPV interventions in England and Wales ^(36,37). This program is also used in Sweden with an additional computer simulation session representing a violence scene where batterers have to choose the actions with a simultaneous assessment of their physical and emotional reactions ⁽³⁸⁾.

Couple therapies :

Couple therapy was designed to meet a wish of partners to improve their relationship and keep on living together for specific cases of situational violence. This includes a preliminary individual evaluation of both the perpetrator and the victim to ensure the program's safety. USA and Finland are particularly active in this field. In Finland, the Psychotherapy Training and Research Centre of the University of Jyvaskyla offers conjoint therapy inspired by the Norwegian model of Alternative-To-Violence using psychoeducation and supportive therapy based on offenders 'needs' ^(39,40,41,42). Issues of dominance and dialogue during couple therapy are studied for an adaptation of the therapeutic context to reach better outcomes. In the USA, attention is focused on relationship functioning examining attachment style and using Emotion-Focused Therapy to restructure couple interactions ^(43,44).

Other therapies:

New therapies are coming up especially in the USA and for court-referred perpetrators. Iowa correctional department developed a new program called Achieving Change Through Value-based behaviour (ACTV) whose objective is not correcting cognitive distortions but altering their function and how they are experienced ⁽⁴⁵⁾. In Utah, a Mind-Body Bridging program tries to understand the mind-body state of the offender before violence occurs ⁽⁴⁶⁾. In Arizona, the Circle of Peace court program involves a trained volunteer community member, a support person, and volunteer's family members to reduce violence inside families ⁽⁴⁷⁾. In Colorado, the Shame Transformation Treatment promotes acceptance of one's mistakes and the ability to repair them using interactive role-plays ⁽⁴⁸⁾. In Texas, psychodynamic components focusing on maladaptive interpersonal patterns learned in childhood are added to CBT ⁽⁴⁹⁾. In Maryland, a Stages-Of-Change Motivational Interviewing intervention addresses minimization and denial of abuse ⁽⁵⁰⁾. Outside from the USA, mentoring strategies are used in UK for serial and high-risk perpetrators combining individualized practical support and problem solving, men being challenged about their behaviours related to IPV ⁽⁵¹⁾.

3.4.3 Comorbidities management

IPV offenders with a dual substance use or psychiatric disorder represent a very heterogenous group of men that often have complex psychological and addiction treatment needs, therefore there is a wide variety of cares addressing both conditions.

Comparing to treatment for patients without a clearly identified risk factor, the different programs dealing with these co-occurrent disorders do not differ on the form but in the content. They also belong to the same five categories described above. They concern inpatients and outpatients, who are mandated to treatment in most cases which may result from a conviction for domestic violence or for substance abuse.

Treatments for IPV and substance use disorder:

The treatment of substance use disorders alone, notably alcohol, has been associated with reductions in intimate violent behaviours, thus the programs addressing IPV among drinking perpetrators include existing treatments for whom effectiveness has been proven such as 12 Step Facilitation behavioural therapy or CBT programs ^(52, 53, 54).

Men with both comorbid problems are often mandated to separate treatment facilities, yet, multiple treatment referrals increase attrition and have not proven their effectiveness ⁽⁵⁵⁾. The alternative integrated option brings together in a unit of time and location the management of addictive and IPV disorders. Besides, IPV perpetrators share some traits with people who misuse substances, including externalizing and blaming others and diminishing the impact of their behaviour. In the USA, *Substance Abuse domestic Violence (SADV)* is an integrated CBT addressing IPV perpetrators with a co-occurring alcohol, marijuana, cocaine or opiates disorder ^(56, 57, 58, 59). *Fathers For Change* is a CBT program addressing outpatients and inpatients IPV perpetrators with a substance use disorder focusing on fathering as motivator for behavioural change ⁽⁶⁰⁾. *Standard Batterer Program and Brief Alcohol Intervention (SBP + BAI)* is a psychoeducational program combined with a unique session addressing alcohol for hazardous drinking male batterers ⁽⁶¹⁾. *CBT-Fluoxetine* is an integrated therapy of standard and motivational treatments for men with alcohol or emotional disorder merged with individualized CBT and Fluoxetine therapy ⁽⁶²⁾. *Behavioural Couple Therapy (BCT)* is a manualized CBT for couples ⁽⁶³⁾. In the Netherlands, *Integrated Treatment for Substance Abuse and Partner Violence (I – StoP)* is an integrated treatment merging CBT, psychoeducational and motivational interviewing (MI) interventions, delivered to men with an alcohol, cannabis, cocaine or ecstasy use disorder ^(64, 65).

Treatment for IPV and psychiatric disorders:

Psychiatric disorders associated with intimate violence behaviours cover a wide field of psychiatry, including personality disorders (notably borderline and antisocial personalities), Attention-Deficit Hyperactivity Disorder (ADHD), Post-Traumatic Stress Disorder (PTSD), schizophrenia and mood disorders. Men with Axis I or Axis II disorders represent a challenging group of patients to treat with lower program completion rates and higher post-treatment re-assaults rates ⁽⁶⁶⁾.

In the United Kingdom, *Cognitive Behavioural Therapy and Cognitive Analytic Theory* is an integrative approach, underpinned by psychoanalytic cognitive and personal construct theory based on Reciprocal Role Procedures addressing male perpetrators with a diagnosis of schizophrenia ⁽⁶⁷⁾. In the Netherlands, *Impact of Treatment of Attention-Deficit Hyperactivity Disorder (ADHD) on intimate Partner violence (ITAP)* is a CBT program, based on the RNR Model (Risk Need Responsivity), addressing male offenders with a diagnosis of ADHD ⁽⁶⁸⁾. Treatment for ADHD is based on pharmacotherapy provided by a psychiatrist, partner relation therapy by a family therapist, psychoeducation and skill training by a psychologist. In the USA *Strength-At-Home (SAH)* is an integrated CBT-Trauma informed care for veterans or service members offenders with a diagnosis of PTSD or a co-occurring substance disorder ⁽⁶⁹⁾. *Domestic Violence Mental Health Court (DVMHC)* is a specialized problem-solving court that seeks to divert arrested defendants with mental illness out of jail into community BIPs ⁽⁷⁰⁾. In Spain, *Psychological Treatment Program* is a CBT for male offenders with an addiction and/or personality or emotion disorder, tailored to the specific features of each batterer ⁽³⁴⁾.

Motivational interventions:

Comparing with other IPV perpetrators, those with a co-occurring substance use or psychiatric disorder have significantly lower rates of treatment initiation, treatment completion and are less

compliant with CBT task assignments, while participant motivation is a significant predictor of treatment completion. In the USA, *Brief Motivational Enhancement Intervention* (BMEI) is a unique Motivational Interviewing (MI) session delivered for IPV offenders seeking treatment for alcohol use disorder ⁽⁷²⁾. The *Motivational Enhancement Therapy* targets men through radio, prints and multimedia advertisements to engage men early, before arrest, to initiate positive changes in their IPV and/or substance abuse ⁽⁷³⁾. It's a MI care offered by telephone. It is part of Men's Domestic Abuse Check-Up (MDACU) a free, non-judgmental, brief, and anonymous program.

4. Discussion

4.1 Summary of results

Standard programs for IPV offenders are the historical psychoeducational model and cognitive-behavioural therapies. However, controversies regarding these interventions and their apparent limited efficiency drove health care and probation services to offer combinations of psychoeducation and CBT to increase success of batterers' intervention programs (BIPs). Those integrated programs focus on motivational enhancement, anger and emotion management, communication skills, safety plans and coping strategies. Besides, couple therapy can be offered to partners who wish to stay together to overcome relationship dysfunctions but only in cases of mild-to-moderate past situational IPV. The current trend is to develop new interventions fitting with perpetrators' characteristics and specific needs. The search for risk factors is a necessary step for a better understanding of the mechanisms underlying intimate partner violence. The determining role of alcohol is now well established, but more research is needed to clarify the association between other substances misuse and IPV. Identification of subtypes of batterers is growing. The most frequent typologies following the Holtzworth-Munroe and Stuart model based on severity of IPV, generality of violence and psychopathologic traits, helps predicting future violence perpetration but does not often fit with clinician's initial evaluation

and treatment assignment is not always appropriate. Categorization of batterers also use anger subtypes or IPV-related behaviours. Another major issue of new BIPs is to enhance motivation to change, by variate means, from the most common Motivational Interviewing techniques based on role-play exercises ⁽⁷⁵⁾, proactive reinforcement (76), to more innovative ones like writing letters for themselves exercises ⁽⁷⁷⁾.

4.2 Limitations of our review

Despite a strong methodology, there are few limitations in our current review.

First, the studies included were very heterogeneous, using different methods, both qualitative and quantitative and focusing on diverse outcome variables. This heterogeneity is both a limitation and a strength even if it increased the complexity of synthesizing the information.

Second, there are methodological limitations to existing research concerning IPV perpetrators interventions with short follow-up period, little sample size, high attrition rate and outcomes' assessment using self-reports data.

Third, we only searched for articles published in the last decade, from 2009 to 2020, to present the most recent data. But building and developing an intervention program for perpetrators of IPV takes several years, so some treatments described in studies prior to 2009 are still relevant nowadays. However, as reported in the results section, treatments exposed in our review are wide-ranging and built on previous studies discoveries which leads us to believe that no major therapy has been excluded from our work. We must also consider the existing gap between research and practice. Some programs presented in our review are the results of forefront leading investigators and it could take many years for their treatment to spread through residential or community-based programs in other countries.

Furthermore, IPV-related acts sometimes face a criminal justice system answer, which complicates the transposition of our results from a country to another. Nevertheless, by limiting

our research to Western countries, we can find similarities and equivalences in the national legal systems. For instance, even if differences exist in the application of restraining orders, this juridical measure exists in every Western European country.

Finally, the aim of this review was to help general practitioners to direct their patients to suitable cares, but the effectiveness of each treatment is not always assessed in the included studies.

4.3 Comparison with the literature

Results of our review support general findings of recent studies. In 2017, Choenni in a systematic review reported an association between IPV perpetration and substance abuse in industrialized countries and that increased alcohol abuse predicted increased IPV perpetration. Other factors (personality traits, psychopathology, and neighbourhood unemployment) were found to influence this association which nevertheless remained significant after controlling for these factors. In 2019, Karakurt found an overall effectiveness of IPV treatment programs (95% Confidence Interval (CI) [-1.02 to -0.69]) and an improvement of treatment success when substance abuse or trauma components were integrated (substance abuse: CI [-3.20 to -1.08] and trauma: CI [-2.63 to -0.30]). In 2020, a systematic review of Butters also highlighted a shift from the historical psychoeducational and CBT treatments to treatments based on individual needs and co-occurring issues. His work consisted in a focus on these needs and co-occurring issues, identified as demographic factors, typologies of batterers, readiness-to-change, substance use and mental disorders.

4.4 A brief focus on our local French IPV care management system

After this large overview of IPV care management in Western countries, we wanted to focus on cares offered in our local French Puy-de-Dôme department. Outside from the criminal justice system, cares are provided by the ‘Association Ressources, Accompagnement, Médiation,

Intervention sociale' (ARAMIS): enhancing responsibility programs and offender's management associated with a temporary restraining order (TRO). One emergency accommodation is also available for men under a TRO procedure in the Clermont-Ferrand Community Social Action Association. Inside the criminal justice system, the same ARAMIS association and the Clermont-Ferrand Prison and Probation Service Settings allow programs to enhance parenthood responsibility. Planning Familial 63, the regional family service leads group discussions for incarcerated offenders. As it is the tendency in Western countries, implications about IPV perpetrators' care are growing in France with a coming national project whose objective is the implementation of 15 centres dedicated to voluntarily or court-referred male offenders' management and follow-up. Actions of these centres would be based on responsibility enhancement and would include medical and psychotherapeutic services as well as a social support to respond to offenders' criminogenic needs (adapted family relationship, employment, social integration).

4.5 Implications for practice

General practitioners have an essential role in IPV perpetrators' care management. They must strive to create the auspicious conditions to the disclosure of IPV perpetration, to enhance the offender's motivation to change. Their knowledge of the social and familial context, of the comorbidities especially co-occurring substance abuse and psychiatric disorder is an undeniable asset to achieve the ultimate goal which is the cessation of violence and the safety of the female partner. A network between the general practitioner, the criminal justice system and psychiatric cares must set up.

5. Conclusion

As key elements of primary health care, General Practitioners have to detect signs of violence victimization and do their best to protect women. Their role must also widen to male batterers care to solve the origin of violence and prevent re-offenses. Because no single factor explains IPV, the answer to men's violent intimate behaviours can't be a "one-size-fits-all" approach. First historical treatments were mainly based on psychoeducation questioning gender inequality and patriarchal attitudes. Their lack of efficiency and a better understanding of the underlying mechanisms of IPV perpetration led to a wide range of therapies, cognitive-behavioural therapy, focusing on maladaptive thinking patterns and failures of self-regulation becoming the new standard. The co-occurrence of substance use or psychological disorders are very high-risk situations of IPV. Their assessment is fundamental. Addressing these conditions appears necessary but not sufficient to end the violence. Identification and management of risk factors seems to be the future of IPV perpetrators' care.

Conclusion

Eléments clés des soins de premiers recours, les médecins généralistes sont tenus de repérer les signes évocateurs de violences conjugales et de protéger au mieux les femmes victimes. Leur rôle doit également être élargi à la prise en charge des hommes auteurs de ces violences afin de résoudre l'origine de la violence et d'éviter les récurrences. La violence au sein du couple ne pouvant être expliquée par un seul facteur, la réponse à ces comportements ne peut être représentée par une approche unique commune à toutes les situations de violences conjugales. Les premiers traitements apparus étaient principalement basés sur une approche psycho-éducative remettant en cause les inégalités de genre et les attitudes patriarcales. Leur manque d'efficacité ainsi qu'une meilleure compréhension des mécanismes à l'origine de la violence ont conduit au développement d'une large gamme de traitements, la thérapie cognitive comportementale s'intéressant aux schémas de pensée inadaptés et aux défauts d'auto-contrôle devenant peu à peu la nouvelle référence. L'existence concomitante d'abus de substances ou de troubles psychiatriques sont des situations à très haut risque de violences conjugales. Leur évaluation est fondamentale. Si la prise en charge de ces comorbidités est nécessaire, elle apparaît néanmoins insuffisante pour annihiler la violence. L'identification et la prise en charge des facteurs de risques liés à l'usage de la violence semble être l'orientation future des soins destinés aux auteurs de violences conjugales.

Pierre CLAVELOU
Doyen-Directeur



G. BROUSSE
le 28/08/2020

A handwritten signature in blue ink, appearing to be "G. BROUSSE".

6. References

- (1) https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf
- (2) Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and Preliminary Psychometric Data. *Journal of Family Issues*, 17(3), 283–316
- (3) Campbell JC. Health consequences of intimate partner violence. *Lancet*, 2002, 359(9314):1331–36
- (4) Johnson, W. L., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2014). The Age–IPV Curve: Changes in the Perpetration of Intimate Partner Violence
- (5) <https://apps.who.int/gho/data/view.main-euro.IPVGBDREGION?lang=en>
- (6) https://arretonslesviolences.gouv.fr/je-suis-professionnel/chiffres-de-reference-violences-faites-aux-femmes#lobservatoire_national_des_violences_faites_aux_femmes1
- (7) <https://www.santepubliquefrance.fr/maladies-et-traumatismes/cancers/cancer-du-sein>
- (8) Sanz-Barbero B, López Pereira P, Barrio G, Vives-Cases C. Intimate partner violence against young women: prevalence and associated factors in Europe. *J Epidemiol Community Health*. 2018;72(7):611-616. doi:10.1136/jech-2017-209701
- (9) Smith Slep, A. M., Foran, H. M., & Heyman, R. E. (2014). An ecological model of intimate partner violence perpetration at different levels of severity. *Journal of Family Psychology*, 28(4), 470–482
- (10) Easton, C., Swan, S., & Sinha, R. (2000). Motivation to change substance use among offenders of domestic violence. *Journal of Substance Abuse Treatment*, 19, 1–5
- (11) Stuart GL, Ramsey SE, Moore TM, et al. Reductions in marital violence following treatment for alcohol dependence. *J Interpers Violence* 2003;10:1113–31
- (12) Chermack ST, Fuller BE, Blow FC. Predictors of expressed partner and non-partner violence among patients in substance abuse treatment. *Drug Alcohol Depend* 2000;58:43–54
- (13) Murphy CM, Ting L. The effects of treatment for substance use problems on intimate partner violence: a review of empirical data. *Aggress Violent Behav* 2010;15:325–33
- (14) Fals-Stewart, W. (2003). The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study. *Journal of Consulting and Clinical Psychology*, 71, 41–52
- (15) Easton, C. J., Swan, S., & Sinha, R. (2000a). Motivation to change substance use among offenders of domestic violence. *Journal of Substance Abuse Treatment*, 19, 1–5
- (16) Easton, C. J., Swan, S., & Sinha, R. (2000b). Prevalence of family violence in clients entering substance abuse treatment. *Journal of Substance Abuse Treatment*, 18, 23–28
- (17) Murphy, C. M., Winters, J., O'Farrell, T. J., Fals-Stewart, W., & Murphy, M. (2005). Alcohol consumption and intimate partner violence by alcoholic men: Comparing violent and nonviolent conflicts. *Psychology of Addictive Behaviors*, 19, 35–42
- (18) Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1–17
- (19) Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12, September 1978
- (20) Penelope K. Morrison, Jessica Burke, Patricia A. Cluss, Lynn Hawker, Elizabeth Miller, Donna George, Terry Bicehouse, Rhonda Fleming, Kalem Wright & Judy C. Chang (2018) The influence of batterer intervention programs on male perpetrators of intimate partner violence: Reports of change in beliefs and behaviors, *Journal of Offender Rehabilitation*, 57:5, 311-329,
- (21) Cotti, C., Foster, J., Haley, M. R., & Rawski, S. L. (2020). Duluth versus cognitive behavioral therapy: A natural field experiment on intimate partner violence diversion programs. *Journal of Experimental Psychology: Applied*, 26(2), 384–395

- (22) Coulter, M., & VandeWeerd, C. (2009). Reducing Domestic Violence and Other Criminal Recidivism: Effectiveness of a Multilevel Batterers Intervention Program. *Violence and Victims*, Volume 24, Number 2, 2009
- (23) Jessica Bouchard & Jennifer S. Wong (2020) Disparate Approaches to Intimate Partner Violence Intervention: A Preliminary Investigation of Participant Outcomes across Two Community-based Programs, *Deviant Behavior*
- (24) Maxwell, C. D., Davis, R. C., & Taylor, B. G. (2010). The impact of length of domestic violence treatment on the patterns of subsequent intimate partner violence. *Journal of Experimental Criminology*, 6(4), 475–497.
- (25) Askeland, I. R., & Heir, T. (2013). Early dropout in men voluntarily undergoing treatment for intimate partner violence in Norway. *Violence and Victims*, 28(5), 822-831
- (26) Scott K, Heslop L, Kelly T, Wiggins K. Intervening to prevent repeat offending among moderate- to high-risk domestic violence offenders: a second-responder program for men. *Int J Offender Ther Comp Criminol*. 2015;59(3):273-294.
- (27) Connors, A. D., Mills, J. F., & Gray, A. L. (2013). Intimate partner violence intervention for high-risk offenders. *Psychological Services*, 10(1), 12–23
- (28) Connors AD, Mills JF, Gray AL. An evaluation of intimate partner violence intervention with incarcerated offenders. *J Interpers Violence*. 2012;27(6):1176-1196
- (29) Nettet, M.B., Lara-Cabrera, M.L., Bjørngaard, J.H. et al. Cognitive behavioural group therapy versus mindfulness-based stress reduction group therapy for intimate partner violence: a randomized controlled trial. *BMC Psychiatry* 20, 178 (2020)
- (30) Portnoy GA, Murphy CM. Using Reoffenders' Experiences and Perspectives to Improve Intimate Partner Violence Treatment. *J Interpers Violence*. 2020;35(19-20):4040-4060.
- (31) aft, C.T., Macdonald, A., Monson, C.M. et al. “Strength at Home” Group Intervention for Military Populations Engaging in Intimate Partner Violence: Pilot Findings. *J Fam Viol* 28, 225–231 (2013)
- (32) Pascual-Leone A, Bierman R, Arnold R, Stasiak E. Emotion-focused therapy for incarcerated offenders of intimate partner violence: a 3-year outcome using a new whole-sample matching method. *Psychother Res*. 2011;21(3):331-347
- (33) Fernández-Montalvo J, Echaury JA, Martínez M, Azcarate JM, Lopez-Goñi JJ. Impact of a court-referred psychological treatment program for intimate partner batterer men with suspended sentences. *Violence Vict*. 2015;30(1):3-15
- (34) Novo, Mercedes, & Fariña, Francisca, & Seijo, María Dolores, & Arce, Ramón (2012). Assessment of a community rehabilitation programme in convicted male intimate-partner violence offenders. *International Journal of Clinical and Health Psychology*, 12(2),219-234
- (35) K. McRee Lauch, Kathleen J. Hart & Scott Bresler (2017) Predictors of Treatment Completion and Recidivism Among Intimate Partner Violence Offenders, *Journal of Aggression, Maltreatment & Trauma*, 26:5, 543-557
- (36) Walker, K, Brown, SJ & Hicks, K 2016, 'An exploratory examination of practitioners' and offenders' perceptions of the effectiveness of an individual workbook approach for treating intimate partner violence offenders' *Psychology, Crime & Law*, vol 22, no. 10, pp. 977-999
- (37) Haggård U, Freij I, Danielsson M, Wenander D, Långström N. Effectiveness of the IDAP Treatment Program for Male Perpetrators of Intimate Partner Violence: A Controlled Study of Criminal Recidivism. *J Interpers Violence*. 2017;32(7):1027-1043.
- (38) Kristina Sygel, Marianne Kristiansson, Roberto Furberg & Uno Fors (2014) Reactions on Display/Intimate Partner Violence (RoD/IPV)—A Study of a New Interactive Computer Simulation Program for the Treatment of Men Convicted of Intimate Partner Violence, *International Journal of Forensic Mental Health*, 13:4, 369-380
- (39) Vall, B., Seikkula, J., Laitila, A., & Holma, J. (2018). Embodiment and reflective practices: Conjoint therapy for psychological intimate partner violence. *Journal of Family Therapy*, 40(Suppl 1), S45–S62

- (40) Vall, B., Päivinen, H., & Holma, J. (2018). Results of the Jyväskylä research project on couple therapy for intimate partner violence: topics and strategies in successful therapy processes. *Journal of Family Therapy*, 40 (1), 63-82
- (41) Vall, B., Seikkula, J., Laitila, A. et al. Dominance and Dialogue in Couple Therapy for Psychological Intimate Partner Violence. *Contemp Fam Ther* 38, 223–232 (2016)
- (42) Räsänen, E., Holma, J., & Seikkula, J. (2012). Constructing Healing Dialogues in Group Treatment for Men Who Have Used Violence Against Their Intimate Partners. *Social Work in Mental Health*, 10(2), 127-145
- (43) Erica Rouleau, Teresa Barabe & Adrian Blow (2019) Creating Structure in a Time of Intense Stress: Treating Intimate Partner Violence, *Journal of Couple & Relationship Therapy*, 18:2, 148-169
- (44) Schneider, C., & Brimhall, A. S. (2014). From scared to repaired: Using an attachment-based perspective to understand situational couple violence. *Journal of Marital and Family Therapy*, 40(3), 367–379.
- (45) Zarling, A., Bannon, S., & Berta, M. (2019). Evaluation of acceptance and commitment therapy for domestic violence offenders. *Psychology of Violence*, 9(3), 257–266
- (46) Tollefson, D. R., & Phillips, I. (2015). A Mind-Body Bridging treatment program for domestic violence offenders: Program overview and evaluation results. *Journal of Family Violence*, 30(6), 783–794
- (47) Mills, L. G., Barocas, B., & Ariel, B. (2013). The next generation of court-mandated domestic violence treatment: A comparison study of batterer intervention and restorative justice programs. *Journal of Experimental Criminology*, 9(1), 65-90
- (48) Loeffler, C. H., Prelog, A. J., Unnithan, N. P., & Pogrebin, M. R. (2010). Evaluating shame transformation in group treatment of domestic violence offenders. *International Journal of Offender Therapy and Comparative Criminology*, 54(4), 517–536.
- (49) Lawson DM. Comparing cognitive behavioral therapy and integrated cognitive behavioral therapy/psychodynamic therapy in group treatment for partner violent men. *Psychotherapy (Chic)*. 2010;47(1):122-133
- (50) Alexander PC, Morris E, Tracy A, Frye A. Stages of change and the group treatment of batterers: a randomized clinical trial. *Violence Vict*. 2010;25(5):571-587
- (51) Walker K, Bowen E. Mentoring serial and high-risk perpetrators of intimate partner violence in the community: Engagement and initiating change. *Crim Behav Ment Health*. 2015 Dec 10;25(4):299-313.
- (52) Murphy, C. M., & Ting, L. (2010). The effects of treatment for substance use problems on intimate partner violence: A review of empirical data. *Aggression and Violent Behavior*, 15(5), 325–333.
- (53) 1. Klostermann K, Mignone T, Chen R. Subtypes of Alcohol and Intimate Partner Violence: A Latent Class Analysis. *Violence and Victims*. 2009;24(5):563-576
- (54) Fernández-Montalvo, J., Arteaga, A., & López-Goñi, J. J. (2019). Treatment effectiveness of intimate partner violence perpetration among patients in a drug addiction program. *Psychology of Violence*, 9(2), 156–166.
- (55) Fals-Stewart, W. (2003). The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study. *Journal of Consulting and Clinical Psychology*, 71(1), 41–52
- (56) Easton CJ, Crane CA, Mandel D. A Randomized Controlled Trial Assessing the Efficacy of Cognitive Behavioral Therapy for Substance-Dependent Domestic Violence Offenders: An Integrated Substance Abuse-Domestic Violence Treatment Approach (SADV). *J Marital Fam Ther*. 2018;44(3):483-498
- (57) Scott MC, Easton CJ. Racial differences in treatment effect among men in a substance abuse and domestic violence program. *Am J Drug Alcohol Abuse*. 2010;36(6):357-362

- (58) Oberleitner LM, Mandel DL, Easton CJ. Treatment of co-occurring alcohol dependence and perpetration of intimate partner violence: the role of anger expression. *J Subst Abuse Treat.* 2013;45(3):313-318
- (59) Carla Smith Stover, Thomas J. McMahon & Caroline Easton (2011) The impact of fatherhood on treatment response for men with co-occurring alcohol dependence and intimate partner violence, *The American Journal of Drug and Alcohol Abuse*, 37:1, 74-78
- (60) Stover, C. S., Carlson, M., & Patel, S. (2017). Integrating intimate partner violence and parenting intervention into residential substance use disorder treatment for fathers. *Journal of Substance Abuse Treatment*, 81, 35–43.
- (61) Stuart GL, McGeary J, Shorey RC, Knopik VS. Genetics moderate alcohol and intimate partner violence treatment outcomes in a randomized controlled trial of hazardous drinking men in batterer intervention programs: A preliminary investigation. *J Consult Clin Psychol.* 2016;84(7):592-598
- (62) George DT, Phillips MJ, Lifshitz M, et al. Fluoxetine treatment of alcoholic perpetrators of domestic violence: a 12-week, double-blind, randomized, placebo-controlled intervention study. *J Clin Psychiatry.* 2011;72(1):60-65
- (63) Fals-Stewart, W., & Clinton-Sherrod, M. (2009). Treating intimate partner violence among substance-abusing dyads: The effect of couples therapy. *Professional Psychology: Research and Practice*, 40(3), 257–263
- (64) Kraanen, F. L., Scholing, A., Hamdoune, M., & Emmelkamp, P. M. G. (2014). Integrated Treatment for Substance Abuse and Partner Violence (I-StoP): A Case Study. *Clinical Case Studies*, 13(3), 203–217.
- (65) Kraanen FL, Vedel E, Scholing A, Emmelkamp PM. The comparative effectiveness of Integrated treatment for Substance abuse and Partner violence (I-StoP) and substance abuse treatment alone: a randomized controlled trial. *BMC Psychiatry.* 2013;13:189.
- (66) Heckert D. A., and Gondolf, E. W., (1997), Predicting Levels of Abuse and Reassault Among Batterer Program Participants.
- (67) Tully, R. J., & Barrow, A. (2017). Using an integrative, Cognitive Analytic Therapy (CAT) approach to treat intimate partner violence risk. *Journal of Aggression, Conflict and Peace Research*, 9(2), 128–140
- (68) Buitelaar NJL, Posthumus JA, Bijlenga D, Buitelaar JK. The Impact of ADHD Treatment on Intimate Partner Violence in a Forensic Psychiatry Setting [published online ahead of print, 2019 Oct 16]. *J Atten Disord.* 2019;
- (69) Berke DS, Macdonald A, Poole GM, et al. Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia. *Behaviour Research and Therapy.* 2017 Oct;97:222-229
- (70) Winick BJ, Wiener R, Castro A, Emmert A, Georges LS. Dealing with mentally ill domestic violence perpetrators: A therapeutic jurisprudence judicial model. *Int J Law Psychiatry.* 2010;33(5-6):428-439
- (71) Schumacher, J. A., Coffey, S. F., Stasiewicz, P. R., Murphy, C. M., Leonard, K. E., & Fals-Stewart, W. (2011). Development of a Brief Motivational Enhancement Intervention for Intimate Partner Violence in Alcohol Treatment Settings. *Journal of aggression, maltreatment & trauma*, 20(2), 103–127
- (72) Mbilinyi, L. F., Neighbors, C., Walker, D. D., Roffman, R. A., Zegree, J., Edleson, J., & O'Rourke, A. (2011). A Telephone Intervention for Substance-Using Adult Male Perpetrators of Intimate Partner Violence. *Research on social work practice*, 21(1), 43–56
- (73) Hilton, N. Z., & Radatz, D. L. (2018). The Criminogenic and Noncriminogenic Treatment Needs of Intimate Partner Violence Offenders. *International journal of offender therapy and comparative criminology*, 62(11), 3247–3259

- ⁽⁷⁴⁾ Graña, J. L., Redondo, N., Muñoz-Rivas, M. J., & Cantos, A. L. (2014). Subtypes of batterers in treatment: empirical support for a distinction between type I, type II and type III. *PloS one*, 9(10), e110651.
- ⁽⁷⁵⁾ Crane, C. A., & Eckhardt, C. I. (2013). Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. *Journal of counseling psychology*, 60(2), 180–187
- ⁽⁷⁶⁾ Subirana-Malaret, M., & Andrés-Pueyo, A. (2013). Retención proactiva y adherencia terapéutica en programas formativos para hombres maltratadores de la pareja. *Psychosocial Intervention*, 22(2), 95–104.
- ⁽⁷⁷⁾ Christopher D. Kilgore, Courtney Cronley & Peter Lehmann (2015) Social Construction of Intimate Partner Violence: A Brief Report on Quantitative Grammatical Analysis, *Journal of Aggression, Maltreatment & Trauma*, 24:10, 1123-1133

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PsycINFO

"battered women" OR "battered women" OR "abused woman" OR "abused women" OR
"battered woman"

OR

"Intimate Partner Violence" OR "intimate partner violence" OR "abuse of partner" OR
"intimate partner abuse" OR "abuse, intimate partner" OR "violence, intimate partner"

OR

"spouse abuse" OR "spousal abuse" OR "abuse spouse" OR "spouse abuse" OR "abuse partner" OR
"wife abuse"

OR

"domestic violence"

AND

"men" OR "men" OR "boys" OR "husband" OR "male" OR "male" OR "boyfriend" OR
"boyfriends"

AND

Offend* OR perpetrat* OR aggress* OR abus* OR batter* OR actor* OR acter* OR
committer* OR culprit* OR criminal*

NOT ("africa" OR "asia" OR latin america OR south america OR central america)

PubMed

"battered women"[MH] OR "battered women"[TW] OR "abused woman"[TW] OR "abused women"[TW] OR "battered woman"[TW] OR "Intimate Partner Violence"[MH] OR "intimate partner violence"[TW] OR "abuse of partner"[TW] OR "intimate partner abuse"[TW] OR "abuse, intimate partner"[TW] OR "violence, intimate partner"[TW] OR "spouse abuse"[MH] OR "spousal abuse"[TW] OR "abuse spouse"[TW] OR "spouse abuse"[TW] OR "abuse partner"[TW] OR "wife abuse"[TW] OR "domestic violence"[Mesh:NoExp]

AND

("men"[MH] OR "men"[TW] OR "boys"[TW] OR "husband"[TW] OR "male"[MH] OR "male"[TW] OR "boyfriend"[TW] OR "boyfriends"[TW] OR "spouses"[MH] OR "spouses"[TW] OR "spouse"[TW])

AND

Offend*[TW] OR perpetrat*[TW] OR aggressor*[TW] OR abuser[TW] OR batter*[TW] OR actor[TW]

AND

(English[lang] OR French[lang])

NOT ("africa"[MeSH] OR "asia"[MeSH] OR latin america[MeSH] OR south america[MeSH] OR central america[MeSH])

Annexe I : Equation research

Cochrane Library

"battered women":ti,ab,kw OR "battered women":ti,ab,kw OR "abused woman":ti,ab,kw OR
"abused women":ti,ab,kw OR "battered woman":ti,ab,kw

OR

"Intimate Partner Violence":ti,ab,kw OR "intimate partner violence":ti,ab,kw OR "abuse of
partner":ti,ab,kw OR "intimate partner abuse":ti,ab,kw OR "abuse, intimate partner":ti,ab,kw
OR "violence, intimate partner":ti,ab,kw

OR

"spouse abuse":ti,ab,kw OR "spousal abuse":ti,ab,kw OR "abuse spouse":ti,ab,kw OR "spouse
abuse":ti,ab,kw OR "abuse partner":ti,ab,kw OR "wife abuse":ti,ab,kw

OR

"domestic violence":ti,ab,kw

("men":ti,ab,kw OR "men":ti,ab,kw OR "boys":ti,ab,kw OR "husband":ti,ab,kw OR
"male":ti,ab,kw OR "male":ti,ab,kw OR "boyfriend":ti,ab,kw OR "boyfriends":ti,ab,kw OR
"spouses":ti,ab,kw OR "spouses":ti,ab,kw OR "spouse":ti,ab,kw)

AND

Offend*:ti,ab,kw OR perpetr*:ti,ab,kw OR aggressor*:ti,ab,kw OR abuser:ti,ab,kw OR
batter*:ti,ab,kw OR actor:ti,ab,kw

NOT ("africa":ti,ab,kw OR "asia":ti,ab,kw OR "latin america":ti,ab,kw OR "south
america":ti,ab,kw OR "central america":ti,ab,kw)

8. Annexe I : Equation Research

CINAHL

“battered woman” OR “partner violence” OR “family violence” OR “domestic violence” OR
“male violence” OR “intimate violence”

AND

offender OR perpetr*

AND

husband OR boyfriend OR partner

9. Annexe I : Equation Research

Embase

“battered woman”/exp OR “battered woman” OR “partner violence”/exp OR “partner violence” OR “family violence”/exp OR “domestic violence”/de

AND

husband OR boyfriend OR partner OR “male”/exp

AND

“offender” OR perpetr*

AND

[embase]/lim

NOT

([embase]/lim AND [medline]/lim)

Annexe II : Characteristics of included studies – Recap Tables

A Mind-Body Bridging Treatment Program for Domestic Violence Offenders: Program Overview and Evaluation Results ⁽⁴⁶⁾.

Journal	Journal of Family Violence
Publication date	2015
Authors	Tollefson, Phillips
Study recruitment period	/
Location	Utah state, USA
Type of study	Experimental study
Aim of the study	To compare the efficacy of a Mind-Body Bridging treatment program for IPV offenders with a common psycho-educational intervention.
Number of participants	90 men
Inclusion criteria	Court-ordered to complete a domestic violence offender program.
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Mind-Body Bridging treatment program (MBB) : Understanding the mind-body state of the offender before the violence occurs to prevent the Explosive State. Primary cause of the Explosive State = damage of the Identity System

	<p>The Identity System (IS) regulates perceptions of how the world and we should be at one given moment (like another system in the body).</p> <p>16 sixty-minutes weekly sessions with 4 to 8 participants per group with one facilitator.</p> <p>To understand, recognize, « be friend » and rest their IS.</p> <p>Use of a workbook.</p>
<p>Assessment of the outcome(s)</p>	<p><u>Recidivism</u> : dichotomous variable Reoffended / Did not reoffend Utah Department of Public Safety Bureau of Criminal Identification records.</p> <p>Other outcomes :</p> <p><u>Attrition</u> <u>Mindfulness</u> : Five Facet Mindfulness Questionnaire Pre and post treatment <u>Well-being</u> : SF-36 Health survey Pre and post treatment</p>
<p>Results</p>	<p><u>Recidivism</u> : 5 in comparator group vs 1 in MBB (p<0.112) All completers</p> <p><u>Attrition</u> : Droupout rate : 9.1% in MBB vs 23.9% (p<0.05)</p> <p><u>Mindfulness</u> : Significant increase in MBB T=4.6, p<0.001</p> <p><u>Well-being</u> : Significant increase in MBB for each subscale (mental health ++)</p>

Annexe II : Characteristics of included studies – Recap Tables

A proximal change experiment testing two communication exercises with intimate partner violent men.

Journal	Behavior Therapy
Publication date	2011
Authors	Babcock, Graham, Canady, Ross
Study recruitment period	/
Location	Houston area, USA
Type of study	Experimental study
Aim of the study	To test the effectiveness of skill-learning compared with a period of « time-out » on behavioral and emotional changes.
Number of participants	100
Inclusion criteria	Married or living together At least 18 years Able to speak and write english proficiently To incident of aggression in the past year No relationship violence and score less than 4 on the DAS.
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Individual therapy
Treatment description	2 couple play-by-play interviews + Accepting influence intervention Or

	Editing out the negative intervention Or Time-out / control condition
Assessment of outcome(s)	The About That Discussion questionnaire
Results	<p>Affective change :</p> <p>No significant changes but rather significant changes in self-reported aggressive feelings. Decrease in aggressive affects in the 2 intervention groups, $p < 0.05$.</p> <p>Significant increase in positive affects for men under intervention conditions, $p < 0.05$.</p>

Annexe II : Characteristics of included studies – Recap Tables

A qualitative look at the perceived strengths of male batterers: implications for intervention programs.

Journal	Journal Of Family Social Work
Publication date	2011
Authors	Aguirre, Lehmann, Patton
Study recruitment period	/
Location	Arlington, Texas, USA
Type of study	Qualitative study
Aim of the study	To identify self-disclosed strengths of offenders that can be targeted to improve interventions' outcomes.
Number of participants	110
Inclusion criteria	Misdemeanour offense Court-mandated
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	/
Assessment of the outcome(s)	The Strengths Questionnaire Open-ended structured interview Class A misdemeanour DV 6 questions : - Basics skills or talents

	<ul style="list-style-type: none"> - What are the qualities you are proud of ? - What do you enjoy the most about life ? - Achievement in life - What has helped you during challenging times ? - Advice for someone else in the same situation
Results	<p>Men's mental realities :</p> <p>3 main themes</p> <ul style="list-style-type: none"> - Education and art - Work, physical activity, faith - Interpersonal (social/family) ➔ Able to find strengths ➔ Interconnected with family foundational for them

Annexe II : Characteristics of included studies – Recap Tables

A qualitative study of male veterans' violence perpetration and treatment preferences.

Journal	Military Medicine
Publication date	2016
Authors	Tharp, Sherman, Holland, Townsend, Bowling
Study recruitment period	/
Location	Midwestern USA
Type of study	Qualitative study
Aim of the study	To understand how men manage negative emotions and barriers and preferences for treatment.
Number of participants	25
Inclusion criteria	18 or more After group-based treatment sessions at one midwestern Veteran Administration (VA) hospital Recent IPV perpetration Live-in female partner
Exclusion criteria	Current risk for suicide and homicide Active psychotic symptoms Current substance intoxication
Treatment characteristics	
Admission	Voluntary
Person treated	Male offender
Treatment format	Group therapies
Treatment description	/

<p>Assessment of the outcome(s)</p>	<p>Interview conducted by a psychologist : Nature of conflict Coping tools Preferences for VA services Perceived barriers to engaging</p>
<p>Results</p>	<p>CONTEXT :</p> <p>Factors preceding conflict : Money, infidelity, alcohol, partner bringing up the past, veterans feeling nagged and wanting space, parenting differences, sexual activity.</p> <p>Conflicts mostly in the home (92%)</p> <p>Presence of other people : 48% : sometimes children or grandchildren 40% : nobody 12% : friends</p> <p>Weapons available for 36% but no use.</p> <p>Alcohol before 50 to 75% of recent arguments.</p> <p>Negative effects of their violence : Damage to relationship Increased emotional distance in the couple Guilt, regret Decreased trust Decreased communication</p> <p>48% involved in the legal system because of fights with the current partner.</p> <p>COPING WITH NEGATIVE EMOTIONS 19% walking away 12% spiritual techniques 12% choosing not to engage 8% physical exercise</p> <p>Use of mental health services 31% couple therapy 27% anger management classes 19% psychiatric care 19% PTSD treatment 12% substance abuse treatment</p> <p>PERCEIVED BARRIERS 31% pride or embarrassment 27% fear of stigma 23% denial 15% distrust of the government 15% fear the partner would not participate in treatment</p>

	<p>PREFERENCES 46% couple therapy 19% individual treatment 15% multifamily group</p> <p>All participants believe the VA should offer IPV treatment. For 92%, partner should be involved in the service. 96% would agree to participate in such a program if the VA offered it.</p> <p>Suggestions : Veterans under treatment should be counsellors for other IPV perpetrators. Mixed therapy groups (with and without partner) Videos with real stories of others Different levels of treatment according to the severity of violence in the relationship.</p>
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Annexe II : Characteristics of included studies – Recap Tables

A randomized controlled trial assessing the efficacy of cognitive behavioural therapy for substance dependent domestic violence offenders ⁽⁵⁶⁾.

Journal	Journal of Marital and Family Therapy
Authors	Caroline J. Easton, Cory A. Crane, Dolores Mandel.
Date	2017
Study recruitment period	From 2006 to 2010
Location	Connecticut, New York (USA)
Type of study	Randomized controlled trial
Aim of the study	Evaluate a therapy for substance use dependent perpetrators of partner violence.
Number of participants	63 (♂), age 39,4, arrested within the year
Inclusion criteria	Outpatient adult male, seeking treatment at a Drug Diversion Clinic, arrested for domestic violence within the past year and ordered to follow a substance use treatment.
Exclusion criteria	Strong suicidal or homicidal ideation, Psychotic or Manic symptoms in the past month, could not read at the fifth-grade level, undergoing a substance treatment or taking psychotropic medications
Addiction and / or mental illness Assessment	Alcohol, Marijuana, Cocaine, Opioids / DSM IV criteria for substance use, Addiction Severity Index, Self-Report by Timeline Follow Back verified by breathalyser and urine toxicology screening. Physical and verbal violence.
Treatment characteristics	
Admission	Court ordered for substance use treatment.
Person treated	Substance abusers with domestic violence issues.
Treatment format	SADV: 60 min individual therapy sessions weekly for 12 weeks with 4 optional couple therapy sessions. DC: 12 weekly sessions and 4 optional couples therapy sessions
Treatment description	Substance Abuse Domestic Violence (SADV) therapy, is a manualized cognitive behavioural integrated treatment, that targets substance use, aggressive behaviour and relationship between the two; compared to Drug Counselling (DC), a disease model approach which solely target substance use with.

Assessment of IPV	The Revised Conflicts Tactics Scales RCTS - 2, Timeline Follow back Spoused Violence.
Assessment of outcomes	<p>Treatment outcomes: number of sessions attended, number of total days abstinent from alcohol use, violence during treatment.</p> <p>Assessment of substance use: weekly assessments included breathalysers, onsite urine toxicology screens, as well as self-reported alcohol, marijuana, cocaine, and opioid use via the Timeline Follow-Back method.</p>
Results	<p>Participants randomly assigned to SADV did not demonstrate a greater treatment compliance. SADV participants showed significantly greater reductions in substance use compared to DC. There were significant differences on total number of cocaine positive and breathalyser positive tests during the treatment period with greater objective indicators of substance use among DC than SADV participants. Analysis of TLFB data revealed no significant differences between SADV and DC participants.</p> <p>No significant differences in days of total, physical, or verbal aggression emerged from analyses of the TLFB data provided by SADV and DC participants over the course of treatment. The odds of violence occurring with alcohol use were 1.85 ($p < .05$) times greater among participants in the DC than the SADV condition.</p>

Annexe II : Characteristics of included studies – Recap Tables

A telephone intervention for substance-using adult male perpetrators of intimate partner violence ⁽⁷²⁾.

Journal	Research on Social Work Practice
Authors	Mbilinyi LF, Neighbors C, Walker DD, Roffman RA, Zegree J, Edleson J, O'Rourke A
Date	2011
Study recruitment period	July 2006 - October 2007
Location	Minnesota, Washington (USA)
Type of study	Randomized controlled Trial
Aim of the study	To preliminary evaluate a brief telephone delivered Motivational Enhancement Therapy (MET) in motivating unadjudicated and non treatment seeking intimate partner violence perpetrators who also use substances to self-refer into treatment.
Number of participants	124 men
Inclusion criteria	Male, over 18, heterosexual or homosexual, recent IPV behaviour, recent substance use.
Exclusion criteria	Recent treatment of IPV or SA attendance, recent arrest or involvement with the court for IPV or SA, imminent danger for partner.
Addiction and / or mental illness	Alcohol, Drug and poly-drugs dependence.
Treatment characteristics	
Admission	Treatment seeking men
Person treated	Male offenders with a cooccurring substance disorder.
Treatment format	1 to 3 60 to 90 minutes telephone sessions.
Treatment description	The Motivational Enhancement Therapy consists of assessment followed by personalized feedback (personally tailored based on the participant's

	<p>responses during assessments, including history of perpetrator’s abusive behaviour, IPV normative data, consequences to the perpetrator of his IPV, family history of IPV, children’s exposure to IPV, current alcohol use patterns, alcohol normative data, estimated blood alcohol concentrations, risk factors for developing an alcohol problem, alcohol consequences, current drug use patterns, drug normative data, and consequences related to drug use), facilitated by Motivational Interviewing, offered in 1 to 3 sessions on the telephone. In the control group (Mail Group), participants received educational materials via mail that discussed health, psychological, legal, and social consequences of substance use and domestic violence but provided no personalized information. Included in the mailings for both conditions was an invitation to attend an Optional in-person Learning Session (OLS): “Learning About and Considering Options in the Community.”, a private, in-person meeting with a counsellor to learn about IPV, and/or SA treatment resources available in the community. The OLS was delivered in a case management and didactic style. Counsellors did not use MI techniques in this session to avoid exposing the Mail participants to a MET experience. The 20- to 45-min OLS session was focused on providing detailed information about treatment resources such as length, format, fees/cost, and location. The participant also viewed a 10-min video of interviews with men who had completed IPV treatment programs.</p>
<p>Assessment of IPV</p>	<p>The Revised Conflict Tactics Scale (CTS2)</p>
<p>Assessment of outcomes</p>	<p>The different measures were assessed at baseline, at one week and at one-month follow-ups.</p> <ul style="list-style-type: none"> - OLS Attendance - Substance Use: Psychoactive Substance Use Disorder section of the Structured Clinical Interview for DSM-IV (SCID) and Daily Drinking Questionnaire (DDQ). - Treatment seeking: Treatment Seeking and Preparation Questionnaire. - Perceived Norms for IPV (estimation of the percentage of men who engaged in seven abusive behaviours) and for Alcohol (Drinking Norms Rating Form)
<p>Results</p>	<p>41,2_ % of MET participants attended OLS versus 27,27% of Mail participants ($X^2 = 2,71, p < 0,10$). MET participants reported engaging in IPV less frequently at 30 day follow up in comparison to men in Mail Group. Follow up substance use was strongly associated with baseline substance use</p>

	<p>and had no relationship with intervention conditions. A modest proportion of participants reported treatment seeking during the trial (IPV was 15.3%, 22.1%, and 27.3% at baseline, 1-week, and 30-days; substance use was 7.3%, 7.8%, and 9.2% at baseline, 1-week, and 30-days). There were no differences between MET and Mail groups. Reduction in perceived norms for IPV and drinking, but not for other drugs, were larger in MET groups relative to Mail group.</p>
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Annexe II : Characteristics of included studies – Recap Tables

An evaluation of intimate partner violence interventions with incarcerated offenders (28).

Journal	Journal of Interpersonal Violence
Publication date	2011
Authors	Connors, Mills, Gray
Study recruitment period	/
Location	Canada
Type of study	Interventional study
Aim of the study	To evaluate the effectiveness of the Moderate Intensity Family Violence Prevention Program for men convicted for IPV.
Number of participants	298
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	The Moderate Intensity Family Violence Prevention Program. Incorporates the Risk, Need and Responsivity principles Matches intensity of services with offenders' level of risk to reoffend. Higher risk → higher level of intervention = Risk

	<p>Targets : modifiable areas (criminogenic needs) = Need</p> <p>Taking into account specific characteristics of offenders that may influence intervention efficacy = Responsivity</p> <p>29 3-hour sessions + at least 3 individual sessions</p> <p>Max 12 men, 2 facilitators more often 1 man and 1 woman.</p> <p>6 modules :</p> <ul style="list-style-type: none"> - Motivational enhancement - Awareness and education (Duluth) - Managing thoughts and emotions - Social skills - Self-management/Relapse Prevention Plan - Healthy relationships
<p>Assessment of outcome(s)</p>	<p>Pre/mid/post program assessments</p> <p>Self-report questionnaires :</p> <p>Interpersonal Relationship Scale (IRS)</p> <p>Aggression Questionnaire Revised (AQ-R)</p> <p>Abusive Relationship Inventory (ARI)</p> <p>Domestic Violence Vignettes (DVV)</p> <p>Offenders' self-rated readiness to change (OSRC)</p> <p>Facilitators Structured Ratings (FSR)</p>
<p>Results</p>	<p>Uniform and significant improvement for pre and post change in the self-reports and facilitators structured ratings.</p> <p>p<0.001</p> <p>Greater improvement of all outcomes but ARI in man rated as ready to change (self or facilitator ratings)</p>

Annexe II : Characteristics of included studies – Recap Tables

An exploratory examination of practitioners and offenders' perceptions of the effectiveness of an individual workbook approach for treating IPV offenders ⁽³⁶⁾.

Journal	Psychology, Crime and Law
Publication date	2016
Authors	Walker, Brown, Hicks
Study recruitment period	/
Location	Coventry University, UK
Type of study	Qualitative study
Aim of the study	To explore perceptions about the effectiveness of a workbook based on the Integrated Domestic Abuse Program, a group intervention for IPV offenders in the UK.
Number of participants	13
Inclusion criteria	Male offenders Use of the workbook
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Individual therapy
Treatment description	Integrated Domestic Abuse Program (IDAP) Based on the Duluth model Target psychological and social factors linked to IPV. Addition of CBT techniques. Primary program for community-based criminal justice IPV interventions in England and Wales.

	<p>Includes a ‘module for individual work’ which is a framework for the workbook. Workbook delivered prior to intervention for those who can’t participate immediately to the group treatment.</p> <p>Preparatory intervention : to increase readiness to change or motivation. Or to help men who are not eligible for the IDAP</p> <p>Objectives :</p> <ul style="list-style-type: none"> - Defining and identifying abusive behaviour - Power and control concept - Equality within relationship - Violence supportive attitudes and beliefs - Anger arousal
<p>Assessment of the outcome(s)</p>	<p>Face-to-face interviews lasting 45 minutes</p>
<p>Results</p>	<p>Both positive and negative perceptions.</p> <ul style="list-style-type: none"> - <u>Promising alternative to IPV intervention</u> <ul style="list-style-type: none"> ➔ Personalised approach ➔ Positive content and material <p>Practical toolkit (useful guide, practical use) Strengths-based approach (resources that people possess and how they can be applied to positive change)</p> <ul style="list-style-type: none"> - <u>Compromises made by using the WB</u> <ul style="list-style-type: none"> ➔ Treatment integrity <p>Disconnection needs/intervention Content not user friendly (vocabulary) Tick box exercise (limit capacity for learning) No formal measure of success <ul style="list-style-type: none"> ➔ Loss of the benefits of group-work ➔ Gendered problems (one facilitator) </p> <ul style="list-style-type: none"> - <u>Enablers and Inhibitors :</u> <p><i>Enablers :</i> Confidence (previous IDAP experience) Training undertaken</p> <p><i>Inhibitors :</i> Lack of confidence Training needs</p>

Annexe II : Characteristics of included studies – Recap Tables

Assessment of a Community Rehabilitation Program for Convicted Male Intimate Partner Violence Offenders ⁽³⁴⁾.

Journal	Journal of Psychiatry
Publication date	2012
Authors	Palmstierna, Haugan, Jarwson, Rasmussen, Nottestad
Study recruitment period	/
Location	Norway
Type of study	Experimental study
Aim of the study	To explore the effect of a manualized CBT for men voluntary seeking treatment for IPV.
Number of participants	36
Inclusion criteria	
Exclusion criteria	Severe alcohol or drug abuse Psychotic disorder Lack of fluency in the Norwegian language
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Cognitive-Behavioural Therapy 6 to 8 voluntary men, led by two co-therapists 15 weekly 2-hour sessions 2 equal parts : - Behavioural modification phase - Cognition modification phase At the end of the 15th sessions, group members evaluate each other.

Assessment of outcome(s)	Self-reported assessments using CTS
Results	<p data-bbox="810 291 1018 320"><u>In treated group :</u></p> <p data-bbox="810 353 1393 421">Most of the men had reduced self-reported violent behaviour after treatment ($p < 0.001$).</p> <p data-bbox="810 454 1182 483">Any violence : 100% → 57.7%</p> <p data-bbox="810 488 1238 517">Physical violence : 80.5% → 15.4%</p> <p data-bbox="810 521 1219 551">Verbal aggression : 73.1 → 23.1%</p> <p data-bbox="810 555 1214 584">Material violence : 84.6 → 15.4%</p> <p data-bbox="810 622 1038 651"><u>In the waiting list :</u></p> <p data-bbox="810 689 1393 790">Partner-reported violent behaviour significantly higher in the waiting list, $p = 0.036$ (10 men/11 vs 7 men/15)</p> <p data-bbox="810 795 1393 891">Self-reported physical violence significantly higher in the waiting list, $p = 0.004$ (8 men/11 vs 2 men/15)</p> <p data-bbox="810 896 1393 992">Self-reported verbal aggression significantly higher in the waiting list, $p = 0.004$ (9 men/11 vs 3 men/15)</p> <p data-bbox="810 996 1393 1093">Self-reported material violence significantly higher in the waiting list, $p = 0.001$ (9 men/11 vs 2 men/15)</p>

Annexe II : Characteristics of included studies – Recap Tables

Attachment, interpersonal problems, and treatment outcome in group therapy for IPV.

Journal	Psychology of Men and Masculinity
Publication date	2009
Authors	Lawson, Brossart
Study recruitment period	/
Location	Texas state, USA
Type of study	Cohort study
Aim of the study	To explore associations between pre-treatment attachment style and interpersonal problems and post-treatment severity of violence.
Number of participants	49
Inclusion criteria	Documented history of IPV
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Group therapy led by 2 facilitators (one male and one female). 8 to 10 men per group 17 2.5-hour weekly sessions Integrated CBT and psychodynamic approach with feminist-based elements.

<p>Assessment of outcome(s)</p>	<p>The Adult Attachment Scale (Secure / anxious-ambivalent / avoidant) Inventory of Interpersonal Problems (Dominant, vindictive, overly cold, socially avoidant, non-assertive, exploitable, overly nurturant, intrusive) Severity of violence : CTS</p>
<p>Results</p>	<p><u>Attachment style</u> :</p> <ul style="list-style-type: none"> - Avoidance <p>Mild and severe physical and psychological IPV Severe physical violence Higher avoidance gain score → lower total violence gain score</p> <ul style="list-style-type: none"> - Anxiety <p>Mild and severe physical and psychological IPV Mild physical violence</p> <p><u>Interpersonal problems</u> :</p> <ul style="list-style-type: none"> - Dominant <p>Mild and severe physical and psychological IPV Dominant interpersonal problems gain score → higher total violence gain score</p> <ul style="list-style-type: none"> - Vindictive <p>Mild and severe physical and psychological IPV Mild and severe physical violence</p> <ul style="list-style-type: none"> - Intrusive <p>Mild and severe physical and psychological IPV</p>

Annexe II : Characteristics of included studies – Recap Tables

Batterer Intervention Programs: A Report from the Field

Journal	Violence and Victims
Authors	Bethany J. Price, Alan Rosenbaum.
Date	2009
Study recruitment period	NC
Location	Illinois (United States of America)
Type of study	Observational Study : Survey.
Aim of the study	To examine the philosophy, structure, leadership, curricula and support systems of Batterer Intervention Programs using a national survey
Number of participants	276 batterer intervention programs' reporters.
Inclusion criteria	2507 BIPs from US national database.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	NC
Treatment characteristics	
Admission	Relationships to the courts: 89 % of participants are court mandated, 92 % of BIPs terminate batterers for excessive absences (63 % get a Second Chance, 19 % are rearrested and sent to jail, 17 % don't know what happens to the batterer).
Person treated	Program logistic: the average number of perpetrators referred to one BIP per year is 168 (range from 1 to 1600), average number of perpetrators who initiate treatment is 131 (1 to 1100), the average number of perpetrators who complete the program is 101 (1 to 800)
Treatment format	- Programs Characteristics: Modality : 98 % offer group approach as State Standards; 82% of BIPs have more than 95 % of offenders treated in group sessions, 81 % in open-ended group format, 5 % of BIPs have more than 50 % of batterers treated in individual sessions, 13 % offer couple therapy (many States prohibit Couple Therapy as first approach). The

	<p>median group size is 10. Program length: average number of sessions 31 (range from 6 to 90), average length 96 minutes (range 60 to 120), so typical length is 40 hours.</p> <p>- Facilitator Characteristics: 40 % require at least bachelor's degree in human services, 71 % have at least one member with a master's degree, 27 % have one staff member with a Ph D or Psy. D, 2 % have at least one member with a M. D, 13 % have at least one member who is a former batterer. 33 % of BIPs have Male/Female as coleaders, 20 % have single male leaders, 15 % have single female leaders, 8 % have two male or female coleaders. Program support : 87 % rely, at least in part on fees paid by batterers, 54 % are exclusively funded by batterers payment, 46 % have resources form government, donations or charity. ; 67 % offer programs only in English, 33 % in Spanish and English, 2 % in more than 2 languages, 1 % in American Sign Language</p>
Treatment description	<p>Philosophy: BIPs describe themselves as: psychoeducational (59 %), Duluth Model Programs (53 %), Cognitive Behavioural orientation (49 %), Therapeutic Programs (26 %), Profeminist (7 %). 3. Curricular issues: 90 % offer a One Size Feats all, 10 % offer differential treatment, 55 % include an Alcohol/Substance Abuse module, 76 % include an Anger Management Module</p> <p>Confidentiality: 20 % treat all information as confidential (unless threat is made against someone), 28 % share info with victims, courts, probation officers, 1 % does not protect information at all. 9. Outcomes : 28 % of programs are required by State regulations to conduct empirical research to evaluate the outcome of their program, 56 % collect data : 44 % at the end of the last session, 20 % at 6 months, 15 % at 1 year, 8 % after one year.</p>
Assessment of IPV	Contact with victims: 75 % contact victims at least once, 36 % twice, 17 % contact victims only if threats are made, 8 % never contact victims.
Assessment of outcomes	Batterer Intervention Program Survey consisted of 57 questions assessing program philosophy, structure, clientele, curriculum, policies, operating environment, and evaluation.
Results	NC

Annexe II : Characteristics of included studies – Recap Tables

Building men’s engagement in intimate partner violence groups.

Journal	Partner Abuse
Publication date	2014
Authors	Roy, Châteauvert, Drouin, Richard
Study recruitment period	/
Location	Quebec (2 different regions)
Type of study	Qualitative study
Aim of the study	To understand the process of engagement from men’s perspectives.
Number of participants	40
Inclusion criteria	To have participated in a group therapy for IPV : CBT-oriented programs in Quebec
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary and court-mandated
Person treated	The male offender
Treatment format	Group therapies
Treatment description	CBT-oriented programs in Quebec Groups of 8 men 20 weekly meetings
Assessment of outcome(s)	Interview : meaning and dimensions of engagement

Results	<p><u>Meaning of engagement :</u> Engagement is perceived as a process → Engagement is not a spontaneous attitude but it is constructed from one meeting to the next one.</p> <p><u>Dimensions of engagement :</u></p> <ul style="list-style-type: none">- Working on own problems- Working on others' problems- Contributing- Relating with members- Relating to workers- Contracting
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Annexe II : Characteristics of included studies – Recap Tables

Changes in negative attributions during couple therapy for abusive behaviour: relations to changes in satisfaction and behavior.

Journal	Journal of Marital and Family Therapy
Publication date	2012
Authors	Hrapczynski, Epstein, Werlinich, La Taillade
Study recruitment period	/
Location	University-based family therapy clinic Maryland County, USA
Type of study	Experimental study
Aim of the study	To examine the effectiveness of a cognitive-behavioural couple therapy with various systems 'oriented models on negative attritions and associations with improvement of other aspects of relationship functioning.
Number of participants	50
Inclusion criteria	At least 18 years Mild-to-moderate physical abuse during the past 4 months Desire to improve their relationship Spend time together each week Not receiving current couple treatment
Exclusion criteria	Severe form of physical violence Use of a weapon Untreated drug or alcohol problem Fear to live or participate with the partner
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy

Treatment description	Cognitive-Behavioural Couple Therapy (CBCT) 10 weekly 90-minutes therapy sessions Comparison with usual therapy (UT)
Assessment of outcome(s)	Attributions : Marital Attitude Survey Relationship satisfaction : Dyadic Adjustment Scale Psychological abuse : MMEA Negotiation : CTS 2 Communication behaviour : MICS-G
Results	<p>Significant decrease in negative attributions For men $p < 0.001$ / For women $p < 0.01$</p> <p>No difference in the degree of decreasing between UT and CBCT. For men $p = 0.72$ / For women $p = 0.26$</p> <p>Significant change in relationship satisfaction For men : $p = 0.007$ / For women : $p = 0.009$</p> <p>The increase of relationship satisfaction doesn't differ significantly between the 2 treatments. For men : $p = 0.67$ / For women : $p = 0.81$</p> <p>Better increase in satisfaction for men with more attribution changes. $p < 0.001$</p> <p>Significant decrease in psychological abuse. For men $p < 0.001$ But no difference between the 2 treatments.</p> <p>Increase in negotiation but no difference between the 2 treatments. Men $p < 0.001$ / Women $p = 0.002$</p> <p>No significant reduction in negative communication. But significant difference in the amount of change between CBCT and UT for women. $F = 1.86, p < 0.05$ Not valid for men, $p = 0.30$</p> <p>No significant difference in positive communication and no difference in change between the 2 treatments.</p>

Annexe II : Characteristics of included studies – Recap Tables

Clients' narratives about the experience of a multicouple treatment for Intimate Partner Violence.

Journal	Journal of Marital and Family Therapy
Publication date	2012
Authors	Todahl, Linville, Shamblin, Ball
Study recruitment period	/
Location	Oregon state, USA
Type of study	Qualitative study
Aim of the study	To explore perceptions of men about a multicouple treatment for IPV.
Number of participants	48
Inclusion criteria	Men : Ability to accept influence Woman's sense of safety Women : Voluntary Desire to reunite or to consider reunification
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary and court-mandated
Person treated	The couple
Treatment format	Group couple therapy
Treatment description	Couples Achieving Relationship Enhancement (CARE program) Multicouple open group format 10 weeks

	<p>Self-awareness, self-soothing and emotion regulation, attachment theory, interpersonal processes, the process of outgrowing power and control, brain anatomy and physiology, self-mastering.</p> <p>Prior meeting with each party</p>
Assessment of outcome(s)	<p>Semi-structured interviews</p> <ul style="list-style-type: none"> - With clients - With member-checking - With CARE staff
Results	<p>Perception of safety : dependant on screening, voluntary participation, and program format</p> <p>Benefits of service : common goal, reunification</p> <p>Attitudinal changes (reflection on their own attitudes)</p> <p>Behavioural change : calm, attention, care of oneself, communication</p> <p>Important learning : tools for dealing with conflicts and handle stress</p>

Annexe II : Characteristics of included studies – Recap Tables

Coexisting difficulties and couple therapy outcomes: Psychopathology and Intimate Partner Violence

Journal	Journal of Family Psychology
Authors	Lorelei Simpson Rawe, Brian D. Doss, Annie C. Hsueh, Julian Libet, Alexandra E. Mitchell.
Date	2011
Study recruitment period	NC
Location	Texas, Florida, South Carolina (United States of America)
Type of study	Cross Sectionnal Study
Aim of the study	To examine individual psychopathology and intimate partner violence as predictors of couple therapy outcomes.
Number of participants	177 Heterosexual veteran couples
Inclusion criteriae	Couples presenting for Couple Therapy at Veteran's Affair in Charleston, SC, or San Diego, CA.
Exclusion criteria	Active Substance Abuse
Addiction and / or mental illness Assessment	Anxiety and Depression (Brief Symptom Inventory)
Treatment characteristics	
Admission	Treatment seeking men
Person treated	Heterosexual Veteran Couples
Treatment format	Couple Therapy. Between 1 to 19 sessions, average 12,3 in San Diego, and 4,49 in Charleston.
Treatment description	Emphasis on communication / Problem Solving Training
Assessment of IPV	Physical Aggression subscale of the Revised Conflict Tactics Scale.

Assessment of outcomes	<ul style="list-style-type: none"> - Treatment outcome: total amount of change in relationship satisfaction (Quality of Marriage Index) over the course of therapy. - Relationship and individual functioning were measured using the Dyadic Adjustment Scale and the Anxiety and Depression subscales of the Brief Symptom Index.
Results	<p>Greater symptoms of anxiety and depression prior to treatment were associated with lower relationship satisfaction. Neither initial depression nor anxiety symptoms were associated with total amount of change. A recent history of IPV was associated with greater distress prior to treatment. Men's IPV was associated with greater improvement over the course of therapy.</p>

Annexe II : Characteristics of included studies – Recap Tables

Cognitive-behaviour group therapy for men voluntary seeking help for intimate partner violence.

Journal	Journal of Psychiatry
Publication date	2012
Authors	Palmstierna, Haugan, Jarwson, Rasmussen, Nottestad
Study recruitment period	/
Location	Norway
Type of study	Experimental study
Aim of the study	To explore the effect of a manualized CBT for men voluntary seeking treatment for IPV.
Number of participants	36
Inclusion criteria	
Exclusion criteria	Severe alcohol or drug abuse Psychotic disorder Lack of fluency in the Norwegian language
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Cognitive-Behavioural Therapy 6 to 8 voluntary men, led by two co-therapists 15 weekly 2-hour sessions 2 equal parts : - Behavioural modification phase - Cognition modification phase At the end of the 15th sessions, group members evaluate each other.

Assessment of outcome(s)	Self-reported assessments using CTS
Results	<p><u>In treated group :</u></p> <p>Most of the men had reduced self-reported violent behaviour after treatment (p<0.001).</p> <p>Any violence : 100% → 57.7% Physical violence : 80.5% → 15.4% Verbal aggression : 73.1 → 23.1% Material violence : 84.6 → 15.4%</p> <p><u>In the waiting list :</u></p> <p>Partner-reported violent behaviour significantly higher in the waiting list, p=0.036 (10 men/11 vs 7 men/15) Self-reported physical violence significantly higher in the waiting list, p=0.004 (8 men/11 vs 2 men/15) Self-reported verbal aggression significantly higher in the waiting list, p=0.004 (9 men/11 vs 3 men/15) Self-reported material violence significantly higher in the waiting list, p=0.001 (9 men/11 vs 2 men/15)</p>

Annexe II : Characteristics of included studies – Recap Tables

Cognitive Behavioral Group Therapy versus Mindfulness-Based Stress Reduction group therapy for Intimate Partner Violence: a randomized controlled trial ⁽²⁹⁾.

Journal	BMC Psychiatry
Publication date	2020
Authors	Nesset, Lara-Cabrera, Bjorngaard, Whittington, Palmstierna
Study recruitment period	2012-2018
Location	Norway
Type of study	Experimental study
Aim of the study	To compare the effectiveness of a Cognitive Behavioural Group Therapy with a Mindfulness-Based Stress Reduction group therapy in reducing IPV.
Number of participants	125
Inclusion criteria	Male 18 or older Violence toward current or ex-female partner Understood and spoken Norwegian Admitted problems with anger and violence Written consent
Exclusion criteria	Violence toward non-partners Uncontrolled current psychotic symptoms Serious drug or alcohol problem and impossibility to be sober during treatment sessions
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy

Treatment description	<p>Cognitive Behavioural Group Therapy (CBGT) 2 individual sessions followed by 15 group sessions 4 to 6 patients Working on : Therapeutic relationship Behavioural change strategies Cognitive restructuring Modification of core beliefs and schemas</p> <p>Prevention of relapse and recurrent violence</p> <p>Action plans for future conflict risk situations</p>
Assessment of the outcome(s)	<p>CTS2 self-reports At baseline, 3, 6, 9 and 12 months' follow up</p>
Results	<p>Outcomes : Physical, psychological, sexual violence and physical injury</p> <p>At baseline : CBT 0.85 (0.74-0.92) / MBSR 0.88 (0.76-0.94)</p> <p>At 12-months : CBT 0.08 (0.03-0.18) / MBSR 0.19 (0.11-0.32) ➔ Significant reduction in both groups</p> <p>No difference between the two groups</p>

Annexe II : Characteristics of included studies – Recap Tables

Comparing cognitive behavioral therapy and integrated cognitive behavioral therapy / psychodynamic therapy in group treatment for partner violent men ⁽⁴⁹⁾.

Journal	Psychotherapy Theory
Publication date	2010
Authors	Lawson
Study recruitment period	/
Location	Austin State University, USA
Type of study	Experimental study
Aim of the study	To compare the effectiveness of CBT and integrated-CBT and psychodynamic therapy (CBT/PT) on reduction of violent behaviour against partner.
Number of participants	45
Inclusion criteria	Consent to participate
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Group therapies
Treatment description	Group treatments 2.5 hours 17 weekly sessions Co-led by male and female therapists CBT/PT = CBT + psychodynamic component Focus on maladaptive interpersonal patterns learned in childhood

<p>Assessment of outcome(s)</p>	<p>Measure of partner violence : CTS2</p> <p>Attachment and interpersonal problems : Adult Attachment Scale Inventory of Interpersonal Problems</p> <p>Other outcomes : Psychological functioning : Outcome Questionnaire-45 Global Assessment Scale</p> <p>Personality and psychopathology : Millon Clinical Multiaxial Inventory III</p>
<p>Results</p>	<ul style="list-style-type: none"> - Change in violence : CBT/PT significantly less severe PV, $p < 0.05$ - Change in attachment style : CBT/PT : significant reduction only in avoidance attachment, $p < 0.05$ - Change in interpersonal problems CBT/PT : significant effect only for the intrusive-socially avoidant scale, $p < 0.01$ - Change in psychological functioning CBT : greater improvement, $p < 0.05$ (GAS) CBT : greater symptom distress reduction, $p < 0.05$ (OQ-45) - Recidivism Less recidivism in CBT/PT, $p < 0.05$

Annexe II : Characteristics of included studies – Recap Tables

Complex behavioral patterns and trajectories of domestic violence offenders.

Journal	Violence and Victims
Publication date	2010
Authors	Jones, Heckert, Gondolf, Zhang, Edward
Study recruitment period	1995
Location	USA
Type of study	Cohort study
Aim of the study	To explore the link between complex behavioural patterns and trajectories over a 15-months period in convicted domestic violence offenders.
Number of participants	550 offenders and partners
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	/
Assessment of outcome(s)	At five time points 4 behavioural pattern outcomes : Physical violence : CTS Controlling behaviour : binary indicator

	<p>Threatening behaviour : binary indicator Verbal/emotional abuse : binary indicator</p> <p>Hidden Markov Process to model the trajectory over time to describe the probability to remain at a same state. 4 states : 1 (the most severe) to 4.</p>
<p>Results</p>	<p>Trajectories :</p> <p>The least severe state is the most stable, $p < 0.77$ The most severe state is quite stable, $p < 0.44$ The 2 intermediate states are the most volatiles, $p < 0.11$</p>

Annexe II : Characteristics of included studies – Recap Tables

Constructing healing dialogues in group treatment for men who have used violence against their intimate partner ⁽⁴²⁾.

Journal	Social Work in Mental Health
Publication date	2012
Authors	Rasanen, Holma, Seikkula
Study recruitment period	2004-2007
Location	University of Jyvaskyla, Finland
Type of study	Qualitative study
Aim of the study	To examine the construction of Healing Dialogues that promote change in clients within treatment conversations.
Number of participants	4
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	The Jyvaskyla Model of Group Treatment : Inspired by a Norwegian model « Alternative To Violence » Psychoeducational method and supportive therapy based on offenders'needs. At the beginning and end of the treatment, partners are met by psychotherapy clinic workers.

Assessment of outcome(s)	<p>Dialogical Investigation :</p> <ul style="list-style-type: none"> - Qualities of interactions - Dialogical vs monological way of responding - Symbolic vs indicative language
Results	<ul style="list-style-type: none"> - Conversation dominance <p>Good outcomes : more active and introducing new topics, posing questions, sharing turns themselves</p> <p style="padding-left: 20px;">➔ Semantic and interaction dominance</p> <ul style="list-style-type: none"> - Symbolic and indicative language <p>Good-outcomes : Dialogical dialogue ➔ symbolic language Poor-outcomes : Monological dialogue ➔ indicative language</p>

Annexe II : Characteristics of included studies – Recap Tables

Context of treatment and therapeutic alliance: critical factors in court-mandated BIPs.

Journal	Spanish Journal of Psychology
Publication date	2013
Authors	Boira, Del Castillo, Carbajosa, Marcuello
Study recruitment period	/
Location	Aragon, Spain
Type of study	Mixed method : cross-sectional and qualitative study
Aim of the study	To analyze the aspects that may help to improve the operation and effectiveness of a court-mandated BIP.
Number of participants	27
Inclusion criteria	Conviction for IPV Court-mandated therapy as a condition for suspension of the prison sentence.
Exclusion criteria	Severe medical or psychological disorders Problems related to language proficiency Intellectual impairment Substance abuse Inability to attend sessions Refusal
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Group therapy
Treatment description	Psychological intervention Provided by the Women 's Institute of Aragon

	<p>Psychoeducational program of CBT including gender-specific aspects. Progressive and structured workload 4 months of treatment and 3 months follow-up. Acceptance of responsibility Empathy with victims Transformation of the beliefs system related to women and the use of violence.</p>
<p>Assessment of outcome(s)</p>	<p>At the end of the 3 months follow-up</p> <p>Therapeutic alliance : Working Alliance Inventory Short (WAI-S)</p> <p>Aspects like group climate, usefulness of the therapy, different issues dealt with, relationship with the victim : Ad hoc questionnaire</p>
<p>Results</p>	<p>Descriptive analysis : Significant association between therapeutic alliance and assessment of the usefulness of the program attended by offenders, $p < 0.01$.</p> <p>Significant association between therapeutic alliance and assessment of the usefulness of the program content, $p < 0.05$.</p> <p>Qualitative analysis : Therapeutic context → important role in treatment adherence increasing motivation and improving results.</p>

Annexe II : Characteristics of included studies – Recap Tables

Creating structure in a time of intense stress: treating intimate partner violence ⁽⁴³⁾.

Journal	Journal of Couple and Relationship Therapy
Publication date	2019
Authors	Rouleau, Barabe, Blow
Study recruitment period	/
Location	Michigan state, USA
Type of study	Qualitative study
Aim of the study	Presentation of a conjoint treatment model for couples based on attachment theory.
Number of participants	2
Inclusion criteria	Situational couple violence Acknowledgment of the violence in the relationship by both partners Ability to take responsibility for this behaviour Desire for change Sense of empowerment in each partner's ability to contribute to the desired changes Commitment from both partners to maintain safety during the treatment
Exclusion criteria	Active violence Intimate terrorism
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy

<p>Treatment description</p>	<ol style="list-style-type: none"> 1) Prior individual sessions with one therapist. 2) Once both are considered as ready to start couple therapy with the two co-therapists. 3) Topics : mutual respect, reducing violence, dealing with anger, communication 4) Using Emotionally Focused Therapy to create a secure base in their relationship and decrease violence. There is a shift from the content of what happened to the emotional experience. 5) Because according to Attachment Theory, violence is due to an insecure attachment relationship.
<p>Assessment of the outcome(s)</p>	<p>/</p>
<p>Results</p>	<p>/</p>

Annexe II : Characteristics of included studies – Recap Tables

Couples treatment for intimate partner violence: clients' reports of changes during therapy.

Journal	Partner Abuse
Publication date	2014
Authors	Mendez, Horst, Stith, McCollum
Study recruitment period	/
Location	Washington DC area, USA
Type of study	Qualitative study
Aim of the study	To learn from participants what changes they made thanks to couple therapy.
Number of participants	28
Inclusion criteria	18 or older Involved in an ongoing serious relationship Physical violence Willing to remain with the partner Willing to participate
Exclusion criteria	Untreated serious mental health disorder Severe substance abuse disorder Victim's fear of violence escalation Discrepancies between each partner's report of violence
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	Domestic Violence Focused Couples Treatment Developed in 1997 in Virginia Multiple groups and single groups

	One-hour-and-a-half 12 sessions beginning and ending with 15-minutes individual sessions. Delivered by two co-therapists
Assessment of outcome(s)	Interviews by graduated students
Results	<p>Changes in individual and relational domains.</p> <p>Individual changes :</p> <ul style="list-style-type: none"> - Individual insight - Relationship insight - Insights into the pace of change - Behaviour and attitude shifts - Empowerment (for women) <p>Relational changes :</p> <ul style="list-style-type: none"> - Increased closeness/communication - Respect - Hopefulness - Conflict management <p>A few cases reported no change or disappointment about the pace of change.</p>

Annexe II : Characteristics of included studies – Recap Tables

Dealing with mentally ill domestic violence perpetrators: A therapeutic jurisprudence judicial model ⁽⁷⁰⁾.

Journal	International Journal of Law & Psychiatry
Authors	Winick BJ, Wiener R, Castro A, Emmert A, Georges LS
Date	2010
Study recruitment period	May 1, 2005 - October 31, 2005
Location	Nebraska, Florida (USA)
Type of study	Observational : Cases Study
Aim of the study	To present a therapeutic jurisprudence model: the Miami Dade Domestic Violence Court, a jail dissuasion program that seeks to divert arrested defendants with mental illness out of jail into community treatment.
Number of participants	54 (81,5 % men) with mood disorder (14%), psychotic disorder (14%), both (12%),and substance abuse (23%)
Inclusion criteria	Formally diagnosed with Axis I disorder, no prior felony convictions, not have a chronic history of repeated offending.
Exclusion criteria	NC
Addiction and / or mental illness	Axis I Disorder
Treatment characteristics	
Admission	Court referred patients
Person treated	Male offenders with cooccurring Axis I Disorder.
Treatment format	Hospital, residential or community treatment program
Treatment description	The Domestic Violence Mental Health Court (DVMHC) in Dade County, Florida is an explicit therapeutic jurisprudence application. A

	<p>problem-solving court based on: immediate intervention, non-adversarial process, intensive judge/offender interaction, interdisciplinary team approach (judges, attorneys, resource coordinators and treatment staff) with clearly defined rules and goals specified in behavioural contract. It seeks to ensure batterer accountability through criminal punishment and encourage behaviour change through batterer intervention program.</p> <p>1. Pre-Trial Diversion (PTD) Program: voluntary court monitored 12 months program for patients with Axis I psychiatric illness and without prior felony conviction or a chronic history of repeated offending. It's a batterer intervention with anger management and psychiatric care (medication, group therapy) in hospital, residential or community treatment program.</p> <p>2. Probation Program: for those who meet Exclusion criteria or who refuse PTD. It consists in releasing the defendant under judicial supervision with specified conditions (prohibition of excessive drinking, drug use, possession of firearms, contact with the victim) and participation in a treatment program (psychiatric care, batterer intervention program and anger management).</p> <p>3. Condition Release: for those who can't stand trial because of incompetency explained by mental illness. It's an inpatient treatment committed by the judge.</p>
Assessment of IPV	NC
Assessment of outcomes	NC
Results	NC

Annexe II : Characteristics of included studies – Recap Tables

Development of a Brief Motivational Enhancement Intervention for Intimate Partner Violence in Alcohol Treatment Settings ⁽⁷¹⁾.

Journal	Journal of Aggression, Maltreatment & Trauma
Authors	Julie A. Schumacher, Scott F. Coffey, Paul R. Stasiewicz, Christopher M. Murphy, Kenneth E. Leonard & William Fals-Stewart.
Date	2011
Study recruitment period	NC
Location	Mississippi, Maryland, New York (United States of America)
Type of study	Two studies. Study 1 Qualitative: Manual Development Study. Study 2 Experimental: randomized controlled Pilot study.
Aim of the study	To improve the effectiveness of screening and referral for IPV in alcohol treatment settings and improve IPV treatment outcomes by increasing motivation to change IPV and IPV-related behaviours.
Number of participants	Study 1 (13 men, 32,5 years old). Study 2 (23 men)
Inclusion criteria	Study 1 : enrolled in either a 28-day residential or 10-week intensive outpatient substance abuse treatment program at a community mental health centre, to be married or cohabiting with a female partner for at least one year, meet Diagnostic and Statistical Manual of Mental Disorders (DSM–IV) criteria for alcohol abuse or alcohol dependence and report having perpetrated at least one act of IPV in the year before treatment on the Conflict Tactics Scales. Study 2 : from two 28- to 30-day residential substance abuse treatment programs, married or cohabiting for a least 1 year, who reported at least one incident of IPV in the year before the study, who met criteria for alcohol dependence, and who gave consent for their female partners to be contacted and invited to participate.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol / Study 1: Computerized Diagnostic Interview Schedule (C–DIS), Timeline Follow back.
Treatment characteristics	

Admission	Alcohol Treatment seeking men
Person treated	Residential or outpatient substance abuse treatment program.
Treatment format	One individual 90 minutes session.
Treatment description	90-minute session as follows: a 20- to 30-minute opening phase, a 20- to 30-minute feedback phase, and a 30- to 50-minute closing phase culminating in a concrete plan to make a change in one or more behaviours, relied on the general principles, skills, and format for Motivational Intervention.
Assessment of IPV	Study 1: Conflict Tactics Scale, Timeline Follow back Interview–Spousal Violence, Pros and Cons of Partner Abuse Scale. Study 2: Revised Conflict Tactics Scales CTS2
Assessment of outcomes	Study 1 and 2: - Marital satisfaction: Quality of Marriage Index. - Substance behaviour: Timeline Follow Back. - State Anger, Trait Anger, and Anger Expression/Anger Control: Anger Expression-Out (AX-O), Anger Expression-In (AX-I), Anger Control-Out (AC-O), and Anger Control-In (AC-I) subscales of the State Trait Anger Expression Inventory. Study 2: - Intimacy in romantic relationships: Personal Assessment of Intimacy in Relationships. - Motivation to change: Change Questionnaire Version 1.2 and University of Rhode Island Change Assessment.
Results	Study 1: most participants reported that they enjoyed the session and felt understood (enjoyed $M = 9.00$, $SD = 1.20$; understood $M = 8.92$, $SD = 1.16$). Each participant also reported that he had considered between one and three distinct types of changes during or after the intervention ($M = 1.85$, $SD = .80$). Participants believed feedback on the following significantly increased the likelihood they might make a behaviour change: relationship satisfaction, $t(12) = 6.4$, $p < .001$ ($M = 8.1$, $SD = 1.7$); verbal and physical aggression, $t(12) = 10.2$, $p < .001$ ($M = 9.1$, $SD = 1.4$); alcohol consumption, $t(12) = 4.6$, $p < .01$ ($M = 7.7$, $SD = 2.0$); anger, $t(12) = 8.6$, $p < .001$ ($M = 8.7$, $SD = 1.5$); and consequences of aggression, $t(12) = 11.7$, $p < .001$ ($M = 8.8$, $SD = 1.1$). Study 2 : at 2-weeks follow up : the treatment group reported seeking significantly more types of help than did the control group ($M = 4.0$, $SD = 1.9$ vs. $M = 2.6$, $SD = 1.1$, respectively), $t(21) = 2.2$, $p = .04$, they also reported marginally significantly more occurrences of help-seeking behaviour ($M = 27.05$, $SD = 32.53$ vs. $M = 9.83$, $SD = 10.95$), greater decreases in precontemplation ($M = 4.18$, $SD = 2.89$ vs. $M = -2.00$, $SD = 4.02$), and greater increases in action ($M = 1.73$, $SD = 3.63$ vs. $M = -1.17$, $SD = 3.27$) on the URICA. Attrition was a substantial problem in this study. All male participants

	<p>completed the assessment and intervention session (if applicable) and the 2-week follow-up assessment. Although a total of 78% of male participants (n = 18) were scheduled for at least one follow-up visit, only 52% of male participants (n = 12) actually completed the 3-month, 6-month, or both follow-up assessments. Of these, 7 completed both the 3- and 6-month follow-ups, 4 completed the 3-month follow-up and then were lost to follow-up, and 1 missed the 3-month follow-up but completed the 6-month follow-up.</p>
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Annexe II : Characteristics of included studies – Recap Tables

Differential cognitive profiles of intimate partner violence perpetrators based on alcohol consumption

Journal	Alcohol
Authors	Sara Vitoria-Estruch, Angel Romero Martinez, Marisol Lila Murillo, Luis Moya Albiol
Study recruitment period	2018
Period	NC
Location	Valencia (Spain)
Type of study	Cross Sectional study
Aim of the study	Examine neuropsychological differences among individuals who have committed domestic violence with high level and low level of alcohol consumption and non-violent individuals to establish neuropsychological profiles.
Number of participants	100 men
Inclusion criteria	Been sentenced to prison for IPV, not any conviction for assault outside the home, not any diagnosis of mental illness.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol, Nicotine / Structural Clinical Interview for DSM IV Axis I disorder, Fagerstorm Test.
Treatment characteristics	
Admission	Court Referred
Person treated	Male
Treatment format	NC
Treatment description	Psychoeducational treatment program (CONTEXTO)
Assessment of IPV	The Revised Conflict Tactics Scale CTS – 2

<p>Assessment of outcomes</p>	<p>Neuropsychological variables: executive functions, including mental rigidity, planning and decision making (Wisconsin Card Sorting Test, Zoo test, Key test, One Touch Stockings of Cambridge, and Cambridge Gambling Task); attention (Attention Switching Task, Rapid Visual Information Processing), memory (Word List, Logical Memory, Spatial Span subscales of the Wechsler Memory Scale), and cognitive ability (Digit Span, Letter-Number Sequencing subscales of the Wechsler adult Intelligence Scale-III, the Rey–Osterrieth Complex Figure test). In addition, emotion decoding skills were assessed with Reading the Mind.</p> <p>Psychological variables: participants’ levels of hostile and benevolent sexism were assessed with the Ambivalent Sexism Inventory; behaviours related to frontal dysfunction with the Frontal Systems Behaviour Scale; empathy, with the Interpersonal Reactivity Index.</p>
<p>Results</p>	<p>Compared to controls, HA IPV perpetrators had lower processing speed and significantly more impairments in shift attention, working and long-term memory, cognitive flexibility, planning, decision-making, perspective taking and emotion decoding skills. Furthermore, there were differences between subgroups of IPV perpetrators in shift attention and cognitive empathy, with those who were heavy drinkers (the HA IPV group) displaying more severe impairments in both cognitive domains than those who were not (the LA IPV group). In addition, the LA IPV perpetrators had significantly more impairments on working and long-term memory, executive functioning and emotion decoding skills than the controls, though they did not differ from the controls in processing speed, shift attention, decision making or cognitive empathy.</p>

Annexe II : Characteristics of included studies – Recap Tables

Disparate Approaches to Intimate Partner Violence Intervention: a preliminary investigation (23).

Journal	Deviant Behavior
Publication Date	2020
Authors	Bouchard, Wong
Study recruitment period	2017-2018
Location	Canada
Type of study	Mixed method : experimental and qualitative study
Aim of the study	To compare the effectiveness and participant's perspectives about two community-based intervention programs : Help Yourself to Healthy Relationships (psychoeducation) and Managing Stress and Personal Relationships (CBT).
Number of participants	52
Inclusion criteria	<p>Help Yourself to Healthy Relationships (HYHR) :</p> <ul style="list-style-type: none"> - Non-disruptive to group learning - Willing to learn and share - Sign a client agreement <p>Managing Stress and Personal Relationships (MSPR) :</p> <ul style="list-style-type: none"> - No current charge for IPV
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender

Treatment format	Group therapy
Treatment description	<p>HYHR : Help Yourself to Healthy Relationship Profeminist psychoeducational program 12 two-hours weekly group sessions Ongoing monthly aftercare sessions</p> <p>MSPR : Managing Stress and Personal Relationship Anger and stress-focused CBT 12 three-hours sessions Discussions, videos, role plays, activities Weekly aftercare sessions</p>
Assessment of the outcome(s)	Post-test questionnaires at the end and at 6-months follow-up. Physical and psychological abuse : Abusive Behavior Inventory (ABI) Qualitative program outcomes : changes and learnings, program satisfaction
Results	<p>ABI :</p> <ul style="list-style-type: none"> - HYHR : Physical abuse : Not significant decreasing 1.07 → 1.04 p=0.30 Psychological abuse : Not significant 1.35 → 1.33 p=0.78 - MSPR : Physical abuse : Not significant 1.18 → 1.04 p=0.37 Psychological abuse : Significant improvement : 1.67 → 1.21 p<0.01 <p>Qualitative outcomes (for both programs) : Changes : Self-awareness, emotional and behavioural regulation, communication Learnings : communication, self-improvement, understanding/regulating emotions</p> <p>With differences in the content : HYHR : managing/controlling anger and emotions MSPR : in-depth understanding of anger and emotions and how to deescalate them</p> <p>Program satisfaction : similarly, high rates of satisfaction</p>

Annexe II : Characteristics of included studies – Recap Tables

Dominance and dialogue in couple therapy for psychological intimate partner violence ⁽⁴¹⁾.

Journal	Contemporary Family Therapy
Publication date	2015
Authors	Vall, Seikkula, Leitila, Holma
Study recruitment period	/
Location	University of Jyvaskyla, Finland
Type of study	Mixed method : Cross-sectional and qualitative study
Aim of the study	To analyse issues of dominance and dialogue in a conjoint therapy for psychosocial IPV.
Number of participants	2
Inclusion criteria	Willing to participate Able to speak openly Signing a non-violence contract English-speaking
Exclusion criteria	Serious or life-endangering violence Active violence
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	2 therapists who use reflective dialogue at the end of each session. After this dialogue, clients are allowed to comment on what they have heard during the session.

<p>Assessment of the outcome(s)</p>	<p>Quantitative : Dialogical Investigations of Happenings of Change, in 2 steps : → Exploring the topics → Exploring series of utterances Qualitative : psychotherapy vignettes</p>
<p>Results</p>	<p><u>Dominance</u> Male : more quantitative dominance (talking more, louder) Female : more semantic dominance (changing topics) Therapist : more interactional dominance (repartition of conversation)</p> <p><u>Dialogue</u> Dialogical dialogue enhance communication Monological dialogue more used when talking about problem solving (not appreciated by both partners according to previous research)</p> <p>Z tests : no statistical differences</p>

Annexe II : Characteristics of included studies – Recap Tables

Duluth versus Cognitive Behavioral Therapy: a natural field experiment on intimate partner violence diversion program ⁽²¹⁾.

Journal	Social Science Research Network
Publication date	2019
Authors	Cotti, Foster, Haley, Rawski
Study recruitment period	/
Location	Wisconsin state, USA
Type of study	Experimental study
Aim of the study	To compare the effectiveness of 2 IPV programs : one Duluth and one CBT on recidivism rate among batterers.
Number of participants	154 males and females 60.4% male
Inclusion criteria	Charged for IPV offense
Exclusion criteria	/
Treatment characteristics	
Admission	Court mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Duluth model Psychoeducation focusing in protecting female from male aggression Cognitive Behavioural Therapy (CBT) Improving intra-household behaviours and communication skills through counselling

Assessment of outcomes(s)	Recidivism rate : re-convictions for IPV 2 year-follow-up
Results	2-years recidivism in males : 14% higher with Duluth than CBT, $p < 0.05$.

Annexe II : Characteristics of included studies – Recap Tables

Early dropout in men voluntarily undergoing treatment for IPV in Norway ⁽²⁵⁾.

Journal	Violence and Victims
Publication date	2013
Authors	Askeland
Study recruitment period	1992-2004
Location	Norway
Type of study	Case-control study
Aim of the study	To investigate psychotherapy dropout rates and predictors of dropping out of therapy early.
Number of participants	1166
Inclusion criteria	Voluntarily admitted to psychotherapy History of violence against partner
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group and individual therapies
Treatment description	Alternative To Violence (ATV) treatment Multimodal psychotherapy Both individually and in group Not time-limited therapy (confounding factors for dropout) Adjusted to the needs of each client.
Assessment of outcome(s)	Dropout = discontinuing therapy before completing the first 3 sessions.

Results	Dropouts significantly : <ul style="list-style-type: none">- Younger OR (41-68 years)=0.65, p=0.024- Non-Norwegian ethnic background OR=1.70, p<0.002- Treated by a student therapist OR=2.51, p<0.001- No previous mental help care OR (help care)=0.59, p<0.001
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Annexe II : Characteristics of included studies – Recap Tables

Effectiveness of the IDAP treatment program for male perpetrators of intimate partner violence ⁽³⁷⁾.

Journal	Journal of Interpersonal Violence
Publication date	2015
Authors	Haggard, Freij, Danielsson, Wenander, Langström
Study recruitment period	2004-2007, until 2011 (end of follow-up)
Location	Sweden
Type of study	Experimental study
Aim of the study	To explore the efficacy of an Integrated Domestic Abuse Program for males' offenders on recidivism.
Number of participants	792
Inclusion criteria	Convicted of violence against a current or former intimate partner Assessed as having medium or high recidivism risk Motivated to change Understanding Swedish or English
Exclusion criteria	Severe mental health problem Substance misuse
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Integrated Domestic Abuse Program (IDAP) From the Duluth Domestic Abuse Intervention Project Profeminist, psychoeducational approach

	<p>Focuses on men's use of power and control</p> <p>Primary cause = patriarchal ideology</p> <p>Main goal : to make the man taking full responsibility and acknowledge gender inequalities</p> <p>27 group sessions + at least 8 individual sessions</p>
Assessment of the outcome(s)	<p>Recidivism = re-offense after the start of follow-up leading to a reconviction and a New Sweden Prison and Probation Service sentence (IPV or any violent recidivism)</p>
Results	<p><u>Violent recidivism</u> :</p> <p>25% IDAP vs 23% control Among IDAP : 18% Completers vs 42% NC</p> <p><u>IPV recidivism</u> :</p> <p>19% IDAP vs 19% control Among IDAP : 15% completers vs 31% NC</p> <p>No statistical difference after adjustment on confounding factors. Any violence : HR=0.92 (95% CI 0.69-1.23) IPV : HR=0.92 (95% CI 0.66-1.28)</p> <p>→ Results support conclusions from systematic reviews that IDAP is not a satisfactory IPV offenders' treatment.</p>

Annexe II : Characteristics of included studies – Recap Tables

Effects of motivational enhancement on immediate outcomes of batterer intervention.

Journal	Journal of Family Violence
Publication date	2011
Authors	Scott, King, McGinn, Hosseini
Study recruitment period	2004-2006
Location	South-western Ontario, Canada
Type of study	Experimental study
Aim of the study	To explore the effectiveness of a 6-week motivation enhancing intervention for batterers highly resistant to intervention.
Number of participants	486 men attending the Changing Ways BIP
Inclusion criteria	Entering intervention between October 2004 and June 2006
Exclusion criteria	/
Treatment characteristics	
Admission	Both voluntary and court-mandated
Person treated	Male offender
Treatment format	Group therapy
Treatment description	Motivation Enhancing Treatment (MET) 6 weeks in a closed group of 8 to 12 resistant men To tell their stories during the 2 first weeks Multigenerational lessons about violence and intimacy during weeks 3 and 4. Video clips during 5th session. Introduction to power and control and to the standard treatment.

	16 weeks of Duluth model treatment
Assessment of outcomes(s)	Resistance screening : short self-reported screening measure Treatment completion Counsellor-rated success
Results	Immediate outcomes : Drops-out : Large and significant difference between resistant and non-resistant. Resistant>non-resistant> resistant+MET p<0.001 Counsellor-reported accountability Non-resistant>resistant+MET>resistant p<0.5 Counsellor-reported engagement No significant advantage for the MET group

Annexe II : Characteristics of included studies – Recap Tables

Embodiment and reflective practices: conjoint therapy for psychological intimate partner violence ⁽³⁹⁾.

Journal	Journal of Family Therapy
Publication date	2016
Authors	Vall, Seikkula, Laitila, Holma
Study recruitment period	/
Location	University of Jyvaskyla, Finland
Type of study	Mixed cross-sectional and qualitative study
Aim of the study	To explore the impact of meta-dialogue and reflective practices on couple therapy outcomes for psychological IPV.
Number of participants	2
Inclusion criteria	Signature of a non-violence contract Willingness to participate Able to speak openly
Exclusion criteria	Serious or life-endangering violence Active violence
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	Two therapists implementing reflective dialogues during and after each session. Participants are allowed to comment on what they have heard.

Assessment of the outcome(s)	<p>Dialogical Investigations of Happenings of Change method :</p> <ol style="list-style-type: none"> 1) Exploring topics 2) Exploring responses to utterances 3) Exploring the process of narration and the language used
Results	<p>The use of meta-dialogue enables a shared understanding of violence and couple's relationship patterns.</p> <p>The therapists' use of reflective dialogue lead to an increase in the use of reflectivity by the couple (the fact to include the other's opinion and to have thoughts about their thoughts and feelings about their feelings).</p> <p><i>Reflective practices</i> = meta-dialogue + reflective team</p> <p><i>Meta-dialogue</i> : discussing about what is being said on the moment</p> <p><i>Reflective team</i> : analysis by the 2 therapists about their thoughts after the session</p> <p><i>Reflectivity</i> = dialogical dialogue + reflective mode</p> <p><i>Dialogical dialogue</i> : each utterance includes the opinion of the other person</p> <p><i>Reflective mode</i> : the fact to have thoughts about our thoughts, and feelings about our feelings</p>

Annexe II : Characteristics of included studies – Recap Tables

Emotion-focused therapy for incarcerated offenders of intimate partner violence ⁽³²⁾.

Journal	Psychotherapy Research
Publication date	2011
Authors	Pascual-Leone, Bierman, Arnold, Stasiak
Study recruitment period	1996-2003
Location	Ontario, Canada
Type of study	Experimental study
Aim of the study	To evaluate the effectiveness of a group psychotherapy program for incarcerated offenders of IPV with a 3-year follow-up.
Number of participants	250
Inclusion criteria	Reported history of IPV or at-risk of IPV perpetration Incarceration for more than 11 months between 1996 and 2003
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Relating Without Violence. An experiential and emotion-focused treatment Developed in 1986 by government of Ontario. To improve psychological and emotional factors linked with IPV perpetration To develop conflict resolution skills

	<p>12 weekly sessions of 4 hours. With 45-minutes individual sessions available each week.</p> <p>Time-limited closed-group format with 2 modules : Therapy for emotional change (6 weeks) Therapy for relationship change (6 weeks)</p>
Assessment of outcome(s)	<p>Recidivism : Conviction for any violent behaviour Legal records of convictions from the Ministry</p>
Results	<p>Recidivism rate of the full sample : 15.6%</p> <p>Differences between the 2 groups : - At 7,8,9 months post-release TTT group : less recidivism at 7 and 8 months $p < 0.05$</p> <p>No significance at 9 months - At 1,2,3 years post-release No significance</p>

Annexe II : Characteristics of included studies – Recap Tables

Evaluating shame transformation in group treatments of domestic violence offenders ⁽⁴⁸⁾.

Journal	International Journal of Offender Therapy and Comparative Criminology.
Publication date	2010
Authors	Loeffler, Prelog, Unnithan, Pogrebin
Study recruitment period	/
Location	Colorado state, USA
Type of study	Experimental study
Aim of the study	To evaluate the impact of the treatment on shame transformation in men convicted of IPV.
Number of participants	115 men (63 control / 52 experimental TTT)
Inclusion criteria	Availability Location Willingness to participate
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Shame Transformation Treatment (STT) Mix between correctional treatment and restorative justice focus. Session 1 : definitions of guilt and shame Session 2 : interactive role-plays

	<p>Sessions 3 : psychodrama use of the « empty chair » (visualization of shame on the chair) Session 4 : cognitive exercises to reinforce what they learned</p> <p>4 sessions during a 4-weeks period.</p>
Assessment of outcome(s)	<p>Pre and post-test surveys</p> <ul style="list-style-type: none"> - Rosenberg Self-Esteem Scale - Levenson Locus Of Control Scale - Davis Interpersonal Reactivity Index Scale (perspective taking, empathetic concerns and personal distress).
Results	<p>STT :</p> <p>Better shifts in self-esteem ($p < 0.007$) and empathetic concerns ($p < 0.033$).</p> <p>No significant changes on locus of control, perspective taking and personal distress.</p>

Annexe II : Characteristics of included studies – Recap Tables

Evaluation of a single-session brief motivational enhancement intervention for partner abusive men ⁽⁷⁵⁾.

Journal	Journal of Counselling Psychology
Publication date	2013
Authors	Crane, Eckhardt
Study recruitment period	/
Location	Marion County, Indianapolis, USA
Type of study	Experimental study
Aim of the study	To evaluate the effectiveness of a Brief Motivational Enhancing (BME) intervention to increase treatment compliance and reduce recidivism rates.
Number of participants	82
Inclusion criteria	Adjudication related to IPV during the 2 weeks prior to the study recruitment. 18 years or older Consent
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	BME session Adapted from a treatment manual Application of Motivational Interviewing techniques

	<p>By an advanced clinical psychology graduated student</p> <p>Role play exercises</p> <p>Discussion of each strategy during two weeks</p> <p>8 sessions (1-2 hours per weekday)</p>
Assessment of outcome(s)	<p>BIP compliance :</p> <p>4 variables</p> <ul style="list-style-type: none"> - Laps between initial BIP referral and the intake session - Successful attendance of a BIP intake - Number of sessions attended during the 6 months - Overall treatment compliance <p>Recidivism : rearrests</p> <p>Improvement of relationship quality through lifestyle changes</p> <ul style="list-style-type: none"> - Aggressive reoffender - Non aggressive reoffender - Not a reoffender
Results	<p>Compliance :</p> <p>BME associated with increases in session attendance and treatment compliance.</p> <p>More likely to attend an intake session OR=8.5, p=0.03</p> <p>Intake session sooner Z=2.44, p=0.02</p> <p>No more significant difference at session 13 More sessions attended Z=1.71, p=0.09</p> <p>Relationship between BME and treatment compliance moderated by readiness to change. Men with low readiness to change are more likely to be compliant with BME. Men with high readiness to change are equally compliant with BME or control group.</p> <p>Recidivism :</p> <p>BME not directly associated with reduction in recidivism.</p> <p>Reoffenders : significantly fewer session attendance. Z=5.04, p<0.01.</p> <p>➔ Either non-compliance results in arrest or arrest precludes session attendance.</p>

Annexe II : Characteristics of included studies – Recap Tables

Evaluation of a stage-based, computer-tailored adjunct to usual care for domestic violence offenders.

Journal	Psychology of Violence
Publication date	2012
Authors	Levesque, Ciavatta, Castle, M. Prochaska, O. Prochaska
Study recruitment period	/
Location	Rhode Island, USA
Type of study	Experimental study
Aim of the study	To explore the efficacy of a computer-tailored treatment adjunct on violence recidivism for men convicted of IPV.
Number of participants	492
Inclusion criteria	18 or older Court-mandated for IPV
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapies
Treatment description	Journey to Change (JTC) Based on transtheoretical model for behaviour change 3 computer-tailored sessions and print guide : At baseline, month 2 and month 5. Added to usual group therapies : psychoeducational sessions during 20 weeks

<p>Assessment of outcome(s)</p>	<p><u>Stage of change for staying violence-free</u> URICA-DV-R</p> <p><u>Behavioural engagement in change</u> Serie of questions in the 5th month</p> <p><u>Condom use</u> : questions in the 5th month</p> <p><u>Batterer program completion</u> : informations provided by agency staff</p> <p><u>Victims reports of violence and abuse</u> Surveys mailed to victims at baseline, 6 months and 12 months-follow-up</p> <p><u>Police involvement</u> : from victims and official records</p>
<p>Results</p>	<p><u>Stage of change for staying violence-free</u> <u>Behavioural engagement</u> JTC : significantly more likely to be in the action stage for using healthy strategies to stay violence-free p<0.0001 JTC: significantly more likely to engage in behaviours indicating engagement in change (especially help-seeking outside of group) p<05</p> <p><u>Condom use</u> JTC : significantly more likely to use condoms every time p<0.05</p> <p><u>Batterer program completion</u> No statistical difference</p> <p><u>Victims 'reports of violence and abuse</u> JTC : significantly less violence during the 12-months follow-up p<0.01 UC+ Journey : significantly less threats and emotional abuse from the 7th month. p< 0.05</p> <p><u>Police involvement</u> Improvement but no statistical differences</p>

Annexe II : Characteristics of included studies – Recap Tables

Evaluation of acceptance and commitment therapy for domestic violence offenders ⁽⁴⁵⁾.

Journal	Psychology of Violence
Publication date	2017
Authors	Zarling, Bannon, Berta
Study recruitment period	2011-2013
Location	Iowa, USA
Type of study	Experimental study
Aim of the study	Comparison between an ACTV-based program and traditional BIP on reducing charges one-year post intervention.
Number of participants	3474 men
Inclusion criteria	Arrested for domestic assault Court-mandated to a BIP
Exclusion criteria	Combination of ACTV and Duluth/CBT Length of treatment over 365 days
Treatment characteristics :	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Achieving change through value-based behaviour Developed by Iowa state department of correction Experiential learning Not correcting cognitive distortions but altering their function and how they are experienced Teaching men to choose behaviour that is value-consistent ➔ Behaviour can change even if the content of men thoughts doesn't change Intervention : ACTV : 5 modules Core skills : values identification, being in the present moment, increasing awareness of one's behaviour Interactive exercise 24 weekly group sessions (1.5-2h each)

	Co-led by one female and one male trained facilitator
Assessment of the outcome(s)	<p>Recidivism = new charges</p> <ul style="list-style-type: none"> ➔ Any charge (drug property, violent, public order) ➔ Domestic assault (DA) charges ➔ Any violent charge <p>Occurrence and frequency of recidivism 2 periods : during the program and in the year after the program</p>
Results	<p><i>ITT compliance :</i> Lower completion rate in ACTV group OR=1.67, p<0.001</p> <p><i>Recidivism :</i> <u>ITT sample</u> (completers and non-completers) :</p> <p>Fewer charges in ACTV group during treatment time period in any charges OR =1.45, p<0.001 But no differences in domestic assault charges</p> <p>In the 12-months follow-up :</p> <p>Fewer charges in ACTV participants X²=14.26, p<0.001</p> <p>General reoffense higher in ITT group of Duluth/CBT OR = 1.43, p<0.001</p> <p>Fewer ACTV participants had domestic assault charges (5.3% vs 7.7%) X² =5.44, p<0.05</p> <p>Higher rate of DA charges for Duluth/CBT participants OR=1.48, p<0.07</p> <p>Incidence of all violent offenses : ACTV 7.6% vs Duluth/CBT 12.1% X²=13.37, p<0.001 OR=1.68, p<0.05</p> <p>Fewer charges in ACTV vs Duluth/CBT group 0.53 vs 0.74 t=3.24, p<0.001 Fewer violent charges in ACTV vs Duluth/CBT t=3.25, p<0.001</p> <p>No significant differences in average number of domestic assault charges t=1.81, p<0.07</p>

	<p><u>Completers only sample :</u> Fewer reoffence during treatment period in ACTV 6.4% vs 12.3% $X^2=14.49$, $p<0.001$ No difference in DA charges</p> <p>During the 12-month follow-up : Fewer ATCV completers arrested 15.5% vs 24.4% $X^2= 18.35$, $p<0.001$</p> <p>Less general reoffense in ATCV group $OR=1.73$, $p<0.001$</p> <p>Fewer DA charges in ATCV completers 3.6% vs 7% $X^2=7.26$, $p<0.01$ $OR=1.94$, $p<0.05$</p> <p>Fewer violent offenses in ACTV completers 5.2% vs 10.9% $X^2=14.75$, $p<0.001$ $OR=2.34$, $p<0.001$</p> <p>Fewer charges on average in ACTV group 0.34 vs 0.59 $t=3.67$, $p<0.001$</p> <p>Fewer violent offenses charges on average 0.08 vs 0.19 $t=3.41$, $p< 0.001$</p> <p>However, average number of DA charges not quite significant $t=1.89$, $p<0.06$</p>
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Annexe II : Characteristics of included studies – Recap Tables

Fathers and domestic violence: building motivation for change through perpetrator programmes.

Journal	Child Abuse Review
Publication date	2012
Authors	Stanley, Graham-Kevan, Borthwick
Study recruitment period	2009-2011
Location	North-East England
Type of study	Qualitative study
Aim of the study	To consider how men's involvement with children social services and fathering role shapes motivation to change.
Number of participants	34
Inclusion criteria	SCT program from 2009 to 2011 Having children
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Strength To Change Funded by the primary care trust Voluntary basis 10 individual sessions followed by a one-year group therapy Cognitive-Behavioural Therapy Counselling Behavioural skills

	<p>Mindfulness approach. Advocacy and advice, relaxation sessions. Support service for partners.</p>
Assessment of outcome(s)	Interviews
Results	<p>The program increases</p> <ul style="list-style-type: none"> - Men's sensitivity to others' needs - Awareness of the impact of their violence on children → insight <p>Men's violent behaviour decreased during the time of the program.</p> <p>Intrinsic motivation → greater long-term behaviour change.</p>

Annexe II : Characteristics of included studies – Recap Tables

Fathers For Change for Substance Use and Intimate Partner Violence: initial community pilot.

Journal	Family Process
Authors	Carla Smith Stover
Date	2015
Study recruitment period	NC
Location	Florida (United States of America)
Type of study	Randomized Controlled Trial
Aim of the study	Initial evaluation of a novel intervention approach: Fathers For Change, a program for intimate partner violence perpetrators with substance use disorder, compared with evidence-based substance use treatment: Individual Drug Counselling.
Number of participants	18, 30,19 years old.
Inclusion criteria	Referred to the study by the courts after arrest for domestic violence or drug related charges ; current DSM IV criteria for substance abuse of alcohol, cocaine or marijuana ; physical violence in an intimate relationship within 90 days ; at least one child under 10 within whom they're in touch.
Exclusion criteria	Suicidal or psychotic symptoms ; history of bipolar or psychotic disorder ; evidenced use of coercive control ; history of severe violence.
Addiction and / or mental illness Assessment	Alcohol 57 %, Cannabis 38,1 %, Opiates 4,8 %/ DSM IV criteria for substance abuse ; Addiction Severity Index 5th edition ; TimeLine Follow Back Substance Use (TLFB - SA)
Treatment characteristics	
Admission	Court referred
Person treated	Fathers who are batterers and with a co-occurring substance abuse.
Treatment format	Both individual and co-parenting components: individual intervention, 14 topics in 60 min sessions (first: individual focused for both parents, then: coparenting focused with the

	coparent and then restorative parenting sessions with child), over 4 months.
Treatment description	<p>Fathers For Change: it combines attachment, family systems and cognitive behavioural therapy. The goals are cessation of violence and aggression, abstinence from substances, improved co-parenting, decreased negative parenting behaviours, increased positive parenting behaviours. It focuses on fathering as a motivator for behavioural change with integration of coping strategies, intergenerational transmission of IPV and SA.</p> <p>Compared to Individual Drug Counselling: individual and conjoint sessions over 16 weeks without any specific session about fatherhood.</p>
Assessment of IPV	Revised Conflict Tactics Scale; TimeLine Follow Back Spousal Violence (TLFB SV).
Assessment of outcomes	<p>Addiction: Addiction Severity Index 5th Edition, TimeLine Follow Back Substance Use (TLFB SA).</p> <p>Treatment completion: attendance at more than 13 of 16 sessions.</p> <p>Quality of coparenting: Coparenting Relationship Scale.</p> <p>Parent and child interaction: Child Interactive Behaviour Rating.</p> <p>Satisfaction with treatment: Client Satisfaction Questionnaire 8.</p> <p>Assessments were realized at baseline, at post-treatment and at 3 months follow up.</p>
Results	<p>Substance use: 90 % of the sample maintain abstinence throughout the follow up without difference between two groups, $F(1, 18) = .32, p = .58$.</p> <p>Treatment completion: the patients randomized to FFC were more likely to complete treatment (67% vs. 33%, $p = .10$).</p> <p>IPV: Repeated measures models examining reports of physical violence revealed men in both groups reported less violence during and following intervention (see Table 1). There was a main effect for time on IPV. Both intervention groups had significantly less violence over time. There was a trend toward greater reductions in violence in the Fathers for Change group.</p> <p>Father Child interaction: men in FFC showed significant improvement.</p>

Annexe II : Characteristics of included studies – Recap Tables

Fluoxetine Treatment of Alcoholic Perpetrators of Domestic Violence: A 12-Week, Double-Blind, Randomized, Placebo Controlled Intervention Study ⁽⁶²⁾.

Journal	Journal of Clinical Psychiatry
Authors	David T. George, Monte J. Phillips, Mariel Lifshitz, Thomas A. Lionetti, David E. Spero, Niloofar Ghassemzede, Linda Doty, John C. Umhau, Robert R. Rawlings.
Date	2011
Study recruitment period	January 2002 to December 2007
Location	Maryland (United States of America)
Type of study	Randomized Controlled Trial
Aim of the study	To explore a new treatment approach for IPV, we examined the effects of a selective serotonin reuptake inhibitor on the irritability subscale score of the Modified Overt Aggression Scale. This score served as a surrogate marker for the anger and physical aggression that characterize perpetrators of IPV.
Number of participants	60 (46 men)
Inclusion criteria	In good health, were not taking any medications, had a negative history for major head trauma (ie, no periods of unconsciousness lasting longer than 1 hour) with a history of at least 2 episodes of physical aggression (eg, hitting, pushing, punching, choking) toward their significant others in the year prior to their hospitalization.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol dependence / Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV). Anxiety, Depression / Spielberger State Anxiety Inventory, Spielberger State Anxiety Inventory.
Treatment characteristics	
Admission	Treatment seeking men
Person treated	Perpetrators of Intimate Partner Violence with a co-occurring alcohol disorder.
Treatment format	In and outpatient. Weekly sessions.

<p>Treatment description</p>	<p>Standard cognitive and motivational therapies in addition to self-help groups (eg, Alcoholics Anonymous) for the treatment of their alcoholism. In addition, perpetrators received individualized Cognitive Behavioural Treatment, which stressed the seriousness of domestic violence. The goal of therapy was to help the perpetrators verbalize perceived threats from environmental stimuli and to find appropriate nonviolent solutions to these threats. Each perpetrator was presented with information that outlined how biologic factors could facilitate many of the behaviours associated with IPV. Conjoint therapy with significant others was designed to focus on couple dynamics, communication skills, and conflict resolution. Forty milligrams of fluoxetine were chosen because it has been shown to be effective in decreasing other types of impulsive violence.²¹ Perpetrators were started on 1 capsule per day (ie, 10 mg of fluoxetine or placebo) for 3 days and then increased to 2 capsules. On days 14 and 21, the number of capsules was increased to 3 and 4, respectively.</p>
<p>Assessment of IPV</p>	<p>Aggression subscale of the Revised Conflict Tactics Scale.</p>
<p>Assessment of outcomes</p>	<p>Irritability: Irritability Subscale of the Modified Overt Aggression Scale Depression and anxiety: Spielberger State Anxiety Inventory and Hamilton Depression Rating Scale. Fluoxetine levels: assessed on blood samples.</p>
<p>Results</p>	<p>Perpetrators of IPV who received fluoxetine, in addition to CBT and alcohol treatment, showed a greater reduction in the IS score on the MOAS than perpetrators who received just CBT and alcohol treatment. This decrease in the IS score indicates improvement in both the emotional (eg, feelings of anger, irritability, annoyance) as well as the behavioural aspects (eg, argumentativeness, shouting, loss of temper, and physical aggression) of IPV.</p>

Annexe II : Characteristics of included studies – Recap Tables

From scared to repaired: using an attachment-based perspective to understand situational violence ⁽⁴⁴⁾.

Journal	Journal of Marital and Family Therapy
Publication date	2013
Authors	Schneider, Brimhall
Study recruitment period	/
Location	USA
Type of study	Qualitative study
Aim of the study	To explore attachment style through a case study of situational couple violence and its implication on perpetration and receipt of violence.
Number of participants	2
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	<ul style="list-style-type: none"> - Emotionally Focused Therapy To restructure the couple interactions More flexible and secure attachment system Increasing self-awareness of their specific attachment needs In 3 steps <ul style="list-style-type: none"> ➔ Emotional engagement, trust and security

	<ul style="list-style-type: none"> - Attachment-based safety plan Providing both physical and emotional safety Pledge of non-violence, identifying triggers that lead to violence, use of « time-outs »
Assessment of outcome(s)	/
Results	<p>Mispairing of attachment-based responses between partners</p> <p>Proximity-seeking (anxious, sensitive attachment) vs distance-seeking (avoidant).</p>

Annexe II : Characteristics of included studies – Recap Tables

Genetics moderate Alcohol and Intimate Partner Violence, Treatment outcomes in a Randomized Controlled Trial of Hazardous Drinking Men in Batterer Intervention Program: a preliminary investigation ⁽⁶¹⁾.

Journal	Journal of Consulting and Clinical Psychology
Authors	Gregory L. Stuart, John McGeary, Ryan C. Shorey, Valerie S. Knopik
Date	2017
Study recruitment period	November 2003 to May 2009
Location	Tennessee, Ohio (United States of America)
Type of study	Randomized Controlled Trial
Aim of the study	To examine whether a cumulative genetic scores (CGS) containing MAOA and 5 HTTLPR polymorphism moderate drinking and Intimate Partner Violence treatment outcomes in hazardous drinking men receiving Batterer Intervention or Batterer Intervention + a brief alcohol intervention.
Number of participants	97 Men
Inclusion criteria	Hazardous drinking men, more than 18 years old, attending a BIP in Rhode Island, in current intimate relationship.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol, Drug Use / Timeline Follow Back Interview, Alcohol Use Disorders Identification Test
Treatment characteristics	
Admission	NC
Person treated	Men with a cooccurring alcohol disorder.
Treatment format	1. SBP (Standard Batterer Intervention Program): 40 hrs of group batterer intervention. 2. BAI (Brief Alcohol Intervention) : 90-minute individual session.

Treatment description	1. SBP (Standard Batterer Intervention Program): psychoeducational. 2. SBP + Brief Alcohol Intervention = 90 min individual motivationally based alcohol intervention that targets drinking and alcohol related IPV.
Assessment of IPV	Revised Conflict Tactics Scales
Assessment of outcomes	Measured outcomes were: physical IPV, injuries sustained by partners, Drinks per Drinking Day (DDD) and Percentage of Day Abstinence from Alcohol (PDA) at baseline and at follow up.
Results	Analyses demonstrated no significant main effects for intervention condition or the CGS in predicting DDD and PDA. In addition, there was no significant interaction between treatment condition and the CGS in predicting DDD. Analyses demonstrated a significant interaction for PDA. At high levels of the CGS, men in SBP+BAI had greater PDA than men in SBP. At low levels of the CGS, there was no difference between the groups in PDA. For violence outcomes, analyses demonstrated no significant main effects of treatment condition or the CGS in predicting IPV. However, significant treatment condition by CGS interactions emerged in predicting physical IPV and causing injuries to partners. For physical IPV, at high levels of the CGS, men in SBP+BAI reported less physical IPV over time than men in SBP. At low levels of the CGS, no difference in physical IPV was evident. The same pattern of findings emerged for injury, such that men in SBP +BAI reported less frequent injury perpetration than men in SBP at high levels of the CGS, but not low levels of the CGS.

Annexe II : Characteristics of included studies – Recap Tables

Impact of a court-referred psychological treatment program for intimate partner violent men with suspended sentences ⁽³³⁾.

Journal	Violence and Victims
Publication date	2015
Authors	Fernandez-Montalvo, Echauri, Martinez, Azcarate, Lopez-Goni
Period	2005-2011
Location	PSIMAE Instituto de Psicologica Juridica y Forense, Pamplona, Spain
Type of study	Experimental study
Aim of the study	To investigate the effectiveness of a psychological treatment for men convicted for IPV.
Number of participants	235
Inclusion criteria	Adult males Sentenced for IPV Psychological treatment after suspended sentence from a judge. Enrolled in the program from January 2005 to June 2011
Exclusion criteria	Disabling physical disease Serious mental disorder
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Individual therapy
Treatment description	Developed in Navarre, Spain, in 2005 by the PSIMAE Instituto de Psicologica Juridica y Forense. 20-hours individual CBT program.

	<p>Tailored to the specific features of each batterer Takes into account psychopathological symptoms and cognitive distortions. Sessions 1-3 : motivational aspects Sessions 4-15 : treatment of psychopathological symptoms, modification of cognitive distortions, anger management, empathy, skills training Sessions 16-20 : relapse prevention, coping strategies</p>
Assessment of outcome(s)	<ul style="list-style-type: none"> - Violence variables <p>The General Structured Interview of Batterer Men The Inventory of Distorted Thoughts on the Use of Violence.</p> <ul style="list-style-type: none"> - Psychopathological Variables <p>The Symptom Checklist-90-Revised (SCL-90-R) The State-Trait Anger Expression Inventory (STAXI 2)</p>
Results	<ul style="list-style-type: none"> - Rates of success, improvement and failure <p>Success rate : 37.4% Improvement rate : 48.1% Effectiveness rate : 85.5%</p> <p>Failure at post treatment evaluation : 14.5% At 12-months follow-up : Success + improvement rates : 87.2% Failure rate : 12.8%</p> <ul style="list-style-type: none"> - Psychopathological variables <p>Improvement in all variables still significant at 12-months</p> <ul style="list-style-type: none"> - Prediction of treatment results <p>Failure rate increases when : Older, $p < 0.01$ More distorted thoughts, $p < 0.001$ Not abused in childhood, $p < 0.05$</p>

Annexe II : Characteristics of included studies – Recap Tables

Individualized Motivational Plans in Batterers Intervention Programs: A randomized Clinical Trial.

Journal	Journal of Consulting and Clinical Psychology
Publication date	2018
Authors	Lila, Gracia, Catala-Minana
Study recruitment period	2013-2014
Location	Valencia, Spain
Type of study	Experimental study
Aim of the study	To test the effectiveness of an Individualized Motivational Plans added to standard Batterer Intervention Program (BIP) on treatment outcomes compared with BIP alone.
Number of participants	160
Inclusion criteria	Convicted for IPV Sentenced to less than 2 years 18 years or older Consent to participate
Exclusion criteria	Previous criminal record Severe psychological disorder Severe substance abuse
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Standard BIP + Individualized Motivational Plans (IMP) BIP : 70 hours, CBT-based

	IMP : motivational interviewing, stages of change, strength-based theory principles.
Assessment of outcome(s)	<p>Recidivism</p> <ul style="list-style-type: none"> - Data from the Ministry of Home Affairs' monitoring system. - CTS2 (by the man) - Spousal Assault Risk Assessment (by facilitator) <p>Treatment compliance</p> <ul style="list-style-type: none"> - Dropout/completion - Number if sessions <p>Stages of change Prochaska & DiClemente transtheoretical model</p>
Results	<p>In SBIP + IMP :</p> <p>Less physical violence, $p < 0.01$</p> <p>Higher reduction in recidivism risk, $p < 0.01$</p> <p>More intervention dose, $p < 0.01$</p> <p>More advanced stage to change, $p < 0.001$</p>

Annexe II : Characteristics of included studies – Recap Tables

Individualized versus group cognitive-behavioural therapy for partner-violent men: a preliminary randomized trial.

Journal	Journal of Interpersonal Violence
Publication date	2017
Authors	Murphy, Eckhardt, Clifford, Lamotte, Meis
Study recruitment period	2003-2005
Location	Baltimore County, Maryland, USA
Type of study	Experimental study
Aim of the study	To test the effectiveness of an individualized CBT compared with standard group CBT.
Number of participants	42
Inclusion criteria	18 years or older Currently involved in a relationship of at least 6-months duration. Self-reported physical partner assault in the prior 6 months or severe partner assault at any time of the history of the current relationship.
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Individual and group therapies
Treatment description	<ul style="list-style-type: none"> - Individual therapy (ICBT) Motivational interviewing + CBT - Group therapy (GCBT) CBT

	20 hours for each treatment
Assessment of outcome(s)	<p>Participants and partners' assessments of relationship abuse and functioning at baseline and regular follow-ups for 1 year.</p> <ul style="list-style-type: none"> - Partner abuse behaviour : CTS-2 - Relationship adjustment : Dyadic Adjustment Scale - Participants communication difficulties Spouse Verbal Problem Checklist - The Articulated Thoughts in Simulated Situations (to assess cognitive responses) - Criminal justice outcomes : review of a publicly available database for 1 year.
Results	<ul style="list-style-type: none"> - Treatment attendance : (One or more treatment sessions) Higher in ICBT : 100% vs 71%, p=0.008 Completion of a credible dose of treatment Higher in ICBT : 90% vs 62%, p=0.03 Average number of sessions Higher in ICBT : 19.62 vs 12.19, p=0.001 Voluntary uptake of sessions Higher in ICBT : 33% vs 7%, p=0.058 - Partner reports Less psychological assault in GCBT Less physical assault in GCBT Less total emotional abuse in GCBT Relationship adjustment improved in GCBT - Self-reports Reduction of physical, psychological assaults, total emotional abuse. - Both reports Recurrent assault rate higher in ICBT, significant at 6 months. - Recidivism rate Lower in GCBT 5 ICBT vs 1 GCBT : non-significant p=0.153 <p>➔ Mutual support and positive social influence in GCBT seem useful.</p>

Annexe II : Characteristics of included studies – Recap Tables

Integrated Intimate Partner Violence and Parenting Intervention into Residential Substance Use Disorder Treatment for fathers ⁽⁶⁰⁾.

Journal	Journal of Substance Abuse Treatment
Authors	Carla Smith Stover, Melissa Carlson, Sarika Patel
Date	2017
Study recruitment period	January 2014 to December 2015.
Location	Florida (USA)
Type of study	Mixed Method Study (Qualitative and Quantitative).
Aim of the study	To test the initial feasibility of integrating Fathers For Change into a long-term residential substance abuse disorder treatment setting. Qualitative methods were implemented to further understand the needs of fathers in residential substance use disorder treatment. Quantitative methods were implemented to test the following hypothesis: 1. Fathers will opt to participate in FFC if it is offered to them while in residential treatment. 2. Fathers will report satisfaction with the intervention and would recommend it to others. 3. Fathers who complete de program will report fewer angry and hostile behaviours and reduced hostile cognitions and will have improved understanding of the impact of IPV on their children.
Number of participants	44 ♂, 30 years old, residents in 12 to 18 months residential program.
Inclusion criteria	At least on biological child < 10 years old, physical or verbal IPV reported by CTS2, current contact with their children.
Exclusion criteria	Significant cognitive delays, Active Psychotic Symptoms or Suicidal Ideation, Active no-contact protective order pertaining to the children or coparent
Addiction and / or mental illness Assessment	50 % Opiates, 13,6 % poly drug users, 9,12 % Cocaine, 6,8 % Alcohol, 6,8 % Hallucinogens, 4,5 % Amphetamines, 4,5 % Barbiturates, 4,3 % Cannabis / Addiction Severity Index (ASI),
Treatment characteristics	
Admission	NC

Person treated	Inpatient fathers with an addiction issue.
Treatment format	14 individual 60-minutes sessions over 16 weeks, with optional co-parenting participation.
Treatment description	Fathers For Change: Cognitive Behavioural Therapy based treatment, which was provided during the first part of the residential substance abuse treatment using a Twelve Steps Facilitation intervention. FFC emphasizes the fathering role to increase men's motivation to remain in treatment. It focuses on reflective functioning, hostile thinking, emotion regulation and communication skills. The goals were to maintain abstinence from substance; the cessation of violence and aggression, to decrease child maltreatment risk behaviours; to improve coparenting.
Assessment of IPV	The revised Conflict Tactics Scale (CTS 2)
Assessment of outcomes	Addiction: Addiction Severity Index. State anger, trait anger and anger expression: State Trait-Anger Inventory 2, Emotion Regulation: difficulties with Emotion Regulation (DERS), Articulated Thoughts in Simulated Situations (ATSS) Task.
Results	The thematic content analysis process identified four central themes from the two focus groups: (1) Enjoyment from guiding and teaching children through life lessons; (2) difficulties and feelings of guilt due to absence from home; (3) benefits of individual therapy; (4) gains made from participation in the intervention. In the results of paired samples t-tests that were used to examine differences in participants' scores on outcome measures from pre to post-intervention, there was a statistically significant reduction in the total score and all sub categories of the STAXI including : anger temperament, anger reaction and anger expression out indicating reductions in how often participants become angry after they receive criticism or negative feedback, how often they suppress their angry feelings internally and how often they express their anger externally when angry by verbal or physical assault. There were also significant reductions in the DERS total score indicating reductions in problems with affect regulation. There were reductions in personalization and explicit negative affect from baseline (M = 4.96, SD = 5.94) compared to follow-up (M = 2.00, SD = 2.39); $t(24) = 2.2, p = .03$ on the ATSS coded interviews. Although not statistically significant, there were trend level reductions from pre to post-intervention in causal thinking, hostile attributions and verbal aggression towards partners. There was also an increase in anger control strategies and positive co-parenting language.

Annexe II : Characteristics of included studies – Recap Tables

Integrated Treatment for Substance Abuse and Partner Violence (I StoP). A case study ⁽⁶⁴⁾.

Journal	Clinical Case Studies
Authors	Fleur L. Kraanen, Agnes Scholing, Mostafa Hamdoune, Paul M. G. Emmelkamp
Date	2013
Study recruitment period	NC
Location	Amsterdam (The Netherlands)
Type of study	Case Study
Aim of the study	To inform the applicability of I StoP (Integrated treatment for Substance abuse and Partner violence) in forensic mental health care.
Number of participants	1, 50-year-old male.
Inclusion criteria	NC
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol, Marijuana, Ecstasy / Structured Clinical Interviews for DSM IV Axis 1 disorder, Forensic Outpatient Risk Assessment, Quick Drinking Screen.
Treatment characteristics	
Admission	Court referred
Person treated	Outpatient. IPV perpetrator with a co-occurring substance disorder.
Treatment format	Mainly individual with certain sessions with the partner; 16 weekly sessions addressing substance abuse and IPV perpetration alternatively
Treatment description	I-StoP : structured treatment addressing substance abuse and intimate violence ; based on the work of Dutton; involves Cognitive Behavioural Therapy; adapted to the specific needs of the individual; includes motivational interviewing interventions : expressing empathy, developing discrepancy,

	<p>rolling with resistance, supporting self-efficacy; uses of workbook (psychoeducational, homework assignments, daily registration forms); principal intervention addressing IPV is the Cycle of Violence (tension building phase, explosion phase, reconciliation phase); topics addressed : explanation of the treatment rationale, examination of types of IPV that take place in the specific relationship; assessment of pros and cons of substance use and IPV, formulation of treatment goals regarding substance use and IPV, description of self-control steps regarding substance use, anger management, coping with craving and emotions that could lead to substance use, discussion of the relationship between thoughts, feeling and behaviour and the connection with IPV and substance use, communication training and relapse prevention.</p>
Assessment of IPV	Revised Conflict Tactics Scale
Assessment of outcomes	<p>Substance Use Disorders: Structured Clinical Interview for DSM-IV Axis I Disorders. Recidivism risk: Forensic Outpatient Risk Assessment Scale.</p>
Results	<p>Six months after treatment completion, Henry reported that no physical and verbal violence had taken place in the past 8 weeks, which was confirmed by his partner. Regarding substance use, Henry reported that his alcohol intake and cannabis use had not changed and that he started using 0.25 gram of MDA.</p>

Annexe II : Characteristics of included studies – Recap Tables

Intervencion psicologica en la comunidad en hombres condenados por violencia de genero.

Journal	Anales de Psicologia
Publication date	2013
Authors	Boira, Lopéz del Hoyo, Tomas-Aragonés, Gaspar
Study recruitment period	2008
Location	Spain
Type of study	Experimental study
Aim of the study	To explore pre and post changes between different types of treatment format.
Number of participants	62
Inclusion criteria	Convicted for IPV Consent
Exclusion criteria	Serious medical or psychiatric disorder Substance abuse Impossibility to attend sessions Not willing to participate
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Individual and group therapies Several formats tested : - Unstructured group therapy - Structured group therapy - Individual therapy
Treatment description	CBT-oriented Topics : - Responsibility

	<ul style="list-style-type: none"> - Control of emotions - Learning skills - Follow-up <p>2-hours weekly 24 sessions : 2 assessments, 20 therapy, 2 follow-ups at 3 and 6 months</p>
Assessment of outcome(s)	<p>Expectations questionnaire</p> <p>Readiness-to-change questionnaire URICA</p> <p>Psychopathology symptoms questionnaire SCL-90-R</p> <p>Personality variables and cognitive distortions Questionnaires Inventario de Hostilidad (BDHI) Indice de Reactividad Interpersonal (IRI) Inventario de Pensamientos Distorsionados sobre la Mujer y el Uso de la Violencia</p>
Results	<p><u>Expectations from treatment</u> Higher in individual group (p<0.05)</p> <p><u>Stage of change</u> Greater maintaining of change in structured group (p<0.05)</p> <p><u>Psychopathology symptoms</u> Less negative symptoms in structured group (p<0.05)</p> <p><u>Personality variables and cognitive distortions</u> No significant differences</p>

Annexe II : Characteristics of included studies – Recap Tables

Intervening to prevent repeat offending among moderate to high-risk domestic violence offenders ⁽²⁶⁾.

Journal	International Journal of Offender Therapy and Comparative Criminology
Publication date	2013
Authors	Scott, Heslop, Kelly, Wiggins
Study recruitment period	2011-2012
Location	Ontario, Canada
Type of study	Interventional study
Aim of the study	To Explore the effectiveness of a Risk Needs and Responsivity-based program on IPV recidivism for moderate to high-risk of reoffense perpetrators.
Number of participants	80
Inclusion criteria	18 years or older Charged by the LPS for IPV offending Moderate to high-risk for IPV reoffending on the DVSR Not remanded into custody
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Group therapy
Treatment description	Risk, Needs and Responsivity (RNR) principle

	<ul style="list-style-type: none"> - More intense intervention for high-risk reoffenders - Focus on criminogenic needs <p><u>Criminogenic needs :</u></p> <p>In the relationship domain :</p> <ul style="list-style-type: none"> - Men’s responses to recent separation - -Change in contact between accused and children <p>In the school/work domain :</p> <ul style="list-style-type: none"> - The belief he is at risk of losing his job - High rate of stress <p>In the antisocial cognition domain : Jealousy, possessiveness, disrespect of women, disrespect of legal services, minimization or denial of the abusive behaviour.</p> <p>Recidivism increased by substance use. Lethality increased by depression, desperation, hopelessness.</p> <ul style="list-style-type: none"> ➔ RNR : interventions tailored to the learning style and the motivational profile (responsivity principle) ➔ Second-responder program based on cognitive-behavioural therapy with immediate and practical actions to reduce risk of reoffending.
Assessment of the outcome(s)	<p>Comparison of police involvement in the first and second years following the intervention.</p> <ul style="list-style-type: none"> - Any charge by the London Police Services <p>Categorisation : Violence / property / administration of justice</p> <p>Additional coding for the domestical characteristic of these charges using a manual review of police reports.</p> <ul style="list-style-type: none"> - General police involvement Police administrative database - Policing time Computer aided dispatch system
Results	<p><u>Year 1 follow-up :</u></p> <ul style="list-style-type: none"> - Domestic charges : More than double in the comparator group.

	<p>65.9% vs 29.3% $X^2=11, p<0.001$</p> <ul style="list-style-type: none"> - General charges : 85% in comparator group (CG) vs 45.5% in interventional group (IG) $X^2=14.07, p<0.000$ - General police involvement 95% CG vs 60% (IG) $X^2=14.05, p<0.001$ - Police time : 15.9 CG vs 10.6 IG $t=4.49, p<0.001$ <p><u>Year 2 follow-up :</u></p> <ul style="list-style-type: none"> - Domestic charges : 41.5% CG vs 12.2 IG $X^2=8.94, p<0.003$ - General charges : 52.5% CG vs 25% IG $X^2=6.37, p<0.12$ - General police involvement : 85% CG vs 52.5% IG $X^2=9.83, p<0.002$ - Police time : 15.6 CG vs 7.8 IG $t= 3.24, p<0.002$
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Annexe II : Characteristics of included studies – Recap Tables

Intimate Partner Violence: Variations in Perpetrators and Treatment allocation.

Journal	Journal of Interpersonal Violence
Authors	T. Weber, Yvonne H. A Bouman
Date	2017
Study recruitment period	2012 - 2015
Location	Nijmegen (The Netherlands)
Type of study	Observational: Cross Sectional Study
Aim of the study	To replicate Holtzworth Munroe and Stuarts model using a Dutch clinical sample (this model differentiated types of batterers based on three dimensions (severity of IPV, generality of violence and psychopathology), the types found were Family Only (FO), Generally Violent Antisocial (GVA) Borderline Dysphoric (BD) and Low Level Antisocial (LLA)). To study differences in treatment allocation between the batterer subtypes to see whether clinicians placed the batterer subtypes in different treatment types without prior awareness of batterer subtypes.
Number of participants	110 (37,4 years old)
Inclusion criteria	Forensic psychiatric outpatient treated for IPV or other forms of aggression from three Dutch facilities.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Personality Disorder / DSM IV TR
Treatment characteristics	
Admission	Mandated (30,1 %) or voluntary (69,1 %).
Person treated	Outpatient men batterers with a cooccurring personality disorder.

Treatment format	NC
Treatment description	1. Domestic Violence Treatment: Stop Huiselijk Geweld (SHG) and Aggression Replacement Training: CBT group based or individual therapy. 2. Psychomotor Therapy. 3 Psychosocial Supervision. 4 Mentalization Based Therapy (MBT): psychodynamic psychotherapy stemming from attachment therapy. 5. Couple Therapy 6. Psychiatric Treatment.
Assessment of IPV	Brief Spousal Assault Form for the Evaluation of Risk (BSAFER)
Assessment of outcomes	- Perpetrators subtypes: Level of Service/Case Management Inventory (LS/CMI™): Based on the RNR principles assesses eight important domains (Criminal History, Education/Employment, Family/Relationships, Leisure Time, Companions, Alcohol/Drugs Problems, Procriminal Attitude, and Antisocial Pattern) which have empirical support concerning their predictive power regarding offending. - Treatment allocation.
Results	Apportionment: 35 patients in FO group, 21 in BD group, 30 in GVA group and 24 in LLA group. Most of FO were assigned to group based domestic violence (SHG). In the recent past FO, BD, and GVA batterers hardly differed in their levels of physical partner violence, but that LLA batterers revealed very low levels. However, for the distant past, FO batterers committed less physical partner violence, whereas LLA batterers displayed higher levels of violence. BD and GVA batterers revealed a more stable pattern of physical violence in the sense that there was not much difference between the severity of physical violence in the recent and distant past. This supported our expectations that BD and GVA batterers engage in physical violence structurally, while FO and LLA batterers are only incidentally physically violent to their partners. Most FO batterers were assigned to the group-based domestic violence therapy (SHG), while the LLA batterers were the least likely to be assigned to this group although the chi-square value almost failed to reach conventional statistical significance ($p = .054$). There are significant differences in the ART group: The two antisocial subtypes (GVA and LLA) were most likely to be assigned to these therapies ($p = .030$). The same can be said about the PSS group where the antisocial subtypes were also in the majority although the difference did not amount to conventional statistical significance ($p = .081$). All the other treatment types did not reveal any significant differences.

Annexe II : Characteristics of included studies – Recap Tables

Intimate Partner Violence interventions for high-risk offenders ⁽²⁷⁾.

Journal	Psychological Services
Publication date	2013
Authors	Connors, Mills, Gray
Study recruitment period	/
Location	Canada
Type of study	Experimental study
Aim of the study	To explore change in men offenders admitted in a High Intensity Family Violence Prevention Program.
Number of participants	159
Inclusion criteria	High risk level Murder of the partner
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	High Intensity Family Violence Prevention Program For male incarcerated offenders in Canada who are deemed to be at high risk of reoffending. Risk assessed by the Spousal Assault Risk assessment guide. 75 group sessions (half 5h/half 3h) with 10 minimum individual counselling sessions

	<p>CBT (Transtheoretical Model using Motivational Interviewing, Homework)</p> <p>9 modules (responsibility, awareness of abuse, autobiography with factors linked to violence, thinking skills, managing of emotions with CBT, social skills, parenting techniques, plans of self-management and relapse prevention, revisiting of the goals.</p>
Assessment of outcome(s)	<p>Interpersonal Relationship Scale (IRS)</p> <p>Aggression Questionnaire Revised (AQ-R)</p> <p>Abusive Relationship Inventory (ARI)</p> <p>Facilitator Structure Ratings (FSR)</p> <p>Domestic Violence Vignettes (DVV)</p> <p>Offender's self-rated readiness to change</p>
Results	<p>Relationship functioning (IRS) : improvement in all subscales</p> <p>Anger (AQ-R) : improvement in insight, skills, self-competence</p> <p>Abusive behaviour (ARI) : improvement (less rational for hitting, need for control, legal entitlement, batterer's myth)</p> <p>Facilitator Structure Ratings : linear improvement pre/mid/post program in all subscales, $p < 0.001$</p> <p>DVV : pre/post treatment improvement for all 3 outcomes : perspective taking, behavioural responses, interpretation. $p < 0.001$</p> <p>Higher pre-treatment motivation to change with self-ratings, $p < 0.001$</p> <p>More improvement in change of motivation with facilitators' ratings</p> <p>Clear influence of motivation on program performance, $p < 0.001$</p>

Annexe II : Characteristics of included studies – Recap Tables

Long-term effectiveness of a treatment-as-usual couple therapy for military veterans.

Journal	Behavior Therapy
Publication date	2017
Authors	Nowlan, Georgia, Doss
Study recruitment period	/
Location	1 Veteran Administration Medical Center in California (California VAMC) 1 Veteran Administration Medical Center in South Carolina USA (SC VAMC)
Type of study	Experimental study
Aim of the study	To explore the long-term effectiveness of couple therapy among veterans.
Number of participants	238
Inclusion criteria	Heterosexual couples Present at 2 VAMC over a 42-months period Eligible for couple therapy
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	Co-therapy team Completion of questionnaires separately as well as follow-up assessment by mail at 18-months post-treatment.

	<p>More sessions in California VAMC</p> <p>SC VAMC : brief problem-solving orientation with skills training around a core problem in the relationship</p> <p>California VAMC : more integrated-behavioural orientation with CBT and emotion-focused goals</p>
Assessment of outcome(s)	<p>CTS2 (Conflict Tactics Scale) : physical</p> <p>QMI (Quality of Marriage Index)</p> <p>BSI (Brief Symptom Inventory) : psychological</p>
Results	<p>Significant improvement ($p < 0.001$) in :</p> <ul style="list-style-type: none"> - Relationship satisfaction - IPV - Psychological distress <p>Better change in relationship satisfaction in SC VAMS, $p = 0.008$</p> <p>No longer significant after adjustment → Driven by demographic variables</p> <p>Pre-treatment :</p> <ul style="list-style-type: none"> - IPV → larger gain in relationship satisfaction, $p = 0.006$ - Relationship satisfaction, psychological distress, IPV : not predictive for other outcomes - Pre-treatment levels of variables predictive for the evolution of this same variable, $p < 0.001$ <p>African American : smaller gain in relationship satisfaction, $p = 0.17$</p> <p>Older individuals → less improvement of symptoms (psychological++), $p = 0.045$</p>

Annexe II : Characteristics of included studies – Recap Tables

Male veteran intimate partner violence program outcomes.

Journal	Journal of Evidence-Informed Social Work
Publication date	2015
Authors	Schaffer
Study recruitment period	/
Location	Ohio State, USA
Type of study	Experimental study
Aim of the study	To explore the efficacy of a psychoeducational treatment for veteran offenders.
Number of participants	131
Inclusion criteria	Veteran status Completion of the DV/AS pre-test Completion of a psychosocial intake Agreement
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	National Center of Post-traumatic Stress Disorder Veterans with Post-Traumatic Stress Disorder → more family violence Program : Cincinnati Domestic Relations Clinic CBT-based and psychoeducation groups → Focus the primary goal to end violence

	<ul style="list-style-type: none"> → Hold them accountable for their behaviour → Social action and community education → Coalition support → Improve veteran satisfaction and functioning → Improve family satisfaction and functioning → Effective treatment in changing behaviour
Assessment of outcome(s)	<p>Pre and post-test Domestic Violence / Abuse Screen</p> <ul style="list-style-type: none"> - Abusive behaviours - Perpetrator lethality
Results	<p>Significant decrease on total score, $p < 0.0001$ Pre-test = 27.9 vs post-test = 11.7</p> <ul style="list-style-type: none"> → Significant reduction of abusive behaviour during program duration

Annexe II : Characteristics of included studies – Recap Tables

Men’s gendered-constructions of IPV as predictors of court-mandated batterer treatment drop-out.

Journal	American Journal of Community Psychology
Publication date	2010
Authors	Catlett, Toews, Walilko
Study recruitment period	2001-2003
Location	Cook County, Illinois State, USA
Type of study	Mixed method : case-control and qualitative study
Aim of the study	To explore the meaning men make of their violence and to examine if and how these meanings and constructions if violence predicts who drops out of BIP prior to program completion.
Number of participants	154
Inclusion criteria	Convicted for IPV between November 2001 and April 2003
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Domestic Violence Program of the Circuit Court of Cook County Social Services Department Since 1979 Goal : eliminate the use of violence by offenders

	<p>Two principles :</p> <ul style="list-style-type: none"> - Offender accountability - Victim safety <ol style="list-style-type: none"> 1) Violence is a learned behaviour 2) Violence is a choice 3) Power and control are the roots 4) Crime 5) Cultural and social attitudes <p>Individual sessions for assessments Contact with the victim during this phase 16 one-hour-and-a-half group sessions</p>
Assessment of outcome(s)	<p>In-depth interview questions Gender-role attitudes : King and King's short form of the Sex-Role Egalitarianism Scale. Hostility : Derogatis Hostility subscale of the Brief Symptom Inventory Self-reported physical IPV : CTS2 Program completion</p>
Results	<p>Meanings of violence :</p> <p>Minimization : All but one participant Many behaviours interpreted as non-violent and not deserving a criminal justice intervention Contrast between their seemingly « normal » aggressive behaviour and « real » violent behaviours.</p> <p>Denial of responsibility : The vast majority of men Excuses and justifications Female partners responsible for provoking incidents.</p> <p>Rationalization and justification : A rational response to a threat posed by the partner. Higher socioeconomic status → respect</p> <p>Perceived injustice : Rational response to their partner's conducts and to their prerogatives as a man. Legal system unfairly biased against men.</p> <p>Drops-out : inherently nonviolent people Completers : 88% accept at least some level of responsibility No differences between completers and non-completers in hostility toward female partner.</p>

	<p>Difference in hostility toward the criminal justice system.</p> <p>Hostility associated to drop-out, $p < 0.001$ Income inversely related to drop out, $p < 0.05$ Relationship status and drop out, $p < 0.058$ Lower income, no longer in relationship with the woman, lower level of physical violence, high level of hostility lead to higher dropout rate.</p>
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Annexe II : Characteristics of included studies – Recap Tables

Mentoring serial and high-risk perpetrators of IPV in the community: engagement and initiating change⁽⁵¹⁾.

Journal	Criminal Behaviour and Mental Health
Publication date	2015
Authors	Walker, Bowen
Study recruitment period	/
Location	Coventry University, UK
Type of study	Qualitative study
Aim of the study	To evaluate how serial and high-risk perpetrators engage with mentoring and how change is initiated.
Number of participants	22
Inclusion criteria	Serial IPV High-risk IPV
Exclusion criteria	Attending another treatment format
Treatment characteristics	
Admission	Court-mandated
Person treated	Male offender
Treatment format	Group therapy
Treatment description	Mentoring Criminal justice intervention One-to-one relationship freely entered into and based on trust, involving a volunteer to act as a positive role model and support another individual over a period of time to achieve a goal.

Assessment of the outcome(s)	Semi-structured interview with open questions
Results	<p><u>Engagement facilitators :</u></p> <ul style="list-style-type: none"> - Building relationship <p>One to one Effective communication</p> <ul style="list-style-type: none"> - Tenacity of the mentor <p>Persistence Involving family</p> <p><u>Catalysts of change :</u></p> <ul style="list-style-type: none"> - Hooks <p>Children, employment, criminal sanction</p> <ul style="list-style-type: none"> - Focus on the future <p>Clear action points Quid pro quo (opportunities they had not before)</p>

Annexe II : Characteristics of included studies – Recap Tables

Mixed-gender co-facilitation in therapeutic groups for men who have perpetrated IPV.

Journal	The Journal for Specialists in Group Work
Publication date	2013
Authors	Roy, Lindsay, Dallaire
Study recruitment period	/
Location	Quebec
Type of study	Qualitative study
Aim of the study	To inquire about how men interpret mixed-gender co-facilitation.
Number of participants	25
Inclusion criteria	Ongoing IPV group from 3 Quebec agencies
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary and court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Process-oriented programs based on CBT integrating notions from a feminist analysis of violence. Groups of 8 men attending weekly sessions.
Assessment of outcome(s)	At the beginning and at the end of the program. 2 interviews with open and more specific questions.

Results	<ul style="list-style-type: none"> - Interactions related to the men's problem of violence <p>Wealth of knowledge and experience Impartial perspective of violence Male facilitators : concrete explanations Female facilitators : in-depth explanations regarding power and control, more credibility Female : fear of judgment Male : sharing experiences of violence Cooperation and mutual respect between the two facilitators Sensitive to the inequality between the two facilitators (male often seen as the dominant)</p> <ul style="list-style-type: none"> - Interactions related to group leader support <p>Expression of emotions Encouragement is perceived differently whether it comes from a man or a woman More likely to mention the support of men Female better listeners and greater support</p> <ul style="list-style-type: none"> - Interactions related to group dynamics <p>Positive work climate Female : calm and focus on the topic Male only would be a superficial climate, more macho Sharing of tasks</p>

Annexe II : Characteristics of included studies – Recap Tables

Motivational Enhancement Mitigates the Effects of Problematic Alcohol Use on Treatment Compliance Among Partner Violent Offenders: Results from a Randomized Clinical Trial.

Journal	Journal of Consulting and Clinical Psychology
Authors	Cory A. Crane, Christopher I. Ecchardt and Robert C. Schlauch
Date	2015
Study recruitment period	NC
Location	Florida (United States of America)
Type of study	Randomized Clinical Trial
Aim of the study	To examine binge drinking as a risk factor for treatment non-compliance and to evaluate whether a single motivational interview administrated in advance of IPV treatment would improve outcomes for binge drinkers relative to non-binge drinkers at follow up.
Number of participants	60 male offenders, 25 binge drinkers. 33,1 years old.
Inclusion criteria	More than 18 years old, had been adjudicated for an IPV offense within 2 weeks, no active protection order, mandated to attend IPV treatment program.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol, Illicit Drugs / Drug Use Disorder Identification Test, Alcohol Use Disorder Identification Test
Treatment characteristics	
Admission	Mandated / Referred.
Person treated	Heterosexual male offenders with alcohol use disorder
Treatment format	One individual session.
Treatment description	Brief Motivational Interview: one session with open ended questions, reflection to elicit ambivalence, brief relationship description by the offender; focused on the identified change

	goal of non-violence behaviours within the intimate relationship; to generate a plan of action.
Assessment of IPV	NC
Assessment of outcomes	<ul style="list-style-type: none"> - Treatment attendance: regression analysis on number of treatment sessions onto treatment condition, binge drinking, and their interaction, while controlling for age, readiness to change, relationship satisfaction, illicit drug use, and prior arrests. - Dropout rates: regression analysis on number of drop outs onto treatment condition.
Results	Binge drinking BMI participants attended more sessions compared to binge drinking control participants. Binge drinking control participants were at a greater risk of dropping out of treatment when compared to binge drinking BMI participant (OR = 0,47 p = 0,12)

Annexe II : Characteristics of included studies – Recap Tables

Motivational interviewing with perpetrators of intimate partner violence.

Journal	Journal of Clinical Psychology
Publication date	2009
Authors	Musser, Murphy
Study recruitment period	/
Location	Northeast USA
Type of study	Qualitative study
Aim of the study	To explore the efficacy of motivational interviewing on behaviour change and outcomes after a CBT program through the experience of one perpetrator.
Number of participants	1
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Individual session
Treatment description	Motivational Interviewing (MI) : Pre-treatment preparatory intervention associated with CBT. Working on : Empathy Enhancing positive expectations Predominant techniques :

	Reflective listening, open-ended questions and affirmations.
Assessment of outcome(s)	Partner report by phone interview
Results	<p>Cessation of physical assault and threats of assault, substantial reduction in verbal and psychological forms of abuse at 6-months follow-up after treatment.</p> <p>➔ Considered as a positive outcome</p>

Annexe II : Characteristics of included studies – Recap Tables

Outcomes and recidivism in mandated batterer intervention before and after introducing a specialized domestic violence court.

Journal	Journal of Interpersonal Violence
Publication date	2016
Authors	Tutty, Babins-Wagner
Study recruitment period	1998-2009
Location	Canada
Type of study	Experimental study
Aim of the study	Effect on the Calgary's domestic violence court model on recidivism in men attending a Responsible Choices dor Men group therapy.
Number of participants	382
Inclusion criteria	Adult males using physical or psychological violence Using control tactics in intimate relationships
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated and voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Responsible Choices for Men (RCM) Feminist perspective to become violence-free Psychoeducational and psychotherapeutic components > CBT techniques Additional court implementation Probation officers specialized in IPV

	<p>Allowing low-risk offenders to take responsibility for their actions and facilitate their entry to treatment</p> <p>Quickly referral to BIP intervention</p> <p>Advocacy and support for victims</p>
Assessment of outcome(s)	<p>Clinical outcomes :</p> <p>Abuse of Partner scales :</p> <ul style="list-style-type: none"> - Physical (PAPS) - Non-physical (NPAPS) <p>Depression : generalized contentment scale</p> <p>Self-esteem : Rosenberg self-esteem index</p> <p>Clinical stress : index of clinical stress</p> <p>Police-reported recidivism</p>
Results	<p>RCM without court implementation :</p> <p>Recidivism = 41.2%</p> <p>RCM with court implementation :</p> <p>Recidivism = 8.2%</p> <p>→ Significant improvement</p> <p>Post-court implementation : significantly less dysfunctions in self-esteem, depression, and clinical stress, $p < 0.001$</p> <p>Post court implementation : significantly less psychological abuse $p < 0.001$, but not physical abuse $p = 0.056$</p>

Annexe II : Characteristics of included studies – Recap Tables

Outcomes from Referring Batterer Program Participants to Mental Health Treatment

Journal	Journal of Family Violence
Authors	Edward W. Gondolf
Date	2009
Study recruitment period	2004 to 2006.
Location	Pennsylvania (USA)
Type of study	Empirical Interventional study: Quasi experimental design
Aim of the study	To investigate the impact of referral to supplemental mental health treatment for batterer program participants who screened positive to mental health problems
Number of participants	479
Inclusion criteria	NC
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Substance abuse / Brief Symptom Inventory Personality disorder, mental disease / Global Severity Index, Psychiatric Diagnostic Screening Questionnaire)
Treatment characteristics	
Admission	Court referred and treatment seeking men.
Person treated	Male offenders with a cooccurring mental disorder.
Treatment format	1. Domestic Abuse Counselling Center: Group therapy 2. Mental Health treatment: individual session and/or group therapy.
Treatment description	1. Batterer Intervention Program: Domestic Abuse Counselling Center in Pittsburgh, gender based cognitive behavioural therapy. The compliance was verified by court review. 2. Mental Health Treatment: outpatients clinics affiliated with the University of Pittsburgh Medical Center (UPMC): initial appointment, 30-50 min individual clinical

	evaluation, prescribed treatment plan combining individual psychotherapy, group therapy and possibly medication.
Assessment of IPV	Women's partners telephone interviews; Conflict Tactics Scale
Assessment of outcomes	<ul style="list-style-type: none"> - Completion: attending the required 16 weekly sessions without dismissal for unexcused absences or failure to pay assessed fees. - Re-Assaults: physical abuse of the subject's female partner reported by that partner during phone interviews conducted every 3 months over the 12-month follow-up period. Female partners were interviewed at program intake and 3, 6, 9, and 12 months after program intake primarily to obtain reports of re-assault
Evaluation of efficacy	Mandatory court referral to mental health treatment produced non-significant improvement in program completion re assault and the other abuse indicators.

Annexe II : Characteristics of included studies – Recap Tables

Optimizing Trauma-Informed Intervention for Intimate Partner Violence in Veterans, the role of Alexithymia ⁽⁶⁹⁾.

Journal	Behavior Research and Therapy
Authors	Danielle S. Berke, Alexandra Mac Donald, Gina M. Poole, Galina A. Portnay, Savannah Mac Sheffrey, Suzannah K. Creech, Casey T. Taft.
Date	2017
Study recruitment period	NC
Location	Massachusetts, Texas, Connecticut’s, South Carolina (United States of America)
Type of study	Randomized Controlled Trial
Aim of the study	To examine the role of improvements in alexithymia as a potential facilitator of treatment efficacy among 135 male veterans/service members, in a randomized control trial Strength At Home - Men.
Number of participants	135 males (37,97 years old)
Inclusion criteria	Self-, collateral- or court-report of at least one act of male to female physical IPV over the previous 6 months or severe physical IPV over the last 12 months or ongoing legal problem related to IPV.
Exclusion criteria	Current substance dependent not in remission, current uncontrolled bipolar or psychotic disorder or severe cognitive impairment.
Addiction and / or mental illness Assessment	Alexithymia, Post Traumatic Stress Disorder / Toronto Alexithymia Scale.
Treatment characteristics	
Admission	Treatment seeking men and court referred.
Person treated	Male veterans
Treatment format	12 weekly 120-minutes group session
Treatment description	Strength At Home - Men: Trauma-informed cognitive behavioural therapy, specifically designed to reduce IPV used among veterans/service members and their intimate partners, takes into account exposure to trauma and post-

	traumatic stress symptoms. Addresses disruptions in the cognitive processing of emotion characteristics of both post traumatic symptomology and relationship. There are 4 treatment phases: 1. Psychoeducation on IPV and common reactions to trauma. 2. Conflict management skills 3. Coping strategies and negative thoughts patterns 4. Communication skills.
Assessment of IPV	Physical Assault and psychological aggression subscales of the Revised Conflict Tactics Scale.
Assessment of outcomes	Alexithymia: 20-item Toronto Alexithymia Scale (TAS-20).
Results	<p>Across time points, physical IPV was significantly related to psychological IPV (T2: $r = 0.61$, $p < 0.001$; T3: $r = 0.46$, $p < 0.001$), but none of the alexithymia variables. At T3, psychological IPV was related to all alexithymia scales (Total scale, $r = 0.32$, $p < 0.01$; DIF, $r = 0.39$, $p < 0.001$; and DDF, $r = 0.26$, $p < 0.05$), except the EOT subscale ($r = 0.11$, $p = 0.31$).</p> <p>Participants in the SAH-M condition self-reported significantly greater reductions in alexithymia over time relative to ETAU participants.</p> <p>Results indicate that on average, participants in the SAH-M condition evidenced lower psychological and physical IPV over time relative to ETAU participants; however, changes in TAS-20 total scores over time do not appear to account for unique variance in this effect.</p>

Annexe II : Characteristics of included studies – Recap Tables

Predictors of treatment completion and recidivism among Intimate Partner Violence offenders ⁽³⁵⁾.

Journal	Journal of Aggression, Maltreatment and Trauma
Publication date	2017
Authors	Lauch, Hart, Bresler
Study recruitment period	/
Location	Cincinnati, Ohio state, USA
Type of study	Cohort study
Aim of the study	To explore the effectiveness of an AMEND-Emerge-based program on recidivism between men completers and non-completers and the variables that predict completion.
Number of participants	202
Inclusion criteria	Men who consecutively enrolled the program over a calendar year.
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated and voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	A combination of the AMEND and the Emerge models 25 weekly group-sessions during 6 months Education about gender roles and experiences with their fathers particularly in the areas of power and control and the cycle of violence.

	Learning new non-abusive skills to solve problems.
Assessment of the outcome(s)	<p>Recidivism :</p> <p>Any charge from the entry in the program until one year following the last treatment session.</p> <p>Charges categorized into :</p> <p>Violent/ Non-violent / Substance-abuse-related.</p> <p>Clerk of Courts websites for the home county.</p>
Results	<p>Statistical differences between completer and non-completers (NC) :</p> <ul style="list-style-type: none"> - Age (younger NC) t=3.93, p<0.001 - Race (more African-American NC) X²=17.01, p<0.001 - Employment (unemployed NC) X²=8.75, p<0.01 - History of abuse (abuse NC) X²=8.38, p<0.001 - Referral source (not through a legal mean for NC) X²=7.61, p<0.02 <p>Age variable significantly predicts post-treatment recidivism. F=12.70, p<0.001</p> <p>Completers : lower rate of recidivism X²=8.70, p<0.003</p>

Annexe II : Characteristics of included studies – Recap Tables

Racial differences in treatment effect among men in a substance abuse and domestic violence program⁽⁵⁷⁾.

Journal	The American Journal of Drug and Alcohol Abuse
Authors	Melanie C. Scott, Caroline J. Easton
Date	2010
Study recruitment period	NC
Location	Connecticut (United States of America)
Type of study	Observational Study
Aim of the study	To examine racial differences in treatment effect among substance abuse dependent Caucasian and African American male intimate partner violence offenders court mandated to an integrated substance abuse and domestic violence treatment.
Number of participants	75 male, 39 Caucasian, 36 African American. Court Mandated, Outpatient.
Inclusion criteria	Court mandated to substance abuse and domestic violence treatment after arrest for a domestic related incident in which the individual was under the influence of alcohol. More than 18 years old. To meet Statistical Manual of Mental Disorder-IV-TR criteria for alcohol dependence. Arrested for IPV within the year.
Exclusion criteria	Psychotic or Manic symptoms; suicidal or homicidal ideation ; need for alcohol detoxification ; current involvement in substance abuse or IPV treatment within the last 60 days ; inability to read at fifth grade.
Addiction and / or mental illness Assessment	Alcohol, Marijuana, Cocaine, Heroin / Addiction Severity Index (ASI), Timeline Follow back Calendar. Psychiatric disease / Structured Clinical Interview for DSM IV.
Treatment characteristics	
Admission	Court referred
Person treated	Male offender with a co-occurring alcohol or drug disorder

Treatment format	Weekly 60 minutes group therapy sessions over the course of 12 weeks
Treatment description	Substance Abuse and Domestic Violence (SADV): manualized, evidence based cognitive behavioural intervention, weekly 60 minutes group therapy sessions over the course of 12 weeks.
Assessment of IPV	Revised Conflict Tactics Scale.
Assessment of outcomes	Psychiatric diagnoses: Structured Clinical Interview for DSM-IV (SCID-IV). Addiction: Addiction Severity Index, Timeline Follow Back calendar (TLFB). Assessments were administrated at baseline and at treatment completion (12 weeks).
Results	Violence measures : there was a significant decrease in reported physical violence over treatment, [F (1, 75) = 27.40, p < .001], p = .008], verbal abuse decreased significantly over treatment for Caucasian IPV offenders [F (1, 75) = 13.12, p = .001], but not for African- American IPV offenders [F (1, 75) = 1.65, p = .20], there was no decrease from baseline to treatment completion in the average use of psychological abuse (e.g., destroying property: all p's > .05). Substance Abuse: there was a significant decrease in reported alcohol use over treatment [F (1, 75) = 13.71, p = .001]. No significant effects were noted for drug use (all p's > .05).

Annexe II : Characteristics of included studies – Recap Tables

Reactions on Display/IPV: A study of a new interactive computer simulation program for the treatment of men convicted for IPV ⁽³⁸⁾.

Journal	International Journal of Forensic Mental health
Publication date	2014
Authors	Sygel, Kristiansson, Furberg, Fors
Study recruitment period	/
Location	Sweden
Type of study	Experimental study
Aim of the study	To test the efficacy of an interactive computer simulation system on IPV offenders.
Number of participants	34
Inclusion criteria	Men between 20 and 55 Reared in Sweden with Swedish parents
Exclusion criteria	Serious mental disorder Medications (except disulfiram, acamprosate, naltrexone)
Treatment characteristics	
Admission	Court-mandated
Person treated	The Male offender
Treatment format	Group therapy
Treatment description	One two-hour simulation session (+/- Integrated Domestic Abuse Program before) 14 IDAP/10 non IDAP/10 control Reaction on Display/IPV : CBT + social learning theory One conflict showed, participants can choose the actions the man will do (5 choices can be done),

	and each time questions regarding physical reactions, feelings and thoughts are posed.
Assessment of outcome(s)	Choices during the simulation Questionnaire at the end of the session
Results	<p><u>Experience</u> :</p> <p>Realistic and easy to understand Emotionally engages (86% IDAP vs 75%) Negatively affected (61% IDAP vs 44%)</p> <p><u>Choices of reactions</u> :</p> <p>No statistical differences between non-violence/some violence/ violence. Non-violence only chosen by control and IDAP</p> <p><u>Physical and Emotional Reactions</u> :</p> <p>Most robust difference : no one in the non-IDAP group ticked the woman felt disgust and contempt at the point of physical violence/64% IDAP/ 80% control. $X^2=14.74, p<0.001$</p> <p><u>Statistical differences</u> :</p> <ul style="list-style-type: none"> - Interpretation of the victim's emotions Sadness, anger, disgust/contempt - Interpretation of the perpetrator's emotions : <p>Fear, total number of emotions display</p> <p>➔ Useful to explore the ability to interpret facial expressions and emotional reactions (deficits in offenders)</p>

Annexe II : Characteristics of included studies – Recap Tables

Readiness to change as a predictor of treatment engagement and outcome for partner violent men.

Journal	Journal of Interpersonal Violence
Publication date	2018
Authors	Maldonado, Murphy
Study recruitment period	2006-2009
Location	Howard County, Maryland, USA
Type of study	Retrospective cohort study
Aim of the study	To investigate readiness to change as a predictor of treatment engagement and outcome and examine whether court-referral status, antisocial personality and borderline personality moderate these associations.
Number of participants	195
Inclusion criteria	Attending treatment at HopeWorks between April 2006 and January 2009
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Cognitive behavioural therapy (CBT) 20 sessions closed-group format Led by two co-therapists (clinical psychologists or graduated students)

	<p>Work on motivation to change, anger and emotional self-regulation, relationship skills to improve communication and problems solving.</p> <p>2-hours unstructured group discussion + structured psychoeducation and behaviour change activities.</p>
Assessment of the outcome(s)	<p>Readiness to change (RTC) : URICA Antisocial and Borderline characteristics : Personality Assessment Inventory (PAI) Homework compliance : Assignment Compliance Rating Scale (ACRS) Working Alliance : Working Alliance Inventory Short (WAI-S) Criminal recidivism : The Maryland Judiciary Case Search (a public search tool for criminal records)</p>
Results	<p>RTC positively but not significantly associated with all treatment variables except session attendance.</p> <p>Higher RTC significantly associated with lower attendance.</p> <ul style="list-style-type: none"> ➔ But referral status might account (confusion variable) ➔ After analysis no longer significant <p>RTC significantly associated with :</p> <ul style="list-style-type: none"> - Clients 'rating of the working alliance but not therapists 'rating - CBT homework compliance - Criminal recidivism <p>Association between RTC and working alliance moderated by referral status.</p> <p>Association between RTC and homework compliance and recidivism moderated by antisocial and borderline characteristics.</p> <p>RTC stronger predictor of positive treatment response for court-referred versus voluntary men and for those with either very low or very high level of antisocial and borderline characteristics.</p> <ul style="list-style-type: none"> ➔ Strategies to enhance motivation to change in these population may be particularly important.

Annexe II : Characteristics of included studies – Recap Tables

Reducing domestic violence and other criminal recidivism: effectiveness of a multilevel batterers intervention program ⁽²²⁾.

Journal	Violence and Victims
Publication date	2009
Authors	Coulter, VandeWeerd
Study recruitment period	1995-2004
Location	Florida state, USA
Type of study	Retrospective cohort study.
Aim of the study	To explore the effectiveness of a multilevel batterer's intervention program.
Number of participants	17999
Inclusion criteria	Convicted of DV in Hillsborough County At one of 6 licensed BP sites between 1995 and 2004
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	The three-level community-based treatment program Psychoeducational treatment Screening at the admission → level of treatment intervention Level 1 : only recommended by the judge Shortened version of the program 8-12 weeks

	<p>Level 2 : 26 weeks program Work on power and control models By public and private trained agencies</p> <p>Level 3 : need of further psychosocial, psychological or medical evaluation before starting the treatment Between 26 weeks and 1 year Idem level 2 + additional treatment tailored on their special needs. Assessment at 26 weeks to know if they require further treatments By mental health professionals</p>
Assessment of outcome(s)	Re-arrest rate
Results	<p>Recidivism rate substantially lower for men under treatment. Less than one half rearrested for DV and other crimes, in every category.</p> <p>Level 1 : Completion rate : 85.2% DV recidivism rate : 8.8%</p> <p>Level 2 : Completion rate : 70% DV recidivism : 8.3% Global recidivism : 16.7% Non completers DV recidivism : 21.1% Non completers global recidivism 32%</p> <p>Level 3 : Completion rate : 69.6% DV recidivism : 8.6% Global recidivism : 19.4% Non completers DV recidivism : 20.8% Non completers global recidivism 39.7%</p>

Annexe II : Characteristics of included studies – Recap Tables

Results of the Jyvaskyla research project on couple therapy for intimate partner violence: topics and strategies in successful therapy processes ⁽⁴⁰⁾.

Journal	Journal of Family Therapy
Publication date	2017
Authors	Vall, Päivinen, Holma
Study recruitment period	2009-2013
Location	University of Jyvaskyla, Finland
Type of study	Qualitative study review
Aim of the study	To Highlight important issues that should be taken into account during the therapeutic process, according to 10 different studies.
Number of participants	34
Inclusion criteria	Signature of a non-violence contract Willingness to participate Able to speak openly
Exclusion criteria	Serious or life-endangering violence Active violence
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapies
Treatment description	Outcomes from 10 studies
Assessment of the outcome(s)	Session Rating Scale about therapeutic alliance, at the end of each session. Interviews about 2 themes :

	<ul style="list-style-type: none"> - Dominance and abuse of power - Issues to be included in therapeutic conversations
<p>Results</p>	<p><u>Dominance and abuse of power :</u></p> <p>Clients position themselves either as the victim or the perpetrator.</p> <p>Male clients use quantitative dominance (talking more often, louder and for longer periods).</p> <p>Female clients use semantic dominance (changing topics).</p> <p>Therapists use dialogical dialogue with equal talking distribution.</p> <p><u>Important issues to be included :</u></p> <p>5 topics :</p> <ul style="list-style-type: none"> - Violent behaviour - Responsibility - Parenthood - Violence perpetrated by women - Client satisfaction

Annexe II : Characteristics of included studies – Recap Tables

Retencion proactiva y adherencia terapeutica en programas formativos para hombres maltratadores de la pareja ⁽⁷⁶⁾.

Journal	Psychosocial Intervention
Publication date	2013
Authors	Subirana-Malaret, Andrés-Pueyo
Study recruitment period	March to June 2015
Location	Gerona, Spain Instituto de Reinsercion social
Type of study	Interventional study
Aim of the study	To explore the effect of proactive retention techniques and support on motivation and adherence to treatment.
Number of participants	142
Inclusion criteria	18 or older IPV offender Willing to participate and to improve his situation Consentment
Exclusion criteria	Severe mental health disorder Substance abuse
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Servicio de Atencion a Hombres Maltratadores (SAHM) Used until 2009 Cognitive Behavioural Therapy during one year. Provided by the Instituto de Reinsercion Social (IReS)

	<p>Proactive retention techniques and social support. Positive reinforcement. Counselling with other professional according to problems.</p>
Assessment of outcome(s)	<p>Records (from batterers, staff, IReS) : Adherence to treatment (low/medium/high) Length of treatment Motivation to change</p>
Results	<p>Proactive retention techniques and support enhance adherence to treatment and program compliance.</p> <p><u>Adherence to treatment</u> Low : 39.4 with intervention vs 64.5 Medium : 22.7 with intervention vs 18.4 High : 37.9 with intervention vs 17.1 p=0.006 → Significant greater adherence</p> <p><u>Length of treatment</u> : higher, p=0.351 → no significance</p> <p><u>Issue of treatment</u> : Drop-out rate : lower (50.1 vs 63.2) Program compliance : higher (24.1 vs 14.5) Recidivism : higher (2.9 vs 1.3) p=0.454 → no significance</p>

Annexe II : Characteristics of included studies – Recap Tables

Self-determined goals and treatment of domestic violence offenders: what if we leave it up to them?

Journal	Partner Abuse
Publication date	2014
Authors	Lee, Uken, Sebold
Study recruitment period	2012
Location	USA
Type of study	Qualitative study
Aim of the study	To inquire about self-determined goals that could be targeted by BIPs.
Number of participants	127
Inclusion criteria	Male or female court-mandated DVO Opportunity to avoid prosecution by completing the treatment Who abstain from further violent conduct
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	The Plumas Program : a solution-focused approach. 8 one-hour group session over 3 months Co-led by a female and a male facilitators Intake interview : - Developing a goal

	<ul style="list-style-type: none"> - Describing the parameters of a useful goal - Working on this goal throughout the 8 sessions. <p>Recidivism rate : 16.7% (Lee, 2004, 2012) Completion rate : 92.8% (Lee, 2004, 2012)</p>
Assessment of outcome(s)	<p>An assignment from the participant at the end of the treatment A form filled by facilitators</p>
Results	<p>Self-determined goals :</p> <ul style="list-style-type: none"> - Self-focused changes More flexible, calm, positive, curious - Relational-focused changes Respect, patience, not forcing their ways, leaving space - Skills development Improving language, being helpful

Annexe II : Characteristics of included studies – Recap Tables

Social construction of intimate partner violence: a brief report of quantitative grammatical analysis ⁽⁷⁷⁾.

Journal	Journal of Aggression, Maltreatment and Trauma
Publication date	2015
Authors	Kilgore, Cronley, Lehmann
Study recruitment period	2010-2012
Location	Texas state, USA
Type of study	Cross-sectional study
Aim of the study	To test the efficacy of quantitative linguistic analysis to predict participant progress and engagement with treatment.
Number of participants	46 men
Inclusion criteria	Charged with class A misdemeanor IPV
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	Male offender
Treatment format	Group therapy
Treatment description	Writing a letter to themselves from 5 years in the future at the end of an IPV treatment. Program : Counselling and education with solution-focused brief therapy. Language focus on clients' strength and solutions.

	Emphasis on positive engagement through discourses of change and active listening. 8 weeks
Assessment of outcome(s)	Writing a letter Grammatical analysis
Results	<p>No letter with direct reference to the incident.</p> <p>Subject position for himself Object position for others</p> <ul style="list-style-type: none"> ➔ Difficulty engaging with the BIP ➔ Idea of dominance ➔ Need for further attention <p>Ample use of the self-address « you » Distribution of verb tenses Use of complex verb forms</p> <ul style="list-style-type: none"> ➔ Better engagement

Annexe II : Characteristics of included studies – Recap Tables

Stages of change and the group treatment of batterers: a randomized clinical trial ⁽⁵⁰⁾.

Journal	Violence and Victims
Publication date	2010
Authors	Alexander, Morris, Tracy, Frye
Study recruitment period	/
Location	Montgomery County, Maryland State, USA
Type of study	Experimental study
Aim of the study	To compare the effectiveness of a Stages-Of-Change Motivational Interviewing (SOCMI) intervention and a standard Cognitive-Behavioural Therapy Gender Re-education (CBTGR) and explore the associations between the outcomes and initial readiness to change.
Number of participants	528
Inclusion criteria	English or Spanish-speaking One month of sobriety before treatment intake session
Exclusion criteria	Current alcohol or drug abuse Not speaking English or Spanish
Treatment characteristics	
Admission	Court-mandated and voluntary
Person treated	Male offender
Treatment format	Group therapies
Treatment description	SOCMI Open-ended questions exploring both positive and negative aspects of the problem First 14 sessions : experiential change processes

	<p>Last 12 sessions : behavioural change processes Reflective mode Facilitating group norms</p> <p>CBTGR Behavioural techniques to reduce the risk of continue abuse. Addressing the minimization and denial. First session : acknowledgement of the abuse Second session : pros and cons of abuse</p>
Assessment of outcome(s)	<p>Batterer data collection : CTS2 : physical and psychological abuse URICA : stage of change</p> <p>Victim partner data collection : CTS2 Danger Assessment Scale : risk assessment</p>
Results	<p>IPV : No effect of treatment on men’s self-reports. Greater length of follow-up time and SOCMI significantly associated with lower physical violence in women’s reports.</p> <p>Readiness to change : Significant association between treatment type and initial readiness to change and victims’ reports of physical violence.</p> <p>Partners of men who were less ready to change reported less physical violence with SOCMI. Partners of men who were more ready to change reported less physical violence with CBTGR.</p>

Annexe II : Characteristics of included studies – Recap Tables

Strength-At-Home group intervention for military population engaging in Intimate Partner Violence ⁽³¹⁾

Journal	Research and Interventions for Victims of Intimate Partner Violence.
Publication date	2013
Authors	Taft, MacDonald, Monson, Walling, Resick, Murphy
Period	/
Location	Northeast USA
Type of study	Experimental study
Aim of the study	To explore the efficacy of the Strength-At-Home program on physical and psychological reoffenses.
Number of participants	6
Inclusion criteria	18 or older Partner contact consent Report of at least one act of violence in the past 6 months or severe violence in the past 12 months
Exclusion criteria	Severe cognitive impairment Current uncontrolled bipolar or psychotic disorder Current substance abuse
Treatment characteristics	
Admission	Voluntary
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Strength-At-Home men's program For active duty or military veterans CBT based on social informations processing

	<ul style="list-style-type: none"> ➔ Information processing deficits prevent from responding to social stimuli ➔ Trauma leads to misperceptions and aggressive reactions. <p>12 weekly 2-hour group sessions, co-led by 2 therapists (one female and one male)</p> <p>Sessions 1-2 : psychoeducation on IPV and common reactions to trauma</p> <p>Sessions 3-4 : conflict management skills</p> <p>Sessions 5-6 : specific coping strategies</p> <p>Sessions 7 to 11 : communication skills</p> <p>Session 12 : achieved gains and plans for changes</p>
Assessment of the outcome(s)	<p>At 2 time-points : prior to treatment and at 6-months follow-up</p> <p>Physical IPV : 12-item Physical Assault Subscale from the Revised CTS2</p> <p>Psychological IPV : 8-item Psychological Aggression Subscale of the CTS2</p>
Results	<p>Physical IPV :</p> <ul style="list-style-type: none"> - Perpetration significantly lower p=0.017 - Frequency significantly lower p=0.030 <p>Psychological IPV :</p> <ul style="list-style-type: none"> - Total and severe IPV significantly lower, respectively p=0.030 and p=0.036 - Mild IPV not significantly changing p=0.067 - Frequency significantly lower p=0.016

Annexe II : Characteristics of included studies – Recap Tables

Subtypes of Alcohol and Intimate Partner Violence: A Latent Class Analysis ⁽⁵³⁾.

Journal	Violence and Victims
Authors	Keith Klostermann, Theresa Mignone, Rui Chen.
Date	2009
Study recruitment period	NC
Location	New York (United States of America)
Type of study	Latent Class Analysis and Cross-sectional study
Aim of the study	To explore whether subtypes of relapse to violence exist for different levels of intimate partner violence and drinking behaviours among men who relapse to both alcohol and violence after alcohol treatment.
Number of participants	294. 147 couples.
Inclusion criteria	Recruited from an alcoholism outpatient treatment program for men, aged between 18 and 65, either married for 1 year or cohabiting for 2 years, who meet the DSM IV of mental disorder for current alcohol dependence or alcohol abuse, medically cleared to participate and have perpetrated at least one instance of IPV toward their female partner in the past year as measured by CTS
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Alcohol / Structured Clinical Interview for DSM IV, Daily logbooks, Timeline Follow back Interview. Anti-Social Personality Disorder / Structured Clinical Interview for DSM IV.
Treatment characteristics	
Admission	Treatment seeking men for alcohol misuse disorder.
Person treated	Outpatient treatment program for men with a cooccurring alcohol disorder.

Treatment format	One-hour individual therapy and 2 groups counselling sessions every week over 3 months
Treatment description	Traditional 12 step facilitation model, enhancement to participate to self-help groups such as Alcoholics Anonymous, participation to spousal violence treatment program after completion of the alcoholism treatment.
Assessment of IPV	Conflict Tactics Scale (CTS), Daily logbooks, Timeline Follow back Spousal Violence Interview.
Assessment of outcomes	Assessment were delivered at pre-treatment, posttreatment, and quarterly thereafter for 1 year. - Substance abuse: alcohol abuse and dependence modules of the SCID-IV, daily logbooks, Timeline Follow Back.
Results	Of the 147 male participants, 29 (19.7%) are assigned to class 1, and the rest (118; 80.3%) are in class 2, based on the previously mentioned latent class analysis. Class 1 consists of individuals with more days of committing non severe/severe violence compared to those in the class 2 (14.1 vs. 0.4 on mean days of non-severe violence; 9.6 vs. 0.1 on mean days of severe violence). In addition, it takes less time for those individuals in class 1 to relapse to non-severe/severe violence. The median times to relapse to both non-severe and severe violence in class 2 are beyond the length of study period (455 days) compared to 31 days and 68 days in class 1. In fact, all male participants (100%) in class 1 versus 25 (21.2%) in class 2 relapsed to non-severe violence, whereas 28 (96.6%) in class 1 versus 14 (11.9%) in class 2 relapsed to severe violence. Therefore, results suggest that class 1 might be best described as a high violence tendency group, while class 2 consists of individuals with a low violence tendency. Eighty-six percent of the male partners relapsed to alcohol in class 1 compared to 45% in class 2 ($f = 1, < .05$). The percentage of male participants with diagnosis of ASPD is significantly higher in class 1 (62% vs. 10%; $f = 1, < .05$). Interestingly, findings also indicate that a high percentage of female partners in class 1 had consumed alcohol (69% any drink and 59% heavy drink), while far fewer (14% any drink and 11% heavy drink) female partners drank in class 2 ($f = 1, < .05$).

Annexe II : Characteristics of included studies – Recap Tables

Subtypes of batterers in treatment: empirical support for the distinction between type I, type II and type III ⁽⁷⁴⁾.

Journal	PLOS One Public Library of Science
Publication date	2014
Authors	Grana, Redondo, Munoz-Rivas, Cantos
Study recruitment period	/
Location	Madrid, Spain
Type of study	Cohort study
Aim of the study	To identify different types of batterers according to violence types and psychopathology traits for a tailored treatment.
Number of participants	266
Inclusion criteria	Court-referred from the region of Madrid Convicted of crime gender violence Required to attend a psychological treatment instead of completing a prison sentence of less than 2 years.
Exclusion criteria	Current drug abuse Current heavy drinking Acute psychotic symptoms
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Series of sessions with two Masters-degree level therapists. 4 to 8 weekly sessions of 60 minutes

<p>Assessment of outcome(s)</p>	<p>Individual assessments</p> <p>Socio-demographic questionnaire Severity-frequency of violence towards the partner : CTS2 Alcohol use : AUDIT + CAGE questionnaire Borderline and antisocial personality : DSM IV R Psychopathy characteristics : LPSP General aggression and aggression-related emotions : AQ + STAXI 2 Impulsivity characteristics : Barratt Impulsiveness Scale</p>
<p>Results</p>	<p>3 groups of men</p> <ul style="list-style-type: none"> - Type I : high level of aggression against the partner - Type II : moderate level of aggression - Type III : low level of aggression <p>Statistical differences on :</p> <ul style="list-style-type: none"> - Age for types II and III, $p < 0.05$ - Education level, $p < 0.01$ <p>Continuum from lower to higher levels of psychopathology traits.</p> <p>Statistical differences on :</p> <ul style="list-style-type: none"> - Alcohol use - Borderline and antisocial personalities - Primary and secondary psychopathology - Impulsivity - Trait anger <p>CTS2 : statistical differences on both minor and severe psychological aggression.</p> <p>Minor differences on minor and severe physical aggression, severe sexual coercion, a minor and severe injury.</p>

Annexe II : Characteristics of included studies – Recap Tables

Temporary Restraining Orders in the Netherlands: A qualitative examination of perpetrator and victim views.

Journal	Journal of Family Violence
Publication date	2013
Authors	van Rooij, ten Haaf, Verhoeff
Study recruitment period	March-November 2009
Location	Amsterdam, Netherlands
Type of study	Qualitative study
Aim of the study	To examine offender and victim's perspectives about temporary restraining orders.
Number of participants	28
Inclusion criteria	Men and women involved with TRO between March 1 and November 22, 2009. Willing to participate
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	Family therapy
Treatment format	Individual therapy
Treatment description	Temporary Restraining Orders (TRO) : <ul style="list-style-type: none"> - Police alerted - Screening of the incident by an officer - Risk assessment instrument - TRO TRO period :

	<p>Professional care from the social services for the perpetrator, the victim and children. To explore the underlying problems to refer to professional help. Assistance from municipal psychiatric health workers in Amsterdam. Victims receive multiple visits from a social worker from the DV Support Unit. Offenders receive help from a psychiatric health worker from a forensic psychiatric care unit. At the end of the 10 days of the TRO : conjoint meeting → the professional advices the mayo whether to extend the TRO to 28 days.</p>
<p>Assessment of the outcome(s)</p>	<p>Officer home visit + risk assessment instrument</p>
<p>Results</p>	<ul style="list-style-type: none"> - Experiences with the TRO <ul style="list-style-type: none"> → Previous knowledge Satisfied by the information's given about TRO Able to explain the content of the TRO But not all the available information's had reached the perpetrator at the appropriate moment. → Experience with the involved professionals Most victims positive about the attitude of the police. More mixed experiences for perpetrators : some were positive and some experienced the actions of the police as humiliating and incriminating. Positive about the trained officer for the risk assessment (even not aware of his role). → Emotions when the TRO was issued Mixed emotions Happiness, peace, enormous salvation for some victims Frightened, surprised, resigned for some perpetrators → Experiences of the TRO period Victims : oasis of peace and safety But sometimes missing the perpetrator or having less time to take care about themselves Perpetrators positive experiences : independance, changing behavior, having a break. But some in bad conditions. → Social support experiences Helped to start talking about the problem with family and friends - Experiences and acceptance of the professional help <ul style="list-style-type: none"> → Professional help during the TRO period

	<p>Municipal and forensic psychiatric health workers : positive view from perpetrators. Victims and perpetrators : positive view of the conjoint meeting.</p> <ul style="list-style-type: none"> ➔ Acceptance of proposed follow-up and satisfaction <p>Positively rated on both the competence of therapists and the quick start of the help. Perpetrators and victims know how to contact the organizations involved if needed.</p> <ul style="list-style-type: none"> ➔ Influence of the TRO <p>Mainly positive consequences Positive changes in their own attitudes or those of the others. First step toward change or immediately and strongly restricted the aggressive behaviour. Positive change in the perception of the usefulness of the program. For some perpetrators : negative change by divorce.</p> <ul style="list-style-type: none"> ➔ Course of relationship : Half divorced and half stayed together ➔ Wellbeing : higher ➔ DV : less violence ➔ New perceptions : independence, consequences of the behaviour, understanding the other, empowerment effect
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Annexe II : Characteristics of included studies – Recap Tables

The comparative effectiveness of integrated treatment for substance abuse and partner violence (I StoP) and substance abuse treatment alone: a randomized controlled trial ⁽⁶⁵⁾.

Journal	BioMed Central Psychiatry
Authors	Fleur L Kraanen, Ellen Vedel, Agnes Scholing, Paul MG Emmelkamp
Date	2013
Study recruitment period	August 1, 2009 to June 1, 2012
Location	Amsterdam (The Netherlands)
Type of study	Randomized Controlled Trial
Aim of the study	To investigate the relative effectiveness of integrated treatment for substance abuse and partner violence (I StoP) to cognitive behavioural treatment addressing substance use disorder including only one session addressing partner violence (CBT SUD +) among patients in substance abuse treatment who committed IPV.
Number of participants	52 (27 I-Stop, 25 CBT SUD+)
Inclusion criteria	Patients who sought treatment at a substance abuse treatment facility in Amsterdam ; disclosed > 7 acts of IPV in the past year ; diagnosed with alcohol, cannabis or cocaine abuse or dependence ; in an intimate relationship with the person against whom they committed IPV ; were triaged to outpatient treatment.
Exclusion criteria	Crack cocaine or heroin abuse or dependence; currently receiving treatment for other mental health problem ; insufficient knowledge of Dutch ; severe mental health problem or cognitive disorders.
Addiction and / or mental illness Assessment	Alcohol, Cannabis, Cocaine / Timeline Follow back Interview, Quick Drinking Screen, Measurement in the Addiction of Triage and Evaluation. Major Depressive, Panic Disorder, Social Phobia, Obsessive Compulsive Disorder, PTSD, Generalized Anxiety Disorder / Brief Symptoms Inventory, Structural Clinical Interview for DSM IV Axis I disorder.
Treatment characteristics	

Admission	Substance Abuse treatment seeking men.
Person treated	Outpatient IPV perpetrators with a co-occurring substance disorder.
Treatment format	I StoP and CBT SUD +: delivered weekly over 16 weeks for 45 minutes, individually (partner present for the first session), flexible treatment protocols
Treatment description	<p>I StoP : address both substance abuse and IPV ; based on Cognitive Behavioural Treatment, and the work of Dutton for IPV ; used motivational interviews techniques ; alternated (IPV/SA) ; used workbook (psychoeducation, weekly assignments) and diary cards ; major topics were Cycle of Violence and coping strategies, explanation of treatment rationale, assessment of types of IPV, of pros and cons of IPV and SA, formulating treatment goals, identifying self-controlled measures, making functional analysis of substance use, anger management, coping with craving and emotions that lead to substance abuse or IPV.</p> <p>CBT SUD +: manualized, Cognitive Behavioural Treatment considered treatment-as-usual for substance use in The Netherlands. Same topics as I StoP concerning substance abuse with twice as much time to discuss these topics.</p>
Assessment of IPV	Revised Conflict Tactics Scale / Jellinek Inventory for assessing Partner Violence
Assessment of outcomes	<p>Substance use: Timeline Follow Back Interview and the Quick Drinking Screen.</p> <p>General psychopathology: Brief Symptom Inventory.</p> <p>Marital satisfaction: marital maladjustment-scale of the Dutch version of the Maudsley Marital Questionnaire.</p>
Results	<p>In both treatment conditions the completers had been significantly more days abstinent at posttreatment than at pre-treatment (I-StoP: $Z(10) = -1.99$; $p = .02$ (1-tailed); SA: $t(7) = -4.17$; $p = .00$). There were no statistically significant differences between I-StoP and CBT SUD + in posttreatment days of abstinence and substance use.</p> <p>In both treatment conditions, the completers had committed significantly less physical IPV at posttreatment than at pre-treatment (I-StoP: $Z(10) = -2.68$; $p = .00$ (1-tailed); CBT-SUD+: $Z(7) = -2.37$; $p = .01$ (1-tailed)). There were no significant differences between both conditions.</p> <p>Both treatments were effective in reducing verbal IPV perpetration among the completers (I-StoP: $t(10) = 1.99$; $p = .04$ (1-tailed); CBT-SUD+: $t(7) = 3.31$; $p = .01$ (1-tailed)), with no differences between the treatments.</p> <p>There was a non-significant trend that completers in both treatments had less often injured their partner at posttreatment than at pre-treatment (I-StoP: $Z = -1.83$; $p = .06$ (1-tailed); CBT-SUD+: $Z = -1.89$; $p = .06$ (1-tailed)).</p>

Annexe II : Characteristics of included studies – Recap Tables

The Criminogenic and Non-criminogenic Treatment Needs of Intimate Partner Violence Offenders ⁽⁷³⁾.

Journal	International Journal of Offender Therapy and Comparative Criminology
Publication date	2017
Authors	Hilton, Radatz
Period	2009-2012
Location	Province of Ontario, Canada Forensic psychiatric hospital
Type of study	Cross-sectional study
Aim of the study	To explore needs of IPV offenders for further treatment adaptation and do they differ from those of non-IPV offenders.
Number of participants	435
Inclusion criteria	<p>IPV group :</p> <ul style="list-style-type: none"> - Current of previous criminal charge against partner <p>Non-IPV group :</p> <ul style="list-style-type: none"> - Current charge for a violent offense - No history of IPV <p>Non-violent group :</p> <ul style="list-style-type: none"> - Non-violent charges - No history of violent offenses
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated and voluntary
Person treated	The male offender
Treatment format	/

Treatment description	/
Assessment of outcome(s)	<p>Principles of Effective Interventions (PEI)</p> <p>Seven major criminogenic needs :</p> <ol style="list-style-type: none"> 1) Antisocial personality patterns 2) Procriminal attitudes 3) Social support for crime 4) Substance abuse 5) Poor family/marital relationships 6) Poor school/work performance 7) Low level of prosocial recreational activities <p>+ 4 minor criminogenic needs :</p> <ul style="list-style-type: none"> - Low self-esteem - Feelings of personal distress - Major mental disorder - Poor physical health
Results	<p>IPV offenders have problems within all categories of criminogenic needs especially employment/school problems, poor marital/family relationships, substance abuse.</p> <p>Overall group difference in total treatment needs, $p < 0.001$. Highest among IPV offenders, $p < 0.004$</p> <p>Overall group difference in the number of criminogenic needs, $p < 0.001$ IPV offenders have more criminogenic needs</p> <p>No overall difference in non-criminogenic needs (major mental disorder and health problems).</p>

Annexe II : Characteristics of included studies – Recap Tables

The Effectiveness of the Within Our Reach Relationship Education Program for Couple.

Journal	Family Process
Publication date	2015
Authors	Rhoades
Study recruitment period	/
Location	Wichita, Texas, Pennsylvania states, USA
Type of study	Experimental study
Aim of the study	To explore the effectiveness of a couple-therapy based on relationship education.
Number of participants	3609
Inclusion criteria	Understanding the local language Annual income 50000 \$ or less Child<18 years and living with them Or expecting a baby
Exclusion criteria	Current domestic violence
Treatment characteristics	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy
Treatment description	Participants in the Supporting Healthy Marriage At one of the 3 sites that use Within Our Reach (Wichita, Texas, Pennsylvania) Within our Reach curriculum Research-based adaptation of PREP Tailored to couple with low income level

	<ul style="list-style-type: none"> ➔ Managing conflicts ➔ Improving communication ➔ Positive connections/supportiveness ➔ Building support network ➔ Understanding strengths and weaknesses ➔ Managing life stressors ➔ Understanding marriage <p>With mixed teaching methods Supplemental activities Family support services</p>
<p>Assessment of outcome(s)</p>	<p>Reports of :</p> <ul style="list-style-type: none"> - Married - Relationship happiness - Marriage in trouble - Warmth and support - Positive communication skills - Negative behaviour and emotions - Partner’s psychological abuse - Partner’s physical abuse - Partner’s severe physical assault - Infidelity - Psychological distress - Coparenting
<p>Results</p>	<p>Assignment to Within Our Reach program : more positive couple and individual outcomes</p> <p>For 8 of 12 outcomes at 12 months follow up :</p> <p>Relationship happiness Warmth and support Positive communication Less negative behaviour and emotions Less psychological abuse Lower likelihood of physical assault (for men) Lower psychological distress (for women) Less marriage in trouble</p> <p>For 6 of 12 outcomes at 30 months follow up :</p> <p>Relationship happiness Warmth and support Positive communication Lower likelihood of aggression (for men) Less marriage troubles Lower levels of infidelity</p> <p>Effects on negative behaviour and emotions and psychological abuse no longer significant</p>

Annexe II : Characteristics of included studies – Recap Tables

The impact of ADHD treatment on intimate partner violence in a forensic psychiatry setting ⁽⁶⁸⁾.

Journal	Journal of Attention Disorder
Authors	Nannet J. L. Buitelaar, Jocelyne A. Posthumus, Denise Bijlenga, Jan K. Buitelaar
Date	2019
Study recruitment period	October 2012 to December 2016
Location	Utrecht, Nijmegen, The Hague (The Netherlands)
Type of study	Longitudinal observational study
Aim of the study	The ITAP study (Impact of Treatment of ADHD on intimate partner violence) aims to investigate whether decrease of ADHD symptoms is associated with reduction of IPV frequency in IPV offender with ADHD in a forensic mental health care setting during and after a 1-year treatment of ADHD and IPV. Also, they investigate the effect of younger age, conduct problems, antisocial behaviour, substance abuse, cluster A and B personality disorder symptoms and depressive symptoms on the frequency of IPV. Furthermore, they investigate any effect of ADHD medication compliance, number of attended therapy sessions and sociodemographic characteristics on the reduction of various IPV outcomes.
Number of participants	209 (men and women)
Inclusion criteria	Referred patients to the forensic outpatient clinic of the The Waag, > 18 years old, sufficient comprehension of Dutch language, history of IPV within the period of 8 weeks prior to intake, ADHD diagnosis.
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Attention Deficit/Hyperactivity Disorder; Personality Disorder; Anxiety and mood disorder; Substance Use disorder; Psychotic Disorder / Diagnostic Interview for ADHD in Adult 2.0 (DIVA 2.0); Mini-International NeuroPsychiatric Interview Plus (MINI Plus); The Personality Disorder Questionnaire Revised (PDQ R); Structured Clinical Interview (SCID 2).

Treatment characteristics	
Admission	Court referred
Person treated	Male and female, referred for IPV, with co-occurring ADHD disorder.
Treatment format	Outpatient.
Treatment description	Treatment of IPV is based on the RNR Model (Risk Need Responsivity) with intensity (frequency and term) of treatment adjusted to the risk of recidivism (= risk principle), treatment goals related to the dynamic risk factors (= need principle), treatment adapted to the capacity of the patient (= responsivity principle). The first step of the treatment is the construction of a Safety Plan with the offender, partner and children according to the Signal of Safety method of Turnell. The skills training comprises: communication skills in accordance with the method of Murphy and Eckhardt, coping skills, solution focused couples therapy and emotionally focused couples therapy. Treatment for ADHD is based on the European consensus statement on diagnosis and treatment of adult ADHD with pharmacotherapy (methylphenidate; dexamphetamine, bupropion) provided by a psychiatrist, partner relation therapy by a family therapist and psychoeducation and skill training by a psychologist.
Assessment of IPV	Revised Conflict Tactics Scale CTS2; Modified Overt Aggression Scale (MOAS) clinician rated.
Assessment of outcomes	ADHD: ADHD DSM-IV Rating Scale (ADHD RS). Compliance to ADHD medication: "daily intake of the prescribed ADHD medication." Attendance: number of therapy sessions. Outcomes were assessed at baseline, 8, 16, 24, 52 weeks follow ups.
Results	Mean ADHD RS and IPV Scores Over Time: mean scores of ADHD RS and all IPV scores significantly decreased over the time points. Effect sizes were large ($d \geq 0.80$) for decrease of ADHD RS, CTS2 minor psychological aggression, and clinician rated IPV. Effect sizes were at least medium ($d = 0.50-0.80$) for the decrease of CTS minor physical aggression, severe psychological aggression, and minor injury. Effect size was small ($d = 0.40$) for the decrease of CTS severe physical aggression. Associations Between ADHD RS Scores and IPV Frequency Scores Over Time: Self-reported ADHD symptoms and all IPV outcomes significantly decreased over the course of the combined ADHD and IPV treatment period. Psychological and Sexual IPV were associated with both HI (hyperactivity) and IA (impairing levels of inattention), physical IPV was

	<p>only associated with HI symptoms. The presence of borderline BP was not related to any of the IPV outcomes. The presence of antisocial PD was related to more severe sexual aggression.</p>
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Annexe II : Characteristics of included studies – Recap Tables

The impact of fatherhood on treatment response for men with co-occurring alcohol dependence and intimate partner violence ⁽⁵⁹⁾.

Journal	The American Journal of Drug and Alcohol Abuse
Authors	Caroline J. Easton, Dolores L. Mandel, Karen A. Hunkele, Charla Nich, Bruce J. Rounsaville, Kathleen M. Carroll.
Date	2011
Study recruitment Period	2000 to 2003
Location	Connecticut (United States of America)
Type of study	Secondary analysis of a randomized study of treatment efficacy.
Aim of the study	To provide preliminary evidence of the impact of fatherhood on treatment response for men with comorbid dependence and intimate partner violence.
Number of participants	69. 38 yo
Inclusion criteria	Individuals seeking court mandated treatment at an outpatient substance abuse treatment facility affiliated with Yale University in New Haven / To meet DSM IV criteria for alcohol dependence and to be arrested for domestic violence within the past year, to be more than 18 years old.
Exclusion criteria	Strong suicidal ideation or homicidal ideation / Psychotic or maniac symptoms in the past month / In need of alcohol detoxification / Could not read at the fifth-grade level / Were receiving substance abuse or anger management treatment immediately prior to the time of intake.
Addiction and / or mental illness Assessment	Alcohol, Marijuana, Cocaine, Opiates /Structured Clinical Interview for DSM IV, Addiction Severity Index, Timeline Follow back Method.
Treatment characteristics	
Admission	Court-referred patients
Person treated	Outpatient substance abuse treatment
Treatment format	Delivered weekly with 90-minute group therapy for 12 weeks. Each group was conducted with one therapist and a maximum of 10 patients. The groups were all close ended.

<p>Treatment description</p>	<p>SADV is a manualized cognitive-behavioural therapy approach that focuses on substance use, interpersonal violence, and the relationship between the two and addressed : 1. understanding patterns of substance use and aggression, 2. identifying high-risk situations for substance use and aggression, 3. coping with craving for alcohol use and urges to lose control, 4. problem solving skills related to substance use and conflicts with significant others, 5. managing negative mood states, 6. awareness of anger, 7. management of anger related to significant others, 8. communication skills training I (non-verbal skills training), 9. communication skills training II (verbal skills training with significant others), 10. problem solving skills (eg, problems related to substance use and IPV), 11. coping with criticisms, 12. emergency planning (triggers for substance use and = or aggression).</p>
<p>Assessment of IPV</p>	<p>Revised Conflict Tactics Scale</p>
<p>Assessment of outcomes</p>	<p>Psychiatric diagnoses: Structured Clinical Interview for DSM-IV (SCID). Psychosocial functioning: Addiction Severity Index. Substance abuse: weekly assessments included breathalysers, onsite urine toxicology screens, as well as self reported alcohol and drug use (marijuana, cocaine, opioids, benzodiazepines, phencyclidine) via the Timeline Follow-Back. Assessments were administered at baseline, weekly, monthly, at 12 weeks post-treatment, and at a six-month follow-up time point.</p>
<p>Results</p>	<p>Men who were fathers reported perpetrating less physical IPV but similar percentage of days drinking in the month prior to treatment. SADV was significantly more effective than TSF in reducing violence and alcohol use over the 12 weeks of treatment for men who were not fathers. There were no significant differences between treatment groups for men who were fathers.</p>

Annexe II : Characteristics of included studies – Recap Tables

The impact of length of domestic violence treatment on the patterns of subsequent IPV ⁽²⁴⁾.

Journal	Journal of Experimental Criminology
Publication date	2010
Authors	Maxwell, Davis, Taylor
Study recruitment period	1995-1996
Location	Kings County, New-York, USA
Type of study	Experimental study
Aim of the study	To precise if the effect of a BIP on reoffending only lasts during the treatment time period or whether the program produces lasting changes.
Number of participants	376
Inclusion criteria	Males convicted of misdemeanour DV offense in King County from February 1995 to March 1996.
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	40-hours batterers education program Vs 40-hours community services Batterer intervention classes = Alternative To Violence program (ATV) Conducted by NYC Victim Services Feminist perspective based on Duluth - Defining domestic violence

	<ul style="list-style-type: none"> - Understanding historical/cultural aspects of domestic abuse - Reviewing criminal/legal issues <p>Co-led by one male and one female.</p>
Assessment of outcome(s)	<p>Interviews of victims at 3 time-points. Intake /6 months/ 1 year Official records capturing arrests and crime complaints (at 6 months and 1 year)</p>
Results	<p><u>Time independent effect</u></p> <p>Those assigned in the 26 group sessions take longer to reinitiate violence compare with no-treatment, $p < 0.05$</p> <p>Assigning to treatment (long or short) has a preventative effect on violence, $p < 0.01$</p> <p>Prior arrests → 23% greater odds of reoffending after treatment (significant)</p> <p>Men who received a conditional discharge that places them under court-control for a year → smaller likelihood of reoffending across the 15-months compared with those who received an adjournment in contemplation of dismissal that limited the jurisdiction period to 6-months. $p < 0.01$</p> <p><u>Time dependant effect (durable effects ?)</u> Receiving treatment during each observation period → less recidivism, $p < 0.01$</p> <p>Those assigned to receive more treatment during each successive period → no significant decrease of violence, $p = 0.58$</p> <p>Actually receiving treatment during each period → significantly reduces violence, $p < 0.05$</p> <p>The quantity of treatment received is no longer associated with the quantity of violence during any given period across the 15 months. $p > 0.05$</p> <p>→ Although assignment and to a lesser extend attendance appear to have some initial preventing benefits, the quantity of treatment received does not affect violence if people are followed beyond 12 months.</p>

Annexe II : Characteristics of included studies – Recap Tables

The impact of perpetrator characteristics on the completion of a partner abuse intervention program.

Journal	Journal of Interpersonal Violence
Publication date	2017
Authors	Mach, Cantos, Weber, Kosson
Study recruitment period	/
Location	Du Page County, USA
Type of study	Cohort study
Aim of the study	Associations and interactions between type of violence, readiness to change and stake in conformity on the completion of an IPV program.
Number of participants	192
Inclusion criteria	Court-mandated for IPV in 2 BIPs
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Partner Abuse Intervention Program (PAIP) DuPage County Psychological Services DV 26-weeks group-based psychoeducational program Including elements of Duluth and CBT Based on the PAIP guidelines of the Illinois Department of Human Services. 2 assignments and 2 role-plays related to skills taught

<p>Assessment of outcomes(s)</p>	<p><u>Subtypes categorization</u>: Family-only vs Generally Violent GV if one or more aggressive acts other than IPV By Self-reported history and DUCS criminal records <u>Stages of change</u> : URICA-DV-R questionnaire Precontemplation/contemplation/action/maintenance <u>Stake-in-conformity composite score</u> 3 variables : Education level, employment and marital status → Higher number = greater stake-in-conformity Program attendance and completion : determined by the PAIP team.</p>
<p>Results</p>	<p>Type of offender related to stake in conformity : FO : higher stake in conformity score, $p=0.04$</p> <p>Type of offender not related to stage of change. $p=0.19$</p> <p>Stage of change not related to stake in conformity, $p=0.50$</p> <p>Stage of change not related to program completion or attendance.</p> <p>Type of violence and stake in conformity significantly associated with program completion. Higher stake in conformity score and FO : more likely to complete the program and attend sessions. FO more likely to complete the program, $p<0.04$ Higher stake in conformity more likely to attend sessions, $p<0.01$</p> <p>→ Type of perpetrator : implications for TTT.</p>

Annexe II : Characteristics of included studies – Recap Tables

The influence of batterer intervention programs on men perpetrators of intimate partner violence ⁽²⁰⁾.

Journal	Journal of Offender Rehabilitation
Publication date	2018
Authors	Morrison, Burke, Cluss, Hawker, Miller, George, Bicehouse, Fleming, Wright, Chang
Study recruitment period	2013-2015
Location	Pennsylvania state, USA
Type of study	Qualitative study
Aim of the study	To examine perspectives of clients regarding lessons, changes or skills they learned during their tenure with a BIP.
Number of participants	76 men
Inclusion criteria	Currently attending one of the 2 local BIPs or had participated in one during the past year
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapies
Treatment description	The 2 local largest and most experienced BIPs Emerge 24-week program with two-hours weekly sessions Duluth model 16-week program with two-hours weekly sessions

Assessment of the outcome(s)	A semi structured interview guide given to clients about what they learned, how the program has impacted their lives, in what ways it has helped them and what aspects they apply now in their lives.
Results	<p>Four main themes about what they learned :</p> <ul style="list-style-type: none"> - A more holistic understanding of IPV, specifically non-physical abusive behaviours - Accountability of their behaviour - Ability to identify and deescalate the anger - New skills to improve communication

Annexe II : Characteristics of included studies – Recap Tables

The next generation of court-mandated domestic violence treatment: a comparison study of batterer intervention and restorative justice programs ⁽⁴⁷⁾.

Journal	Journal Of Experimental Criminology
Publication date	2012
Authors	Mills, Barocas, Ariel
Study recruitment period	2005-2007
Location	Arizona state, USA
Type of study	Experimental study
Aim of the study	To compare the efficacy of a restorative justice program called Circle of Peace with standard BIP.
Number of participants	152
Inclusion criteria	Domestic Violence cases between September 2005 and March 2007 in Santa Cruz county Misdemeanour DV crimes Living locally Agreed to plead guilty and to be treated
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Individual therapy
Treatment description	Circle Of Peace Adopted by judge Mary Helen Maly in 2004 to offer an alternative to standard BIPs for men involved in the criminal justice system. Circle approach to reduce violent behaviour in families.

	<p>One trained facilitator : The Circle Keeper 26 weeks</p> <p>Other participants :</p> <ul style="list-style-type: none"> - Trained volunteer community member - Offender's support person - Volunteer family members <p>Plan for change for the offender focusing on restoring the victim, the family including strengths and traditions, and society</p>
Assessment of outcome(s)	<p>Domestic Violence arrests (DV) Non-Domestic Violence arrests (non-DV)</p> <p>➔ Official records of criminal activity and arrest records</p>
Results	<p>Lower rearrests in Circle of Peace group</p> <ul style="list-style-type: none"> - DV reoffending : small differences <p>The biggest one is during the first 6-months follow-up but still not significant</p> <ul style="list-style-type: none"> - Non-DV reoffending <p>Generally non-significant treatment effect Significance only at 12-months</p> <p>Context of low attrition</p> <p>No reported cases of additional harm.</p>

Annexe II : Characteristics of included studies – Recap Tables

Therapeutic environment and outcomes in a UK domestic violence perpetrator program.

Journal	Small Group Research
Publication date	2010
Authors	Bowen
Study recruitment period	2001-2003
Location	Coventry, UK
Type of study	Experimental study
Aim of the study	<ul style="list-style-type: none"> - To evaluate the impact of variations in program delivery on therapeutic environment - To evaluate if therapeutic environment is associated with psychological and behavioural outcomes.
Number of participants	77
Inclusion criteria	/
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Domestic Violence Perpetrator Program (DVPP) Profeminist psychoeducational treatment Informed by the Duluth and the CHANGE manuals. 24 sessions and 5 monthly follow-up sessions.

	<p>To challenge men's beliefs about women and violence.</p> <p>5 modules :</p> <ul style="list-style-type: none"> - Nature of DV - Male socialization - Victim empathy - Sexual respect within relationships - Accountability
<p>Assessment of outcome(s)</p>	<p>Pre and post self-reported questionnaires</p> <ul style="list-style-type: none"> - Therapeutic environment : GES - Prodomestic violence attitudes : <p>The Inventory of Beliefs About Wife Beating</p> <ul style="list-style-type: none"> - Anger : the Novaco Anger Scale - Interpersonal dependency <p>The Emotional Reliance Upon Others (subscale of the Interpersonal Dependency Inventory)</p> <ul style="list-style-type: none"> - Locus of control : <p>The Lenvenson Multidimensional Locus of Control</p> <ul style="list-style-type: none"> - Social desirability : <p>The Balanced Inventory of Desirable Responding</p> <ul style="list-style-type: none"> - Alleged reoffending <p>Official crime records</p>
<p>Results</p>	<p><u>Relation between therapeutic environment and session length :</u></p> <p><i>Shorter sessions :</i></p> <p>Improve open expression of feelings, $p < 0.01$ More expression of anger and aggression, $p < 0.01$ More openness to change, $p < 0.01$</p> <p><i>Longer sessions :</i></p> <p>Improve focus on tasks, $p < 0.01$ Better organization, $p < 0.01$ More leader control, $p < 0.001$ Greater cohesion within the group, $p < 0.05$</p> <p><u>Associations with staffing :</u> no significant result (number of facilitators)</p> <p><u>Associations with attendance and attrition :</u> Number of hours attendance significantly associated with group organization. $p < 0.05$ No correlation with completion.</p> <p><u>Psychological change and reoffending :</u> Significantly higher psychological change when supportive perception of the group leader. $p < 0.05$ Reoffending not associated with leader support or cohesion.</p>

Annexe II : Characteristics of included studies – Recap Tables

Treating Intimate Partner Violence Among Substance Abusing Dyads: The effects of Couples Therapy
(63)

Journal	Professional Psychology : Research and Practice
Authors	William Fals-Stewart, Monique Clinton-Sherrod
Date	2009
Study recruitment period	NC
Location	New York, California (United States of America)
Type of study	Randomized Controlled Trial
Aim of the study	To examine the moderating effect of participation in Behavioural Couples Therapy on the likelihood of male to female physical aggression among couples with a male substance abusing partner.
Number of participants	207 couples (self-referred, court referred, physician referred)
Inclusion criteria	Between 20 and 60 years old, be married for at least 1 year or living with a significant other in a stable relationship for at least 2 years, meet DSM IV criteria for a substance use disorder, have medical clearance to engage in substance oriented treatment, agree to refrain from the use of alcohol or illicit drugs for the duration of treatment, refrain from searching additional substance use treatment except for self-help meeting.
Exclusion criteria	Female partner met DSM IV criteria for a psychoactive substance abuse disorder in the past 6 months ; either partner meet the DSM IV criteria for an organic mental disorder, schizophrenia, paranoid or other psychotic disorder.
Addiction and / or mental illness Assessment	Alcohol, Cannabis, Cocaine, Opiates / Structured Clinical Interview for DSM IV, Timeline Follow Back Interview.
Treatment characteristics	
Admission	Treatment seeking male or court referred
Person treated	Outpatient male seeking a substance use disorder treatment.

Treatment format	<p>1. BCT: 32 sessions of 60 minutes. 12 sessions are shared with the partner, 20 sessions are individual.</p> <p>2. IBT: 32 individual sessions of 60 minutes.</p>
Treatment description	<p>1. Behavioural Couples Therapy (BCT): manualized cognitive behavioural therapy with. Goals: help men remain abstinent from alcohol and drugs (commitment on a verbal contract negotiated by the partners), teach effective communication skills (active listening, expressing feelings), enhance relationship satisfaction (increase positive behavioural, acknowledge pleasing behaviours, shared reactional activities) ; safety plan for the partner. The 20 sessions are drawn from the Individual Drug Counselling Manual with 12 Step Facilitation with Alcoholism explained as a spiritual and medical disease.</p> <p>2. Individual Based Treatment: individual drawn from Individual Drug Counselling Manual with 12 Step Facilitation sessions.</p>
Assessment of IPV	Timeline Follow back Interview Spousal Violence.
Assessment of outcomes	Substance use: Timeline Follow back Interview.
Results	<p>1. Percentage of Day Abstinence: during the 12-month follow-up, male patients in BCT had lower PDAs than those in IBT ($p < .01$).</p> <p>2. Male-to-Female Percentage of Days with Any Violence MFPD-AV and Male-to-Female Percentage of Days with Severe Violence MFPD-SV: during the 12-month follow-up, couples in which male partners received BCT had lower MFPD-AV and MFPD-SV. Last, the significance of the BCT x Substance Use interaction terms in both models reveals that, on days of substance use, the likelihood of male-to-female IPV was lower for couples who received BCT versus those couples in which male partners received IBT only.</p>

Annexe II : Characteristics of included studies – Recap Tables

Treatment effectiveness of intimate partner violence perpetration among patients in a drug addiction program ⁽⁵⁴⁾.

Journal	Psychology of violence
Authors	Javier Fernandez-Montalvo, Alfonso Arteaga, Jose J. Lopez Goni
Date	2019
Study recruitment period	May 2010 - December 2012
Location	Navarre (Spain)
Type of study	Randomized controlled trial
Aim of the study	Evaluate the treatment effectiveness of an integrated intervention compared to addiction treatment as usual in reducing intimate partner violence perpetration among patients in a drug addiction intervention program.
Number of participants	70 (41 ♂), Age 35,7 years
Inclusion criteria	Meeting the diagnostic criteria for substance dependence disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); presenting lifetime IPV perpetration; being between 18 and 65 years old; receiving treatment for drug addiction; giving consent to participate in the study
Exclusion criteria	Severe Mental Illness, Lack of knowledge of Spanish
Addiction and / or mental illness Assessment	Drug Addiction, / European Addiction Severity Index, urine analyses, Psychopathological positive symptoms / Symptom Checklist (CL-90-R)
Treatment characteristics	
Admission	Substance Disorder treatment seeking men.
Person treated	Inpatient and outpatient.
Treatment format	Combined treatment: Addiction Treatment as Usual, cognitive behavioural intervention, 36 sessions of 45-60 mins, weekly for 6 months then biweekly for 6 months focused on stimulus control, in vivo exposure and relapse

	prevention; merged with IPV P treatment: cognitive behavioural model, 20 weekly group sessions (3-5 people)
Treatment description	Focused on motivational aspects, treatment of psychopathological symptoms (developing empathy, skills training, anger management, modification of cognition distortions) and relapse prevention by coping strategies.
Assessment of IPV	The Revised Conflicts Tactics Scales CTS – 2, Inventory of Distorted Thoughts About the Use of Violence.
Assessment of outcomes	Success = complete abstinence, completion of all sessions, complete absence of physical, sexual or psychological episodes.
Results	<p>Rate of success and failure: At the 6-month follow-up, patients in the treatment group showed a rate of success of 60.7% (n = 17). This rate was significantly higher ($\chi^2 = 3.85$; $p = .049$) than that of the patients in the control group (31.6%; n = 6). Rate of success and failure regarding alcohol and other drug consumption. At the 6-month follow-up, patients in the treatment group showed a rate of success of 67.6% (n = 23). In the control group, the rate of success regarding the addiction problem was 58.3% (n = 21). No significant differences between the groups were found ($\chi^2 = 0.65$; $p = .420$). Combined rate of success and failure in both conditions. The combined rate of success and failure in both conditions studied (drug consumption and IPV perpetration) resulted in four different categories: (a) success in both conditions (treatment group: n = 15, 57.7%; control group: n = 3, 16.7%), (b) success in IPV perpetration and failure in addiction (treatment group: n = 2, 7.7%; control group: n = 3, 16.7%), (c) failure in IPV perpetration and success in addiction (treatment group: n = 3, 11.5%; control group: n = 8, 44.4%), and (d) failure in both conditions (treatment group: n = 6, 23.1%; control group: n = 4, 22.2%). The χ^2 test was not carried out due to the small number of cases that were expected in some cells.</p>

Annexe II : Characteristics of included studies – Recap Tables

Treatment-Induced changes in under controlled and overcontrolled anger subtypes of perpetrators of Intimate partner violence and 5-year recidivism

Journal	Criminal Justice and Behavior
Authors	Natalia Redondo, Arthur L. CANTOS, Jose Luis Graña, Marina J. Muñoz-Rivas, K. Daniel O’leary.
Date	2019
Study recruitment period	NC
Location	Madrid (Spain), Texas (United States of America).
Type of study	Cluster Analyses and Cross-Sectional Study
Aim of the study	1. To identify different subtypes of partner-violent men based on differences in anger profiles at the beginning of therapy. 2. To establish whether the subtypes defined differ in terms of other clinically relevant characteristics such as violence towards their partners, borderline personality traits, psychopathy, impulsivity, general aggressiveness, alcohol use, jealousy, and dominant tactics. 3. To determine whether the subtypes respond differentially to a CBT program, in which one of the central modules focuses on working with IPV-relevant emotions and anger control. 4. To corroborate whether the subtypes differ in terms of recidivism based on criminal justice data following the intervention.
Number of participants	484 men (38,1 years old).
Inclusion criteria	Men from the Madrid Region of Spain who had received a suspended sentence of less than 2 years in prison for IPV conditional upon a mandatory program of psychological treatment, adequate understanding of both written and spoken Spanish.
Exclusion criteria	Any serious problems related to alcohol or substance abuse, presenting with psychotic symptoms.
Addiction and / or mental illness Assessment	Alcohol / Alcohol Use Disorder Identification Test. Borderline Personality, Psychopathy / Self-Report Instrument for Borderline Personality Organization, Levenson Primary and Secondary Psychopathy Scale
Treatment characteristics	
Admission	Court referred

Person treated	Male offenders
Treatment format	23 weekly sessions of 90 min each conducted in an eight-patient closed-group format by two Masters-degree-level therapists
Treatment description	The Cognitive Behavioural Treatment program has the following general goals: (a) to address the victimization process experienced by all of the participants during the judicial process, helping them to internalize the relationship between aggression and victimization not only with respect to their partner relationship but also currently analysing their own victimization and associated emotions, such as anger and hostility. This therapeutic work helps patients to enhance their awareness and to take responsibility for IPV; (b) to develop strategies to control anger and promote empathy with victims, assuming the aggressor role at this stage; (c) to identify and modify the cognitive distortions underlying IPV; (d) to provide alternative problem-solving skills to the use of violence and to enhance the development of a nonaggressive yet assertive communication style; (e) to overturn erroneous expectations about alcohol use and to provide realistic information about its effects; and (f) to promote the adoption of a respectful attitude toward others and prevent relapses.
Assessment of IPV	Revised Conflict Tactics Scale.
Assessment of outcomes	Cluster analyses was based on: Anger (assessed with the STAXI-2), General aggression (assessed with the Aggression Questionnaire), Borderline personality characteristic (assessed with the Self-Report Instrument for Borderline Personality Organization), Psychopathy characteristics (assessed with the Levenson Primary and Secondary Psychopathy Scale) and Impulsivity traits (assessed with the Barratt Impulsiveness Scale). Alcohol use: evaluated with the Alcohol Use Disorders Identification Test. Recidivism was measured through the number of IPV-related arrests after completion of the treatment program according to Comprehensive Follow-up data from the Spanish Interior Ministry's IPV monitoring system.
Results	<ol style="list-style-type: none"> 1. The hierarchical cluster analysis suggested a two-cluster solution, groups represented the Under controlled anger group (Cluster 1) and the Overcontrolled anger group (Cluster 2), respectively. 2. The Under controlled anger group reported significantly higher scores on BPO, psychopathic traits, impulsiveness, Physical and Verbal Aggression, and alcohol use. 3. The Under controlled group self-reported significantly higher pre-treatment levels for acts of Psychological and Physical Aggression and Sexual Coercion, as well as more intensive use of Dominating and Jealous

	<p>Tactics toward their partners. 4. The incidence of IPV and Dominant and Jealous Tactics was significantly reduced for both subtypes following participation in the CBT program, the strongest outcome for both groups was the reduction of Psychological Aggression and a lessening of the use of Dominant Tactics.</p>
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Annexe II : Characteristics of included studies – Recap Tables

Treatment of co-occurring alcohol dependence and perpetration of intimate partner violence: the role of anger expression ⁽⁵⁸⁾.

Journal	Journal of Substance Abuse Treatment
Authors	Lindsay M.S. Oberleitner, Dolores L. Mandel, Caroline J. Easton
Date	2013
Study recruitment period	2000 to 2003
Location	Connecticut (United States of America)
Type of study	Cross-Sectional Study
Aim of the study	To expand the current literature by examining differences in treatment progress in both substance use and violence outcomes for individuals high and low on anger expression in a sample of men forensically referred to treatment for perpetration of IPV and alcohol dependency.
Number of participants	73 males. 38,87 yo
Inclusion criteria	Among outpatient substance abuse treatment facility affiliated with Yale University in New Haven from 2000 to 2003 / To meet DSM IV criteria for alcohol dependence and to be arrested for domestic violence within the past year.
Exclusion criteria	Strong suicidal ideation or homicidal ideation, psychotic or maniac symptoms in the past month, in need of alcohol detoxification, could not read at the fifth-grade level, were receiving substance abuse or anger management treatment immediately prior to the time of intake.
Addiction and / or mental illness Assessment	Alcohol, Cocaine, Cannabis / Structured Clinical Interview for DSM IV, Addiction Severity Index, Timeline Follow back Method, Breathalyzer and urine drug screen at each session.
Treatment characteristics	
Admission	Court referred
Person treated	Male offenders with a co-occurring alcohol disorder.
Treatment format	Weekly group sessions, manual guided over 12 weeks.

Treatment description	<p>1. Cognitive Behavioural Treatment focused on both substance abuse and Intimate Partner Violence</p> <p>2. 12 Step Facilitation program for offenders of intimate partner violence with co-occurring alcohol use disorders.</p>
Assessment of IPV	Revised Conflict Tactics Scale
Assessment of outcomes	<p>Experience and expression of anger: State Trait Anger Expression Inventory.</p> <p>Substance use: Structured Clinical Interview for DSM-IV, breathalyser and urine drug screen at every appointment.</p>
Results	<p>Compared to individuals low on anger expression, individuals high on anger expression reported more incidences of physical violence [$F(1, 29) = 6.53, p = .01$], more violent arrests across their lifetime [$F(1, 29) = 10.15, p = .002$]; there was a trend for earlier initiation of cannabis use as compared to individuals who were not high on anger expression [$F(1, 29) = 3.88, p = .06$], was a trend for more incidences of recent verbal violence within [$F(1, 29) = 3.35, p = .07$]; there was no difference for first age of alcohol or cocaine use, the use of problem resolution skills in the 30 days preceding treatment, the age of first arrest.</p> <p>Participants high on anger expression were more likely to provide positive breathalysers across the course of the study [$F(1, 29) = 9.41, p = .003$], and marginally more likely to report using any illicit drugs during the course of treatment [$\chi^2(73) = 2.61, p = .09$]. Participants high on anger expression did not differ significantly from other participants on total positive urine drug screens, days of reported alcohol use across the study, nor days of reported drug use across the study.</p> <p>In the third month of treatment (week 12), participants who were high on anger expression were more likely to report the use of verbal violence [$\chi^2(59) = 5.55, p = .02$], and the use of problem resolution [$\chi^2(59) = 4.23, p = .04$] than participants who were not high on anger expression. There was no difference during the two first months.</p>

Annexe II : Characteristics of included studies – Recap Tables

Using an Integrative, Cognitive Analytic Therapy (CAT) approach to treat Intimate Partner Violence risk ⁽⁶⁷⁾.

Journal	Journal of Aggression, Conflict and Peace Research
Authors	Ruth J. Tully, Alex Barrow
Date	2017
Study recruitment period	
Location	Nottingham (United Kingdom)
Type of study	Case study
Aim of the study	To present the assessment and treatment of an adult male offender with a diagnosis of schizophrenia
Number of participants	1 ♂: 25-year-old paranoid schizophrenia, drug misuse, delivered in a security mental health hospital in the UK.
Inclusion criteria	NC
Exclusion criteria	NC
Addiction and / or mental illness Assessment	Paranoid Schizophrenia/ Wechsler Adult Intelligence Scale (WAIS - IV)
Treatment characteristics	
Admission	Court referred. Detained in low secure mental-health hospital.
Person treated	Male batterer with schizophrenia.
Treatment format	Twelve individually one-hour sessions
Treatment description	Integrative Cognitive Behavioural Therapy and Cognitive Analytic Theory treatment. The CAT is an integrative approach underpinned by psychoanalytic cognitive and personnel construct theory. The different sessions focus on

	exploration of relationships with others by determining of Reciprocal Role Procedures and reformulation tools, exploration and identification of feelings of others, exploration of feelings (jealousy, anger), behaviours and drug consumption.
Assessment of IPV	Spousal Assault Risk Assessment (SARA)
Assessment of outcomes	Qualitative evaluation (qualitative description of progress / behavioural observation) and psychometric assessment (Aggression Questionnaire AQ; State Trait Angor Expression (STAE) ; Barratt Impulsivity Scale (BIS) / Clinical Outcomes in Routine Evaluation Outcome (CORE)/ Paulhus Deception Scale (PDS) / The Self Image Profile for Adults).
Results	The psychometric assessment did not reveal particularly problematic aeras of functioning with the construct assessed by the scales both post and pre-treatment for Mr A.

Annexe II : Characteristics of included studies – Recap Tables

Using reoffenders' experiences and perspectives to improve intimate partner violence treatment ⁽³⁰⁾.

Journal	Journal of Interpersonal Violence
Publication date	2017
Authors	Portnoy, Murphy
Study recruitment period	/
Location	Maryland state, USA
Type of study	Qualitative study
Aim of the study	To understand reoffense among those who had completed an IPV offender program.
Number of participants	11
Inclusion criteria	At least 15 sessions of TTT New DV criminal or civil charges Agreed to participate
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated and voluntary
Person treated	Male offender
Treatment format	Either 2h-group therapy (mostly) or 1h-individual sessions
Treatment description	Abuser Intervention Program (AIP) : - CBT - Motivational enhancement - Family/relationship skills
Assessment of outcome(s)	Interview

<p>Results</p>	<ul style="list-style-type: none"> - Modality-specific variables <p>Flexible treatment approach</p> <p>Group positive aspects : an emotionally safe space, normalizing, hearing and sharing experiences, different opinions, positive relationships with others and facilitators,</p> <p>Group negative aspects : monopolization of conversation, went off topic, not taken seriously, denial of responsibility, facilitators sometimes not challenging enough.</p> <ul style="list-style-type: none"> - Content-specific variables <ul style="list-style-type: none"> ➔ Skills acquisition <p>Less awareness of skills deficits Lack of participation</p> <ul style="list-style-type: none"> ➔ Skills application <p>Not applying them when needed Ineffective use</p> <ul style="list-style-type: none"> - Participant-specific variables <p>Motivation for treatment Expectations of treatment Intentions to use skills Flexibility regarding gender-based beliefs, emotions difficult to tolerate (shame, guilt, regret, disrespect)</p>
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Annexe II : Characteristics of included studies – Recap Tables

« Walking in her shoes »: The Impact of Victim Impact Panels on Perpetrators of Intimate Partner Violence.

Journal	Victims and Offenders
Publication date	2018
Authors	Zosky
Study recruitment period	2014-2016
Location	Illinois state, USA
Type of study	Cross-sectional study
Aim of the study	To explore the impact of a victim panel on offenders in addition to the standard BIP
Number of participants	340
Inclusion criteria	Offenders referred to a BIP
Exclusion criteria	/
Treatment characteristics	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	Restorative justice model : The aim is to reintegrate the offender back into the community. Victim Impact Panel : A 2-hour session integrated to the treatment with trained victims who are not victim of the people currently treated.

<p>Assessment of the outcome(s)</p>	<p>Anonymous survey at the end of the session. Closed-ended questions about the fairness and the characteristic too strict or lenient of the punishment specifically for themselves and for others in general. Open-ended questions about thoughts and feelings experienced.</p>
<p>Results</p>	<p>Closed-ended questions : Offenders feel that punishment is fair. 78% in general / 70% specific for themselves</p> <p>For general population : Too strict : 52% Too lenient : 48%</p> <p>For themselves : Too strict : 61% Too lenient :</p> <p>Open-ended questions : 6 main themes : - Statement of emotions Sadness and anger - Empathy for the victims - Commitment to learn and accountability - Commitment to change and hope - Remorse - Trauma triggers Experiences of violence during childhood</p>

Annexe II : Characteristics of included studies – Recap Tables

Why extending measurement of « success » in DV perpetrator programmes matters for social work?

Journal	British Journal of Social Work
Publication date	2012
Authors	Westmarland, Kelly
Study recruitment period	/
Location	UK
Type of study	Qualitative study
Aim of the study	To understand what success means as an outcome of BIPs from different points of view.
Number of participants	73
Inclusion criteria	Men currently or previously attending a BIP Female partners or ex partners Programme staff (managers, group facilitators, women's support workers) From 5 community-based BIPs Funders and commissioners listed by Respect as funders of perpetrator programmes.
Exclusion criteria	/
Treatment characteristics	
Admission	Voluntary
Person treated	Male offender
Treatment format	Group therapies
Treatment description	Community-based domestic violence perpetrator programmes. A range of services to reduce risk and promote safety targeting men, women and children.

	For non-court-mandated men.
Assessment of outcome(s)	<p>Interview about :</p> <ul style="list-style-type: none"> - Participants experiences and understandings of the programme - Aims of the programme - How it could be improved - What success means for them <p>Transcribed verbatim.</p>
Results	<p>For all groups : success means more than stopping the violence.</p> <p>6 broad areas of success :</p> <ul style="list-style-type: none"> - Respect and effective communication - Improving woman's well-being and ability to make choice - Safety and freedom for violence - Safe, positive and shared parenting - Understanding of the impact of violence on partner and children - Safer and healthier childhood

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Experimental studies (1/5)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Summary
Alexander 2010	Y	Y	N	Y	Y	N	N	Y	Y	Y	N	Y	N	Y	Low partner follow-up
Babcock 2011	Y	Y	N	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Small sample size No follow-up
Berke 2017	Y	Y	CT	CT	Y	Y	N	CT	CT	CT	CT	Y	N	Y	Randomization method not reported. Data utilized from a parent study.
Boira 2013	Y	N	N	N	Y	N	N	Y	N	Y	N	Y	N	Y	Small sample size No evaluation in non-participants
Bouchard 2020	Y	N	N	N	Y	Y	N	N	N	N	N	Y	N	Y	Pilot study Small sample size No control group No follow-up
Bowen 2010	Y	N	N	N	N	N	N	CT	N	N	Y	Y	N	Y	Variation in program content Low program completion
Connors 2011	Y	N	N	N	N	N	N	N	Y	N	N	Y	N	Y	No comparator group Measure of change Bias of motivation
Connors 2013	Y	N	N	N	N	N	N	N	Y	N	N	Y	N	Y	Measure of change No follow up No comparator group
Cotti 2019	Y	Y	N	N	Y	N	N	Y	CT	Y	N	Y	N	Y	No control group Variation in length of treatment Variation among therapists
Crane 2013	Y	Y	N	N	Y	Y	N	Y	CT	CT	Y	Y	N	Y	
Crane 2015	Y	Y	CT	N	Y	Y	N	CT	CT	Y	Y	Y	N	Y	
Easton 2017	Y	Y	Y	Y	Y	Y	N	Y	CT	Y	Y	Y	CT	Y	Methodologically rigorous design. Small number of participants. First study of its kind, need to be replicated
Fals-Stewart 2009	Y	Y	CT	CT	Y	CT	N	Y	Y	Y	Y	Y	CT	N	

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Experimental studies (2/5)

Fernandez-Montalvo 2015	Y	N	N	N	N	Y	N	N	N	CT	Y	Y	CT	Y	Single group trial
Fernández-Montalvo 2019	Y	Y	N	N	N	Y	Y	Y	Y	CT	Y	Y	CT	Y	Both men and women. High attrition
George 2011	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Double blind randomized controlled trial. High dropout.
Gondolf 2009	N	N	N	N	N	Y	N	N	N	N	Y	Y	N	N	Quasi experimental design. Contrasting results
Haggard 2015	Y	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Non randomized High attrition rates
Hrapczynski 2012	Y	N	N	N	N	Y	Y	Y	N	N	Y	Y	N	Y	Small sample size No follow-up
Kraanen 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Methodologically rigorous design. High dropout.
Lawson 2010	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	Y	No random No follow-up Small sample size
Levesque 2012	Y	N	N	N	N	Y	Y	Y	CT	Y	Y	Y	N	Y	Official records State level Low statistical power in some analysis 5-months data limited to completers
Lila 2018	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Not blinded supervisors No victim reports Many interventions
Loeffler 2010	Y	N	N	N	N	Y	Y	N	N	N	Y	Y	N	Y	Non randomized Small sample size
Maxwell 2010	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Need for reanalysis by independent investigator

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Experimental studies (3/5)

Mbilinyi LF 2011	Y	Y	Y	N	Y	Y	N	Y	Y	N	Y	N	N	Short follow up (30 days), contrasting results.
Mills 2012	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	N	Y	Randomized Official records High attrition rates
Murphy 2017	Y	Y	Y	N	N	N	N	Y	Y	N	Y	N	Y	High attrition rates Small sample size High attrition rate Variations in therapists' experience
Nesset 2020	Y	Y	Y	N	N	N	N	Y	Y	N	Y	N	Y	High attrition rate Missing data
Novo 2012	Y	Y	Y	N	N	N	N	Y	Y	N	Y	N	Y	Variations in cognitive disorders between first-time offenders and reoffenders Community rehabilitation orders
Nowlan 2017	Y	Y	Y	N	N	N	N	Y	Y	N	Y	N	Y	No control group Self-reports
Palmstierna 2012	Y	Y	Y	N	N	N	N	Y	Y	Y	N	N	Y	Randomized Small sample size Short follow-up Type of violent behavior not precised
Pascual-Leone 2011	Y	Y	Y	N	N	N	N	Y	Y	N	Y	N	Y	Non randomized Small sample size Criminal records Need for a dismantling study
Rhoades 2015	Y	Y	Y	N	N	N	N	Y	Y	CT	Y	N	Y	Use of secondary data Confounding factors No data on dose of intervention
Schaffer 2015	Y	Y	Y	N	N	N	N	Y	Y	N	N	N	Y	No control group No follow-up
Schumarer 2011	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	CT	Y	Pilot study. High attrition (48 %)

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Experimental studies (4/5)

Scott 2011	Y	N	Y	Y	N	N	N	N	N	Y	N	Y	Y	N	Y	Quasi-experimental trial No randomization No follow-up No specific coding system
Scott 2013	Y	N	Y	Y	N	N	N	N	CT	N	N	Y	Y	Y	Y	No randomized Small sample size In one police department
Stover 2011	Y	Y	N	Y	CT	N	N	N	CT	N	N	Y	Y	N	N	Secondary analyzes of a randomized controlled study. Pilot study. Small sample size.
Stover 2015	Y	Y	Y	Y	N	N	N	N	Y	N	N	Y	Y	Y	CT	Pilot Trial
Stover 2017	Y	N	N	N	N	Y	N	N	N	Y	N	Y	Y	Y	N	Pilot Trial
Stuart 2016	Y	CT	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Data from a parent study. Article published in 2016 with data from 2003 to 2009.
Subirana- Malaret 2013	Y	N	N	Y	Y	N	N	N	Y	Y	N	Y	Y	N	N	Non-random assignment High attrition rate
Sygel 2014	Y	N	N	N	N	Y	N	N	N	Y	Y	Y	Y	Y	Y	Pilot study Small sample size Heterogeneous groups.
Taft 2013	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	Pilot study No comparator group Small sample size Short follow-up
Tollefson 2015	Y	Y	N	N	N	Y	N	N	CT	N	N	N	N	Y	Y	No measure of partners relationship (can be a confounding factor for minfulness) Cross-contamination by facilitator leading both groups Small dose of MBB in the comparison group

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Experimental studies (5/5)

	Underestimation of recidivism by records	No control group	No follow-up	Police records	Non randomized	No control group	Recidivism only on administrative data and at the state level
Tutiti 2016	Y						
		Y					
			N				
			Y				
			N				
Zarling 2017			N				
		Y					
			N				
			Y				
			N				
			Y				
			N				
			Y				
			N				
			Y				

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Qualitative studies (1/3)

	1	2	3	4	5	6	7	8	9	10	Summary
Aguirre 2011	Y	Y	N	Y	N	Y	Y	Y	N	Y	Small sample size Measure bias
Curwood 2010	Y	Y	N	Y	N	N	Y	Y	N	Y	Small sample Bias of responses Bias of measure
Forsdike 2018	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Small sample size Generalization bias Influence of program completion
Lee 2014	Y	Y	Y	Y	N	N	Y	Y	N	Y	Not standardized program structure Bias of participation and responses Variability of responses
Mendez 2014	Y	Y	Y	Y	N	N	Y	Y	N	Y	Small sample size Modifications of the program during the study Bias of information and analysis
Morrisson 2018	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Single county location No sociodemographic characteristics One model explored
Musser 2009	N	Y	N	Y	N	N	N	Y	N	N	Case report
Portnot 2017	Y	Y	N	Y	Y	N	Y	Y	N	Y	Small sample size Reoffenders only Bias of responses with female researcher
Rasanen 2012	Y	Y	Y	Y	N	N	Y	Y	N	Y	Small sample size Highly selective sample One-side view

Annexe III : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Qualitative studies (2/3)

Rouleau 2019	N	Y	CT	N	N	N	N	N	N	CT	N	N	N	Example of a case study No outcome evaluated
Roy 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Small sample size Confounding factors (facilitators' training) Unknown influence of participants characteristics No data on changes
Roy 2014	Y	Y	Y	N	N	N	N	Y	Y	Y	N	Y	Y	Selection bias Generalization bias High attrition rate
Schneider 2013	Y	Y	N	N	N	N	CT	CT	CT	CT	N	N	N	Case report
Schumacher 2011	Y	Y	Y	N	N	N	Y	Y	Y	Y	CT	Y	Y	Manual Development Process. Not adequately powered to identify statistically significant differences
Stanley 2012	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	N	Data saturation not reported
Stover 2017	Y	Y	Y	N	Y	Y	CT	Y	Y	Y	N	Y	Y	Small sample size Responses bias Generalization bias
Tharp 2016	Y	Y	N	N	N	N	N	Y	Y	Y	N	Y	Y	Motivation bias (benefits of treatment overestimated)
Todahi 2012	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	Small sample size No analysis of efficacy Data variability
Vall 2017	Y	Y	N	N	N	N	CT	Y	Y	Y	N	Y	Y	Small sample size High risk of bias
Van Rooij 2013	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N	N	
Walker 2015	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	

Annexe 3 : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Cross-sectional studies

	1	2	3	4	5	6	7	8	9	10	11	12	Summary
Boira 2013	N	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Small sample size
Grana 2014	N	Y	Y	CT	Y	Y	N	Y	N	Y	N	Y	Relationship not studied Qualitative classification of typologies
Hilton 2017	N	Y	Y	CT	Y	N	N	N	N	Y	N	Y	Small sample size Offender's reports Archival data
Kligore 2015	N	Y	Y	Y	Y	N	N	N	N	Y	N	Y	Small sample size One-community sample Not addressing the content of letters
Klostermann 2009	N	Y	Y	Y	N	Y	Y	Y	Y	Y	CT	Y	Latent class analyses.
Oberleitner 2013	N	Y	Y	CT	Y	Y	N	N	CT	Y	N	Y	Secondary analyzes from a randomized study.
Redondo 2019	N	Y	N	Y	CT	Y	N	Y	N	Y	CT	Y	Study begins with cluster analyses.
Rowe 2011	N	Y	N	Y	N	Y	N	Y	N	Y	CT	N	
Scott 2010	N	Y	N	CT	Y	Y	N	Y	CT	Y	N	N	Secondary analyzes from a randomized study.
Vall 2015	N	Y	Y	Y	N	N	N	Y	N	N	N	Y	Single-case study Cultural differences between partners and between couple and therapists
Vall 2016	N	Y	Y	CT	N	N	N	N	N	N	N	Y	Single-case study Small sample size.
Vitoria-Estruch 2016	Y	Y	N	Y	Y	Y	N	Y	N	Y	N	Y	
Weber 2017	N	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	
Zosky 2018	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	No follow-up

Annexe 3 : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Cohort studies

	1	2	3	4	5	6	7	8	9	10	11	12	13	Summary
Buitelaar 2019	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	CT	Y	Selection bias. High attrition (dropout rate 30%)
Catlett 2010	N	Y	Y	CT	Y	N	CT	N	N	N	Y	N	Y	Ethnicity African-American Officers'reports Dichotomized outcome measure
Coulter 2009	N	Y	Y	Y	Y	CT	N	Y	N	N	N	N	Y	Use of official records Confounding factors Possible matching bias
Eckhardt 2014	N	Y	Y	Y	N	Y	Y	N	N	N	Y	N	Y	Small sample size General recidivism Lack of power
Jones 2010 Lauch 2017	Y	Y	N	CT	Y	Y	Y	N	Y	N	N	N	Y	High attrition rate Statistical limitation due to low recidivism rate Generalization bias due to program specificity
Lawson 2009	N	Y	Y	CT	N	Y	CT	Y	N	N	Y	N	Y	Bias of information provided Small sample size Interdependency of the groups
Mach 2017	N	Y	Y	CT	Y	Y	CT	Y	Y	N	Y	N	Y	Archival data Bias of information Bias of generalization
Maldonado 2018	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Archival data Information bias Generalization bias

Annexe 3 : Specialist Unit for Review Evidence (SURE) Critical Appraisal Checklists

Case-control studies

	1	2	3	4	5	6	7	8	9	10	11	Summary
Askeland 2013	N	Y	Y	N	Y	N	N	N	Y	N	Y	Voluntary men sample Bias of assignment with therapists
Buitelaar 2019	Y	Y	Y	Y	Y	Y	Y	Y	Y	CT	Y	

(Conseil national de l'ordre des médecins)

SERMENT D'HIPPOCRATE

Au moment d'être admis(e) à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions. J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité. Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences.

Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me les demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis(e) dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçu(e) à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission. Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

J'apporterai mon aide à mes confrères ainsi qu'à leurs familles dans l'adversité.

Que les hommes et mes confrères m'accordent leur estime si je suis fidèle à mes promesses ; que je sois déshonoré(e) et méprisé(e) si j'y manque.

Nom, Prénom

Signature

En présence des Maîtres de cette FACULTE et de mes chers CONDISCIPLES, je promets et je jure d'être fidèle aux lois de l'Honneur et de la Probité dans l'exercice de la Médecine.

Je donnerai mes soins gratuits à l'indigent et je n'exigerai jamais un salaire au-dessus de mon travail. Admis dans l'intérieur des maisons, mes yeux ne verront pas ce qui s'y passe, ma langue taira les secrets qui me seront confiés et mon état ne servira pas à corrompre les mœurs ni à favoriser le crime.

Respectueux et reconnaissant envers mes MAÎTRES, je rendrai à leurs enfants l'instruction que j'ai reçue de leurs pères.

Que les HOMMES m'accordent leur estime si je suis fidèle à mes promesses. Que je sois couvert d'OPPROBRE et méprisé de mes confrères si j'y manque.

Nom, Prénom

Signature

Abstract :

Background : Intimate partner violence, which has been a worldwide public health problem for several years with dramatical consequences, is increasingly brought to light in our societies. Solutions to face the problem tend to target more specifically women victims but practitioners can be also confronted with male offenders who are part of their patients.

Objectives : The aim of our systematic review is to draw an inventory of domestic violence treatment programs addressed to male offenders in heterosexual relationships, including specific management of comorbidities often associated with violence.

Methods : We ran searches in Medline via PubMed, PsycINFO, CINAHL, Embase and Central (Cochrane Library). Clinical trials, cohort studies, case-control studies, transversal studies, qualitative studies, written in English, French or Spanish, concerning adult heterosexual male perpetrators of intimate partner violence, undertaken in Western countries and published between January 2009 and May 2020 were eligible for inclusion.

Results : Ninety-four articles were included. This study highlights the dominance of feminist psychoeducational approaches and cognitive-behavioural therapies. However, newly developed intervention programs try to focus on specific characteristics of perpetrators as type of violence or psychopathic traits and deal with associated behaviours particularly alcohol misuse.

Limitations : Generalization of results can be limited by three main reasons : the small sample sizes in some studies, the over-representation of American studies and the heterogeneity of outcomes.

Conclusions : Treatment programs addressed to male perpetrators of intimate partner violence, are moving on a global care including addictive and psychiatric comorbidities to fit with perpetrators' needs.

Systematic review registration number : CRD42020197903.

Key words : Intimate Partner Violence, Male perpetrator, Substance abuse, Psychiatric disorders, Treatment.

Résumé :

Contexte : La violence conjugale, problème de santé publique mondial aux conséquences dramatiques, est de plus en plus exposée dans nos sociétés. Les moyens disponibles pour faire face à cette problématique sont majoritairement tournés vers les femmes victimes, mais tout médecin peut également avoir dans sa patientèle des hommes auteurs de ces violences.

Objectifs : Notre revue dresse un état des lieux des traitements destinés aux hommes auteurs de violences au sein de couples hétérosexuels, sur la base du volontariat ou par obligation de soins, en incluant la prise en charge spécifique de comorbidités fréquemment associées à la violence.

Méthode : Nous avons analysé les bases de données Medline via Pubmed, PsycINFO, CINAHL, Embase et Central (Cochrane Library). Les essais cliniques, études de cohorte, études cas-témoins, études transversales, et études qualitatives, rédigées en langues anglaise, française ou espagnole, concernant des hommes adultes, hétérosexuels, auteurs de violence conjugales, effectuées dans des pays occidentalisés et publiées entre janvier 2009 et mai 2020 étaient éligibles à inclusion.

Résultats : Quatre-vingt-quatorze articles ont été inclus. Cette étude souligne la prépondérance des approches psycho-éducationnelles et cognitivo-comportementales et la tendance au développement de nouveaux programmes qui tentent d'axer leur intervention sur les caractéristiques spécifiques des auteurs et les comportements associés, notamment le mésusage alcoolique.

Limites : La généralisation des résultats peut être limitée par trois principales raisons : le faible nombre de sujets inclus dans certaines études, la sur-représentation d'études américaines et l'hétérogénéité des critères d'évaluations.

Conclusion : La prise en charge des auteurs de violences conjugales évolue vers une prise en charge globale incluant les comorbidités en particulier addictologiques et psychiatriques afin de répondre au mieux aux besoins des auteurs.

Numéro d'enregistrement de la revue systématique : CRD42020197903.

Mots clés : Violence conjugale, Hommes auteurs, Addictions, Troubles psychiatriques, Traitement.