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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  
a co-occurring substance use or mental disorder : a systematic review.

*Directrice de thèse* : Madame VICARD-OLAGNE Mathilde, Docteur, Chef de clinique de Médecine  
Générale au DMG de Clermont-Ferrand.

*Président du jury* : Monsieur BROUSSE Georges, Professeur, UFR de Médecine et professions  
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*Membres du jury* :

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Clermont-Ferrand, Pharmacologie médicale et psychiatrie.

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Les candidats

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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” <sup>(1)</sup>. 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 <sup>(2)</sup>.

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 <sup>(3)</sup>. 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 <sup>(4)</sup>. 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 <sup>(5)</sup>. 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 <sup>(6, 7)</sup>. 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% <sup>(8)</sup>.

To understand intimate partner violence, the ecological model proposes four levels of risk factor interacting with each other: societal, community, relationship and individual <sup>(9)</sup>. Substance abuse is the most well-established individual factor increasing the risk of violence <sup>(10)</sup>. 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 <sup>(11, 12, 13 14)</sup>. Besides, substance abuse issues are excessively represented in men who attend IPV treatment programs, half of patients disclosing an alcohol use disorder <sup>(15, 16, 17)</sup>. 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 <sup>(18)</sup>.

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” <sup>(19)</sup>. *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

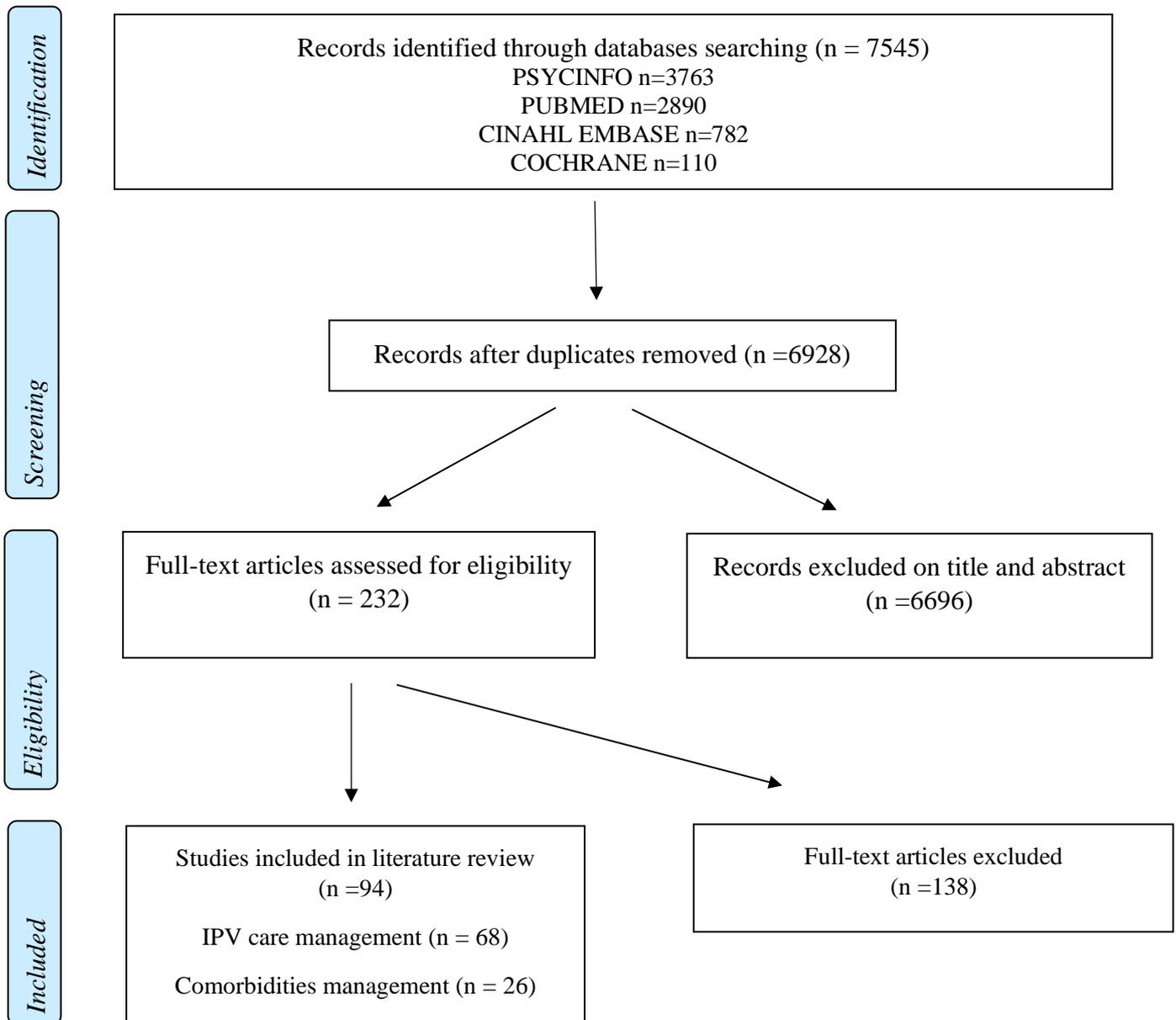


Figure 1: Flow-diagram

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.

<b>Exclusion criteria</b>		<b>Title</b>	<b>Abstract</b>	<b>Full-text</b>	<b>Total</b>
<b>Location</b>	Not in occidental country	1112	57		1169
<b>Individual</b>	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
<b>Type of study</b>	Commentary, literature review, meta-analysis	236	135	51	422
<b>Subject</b>	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).

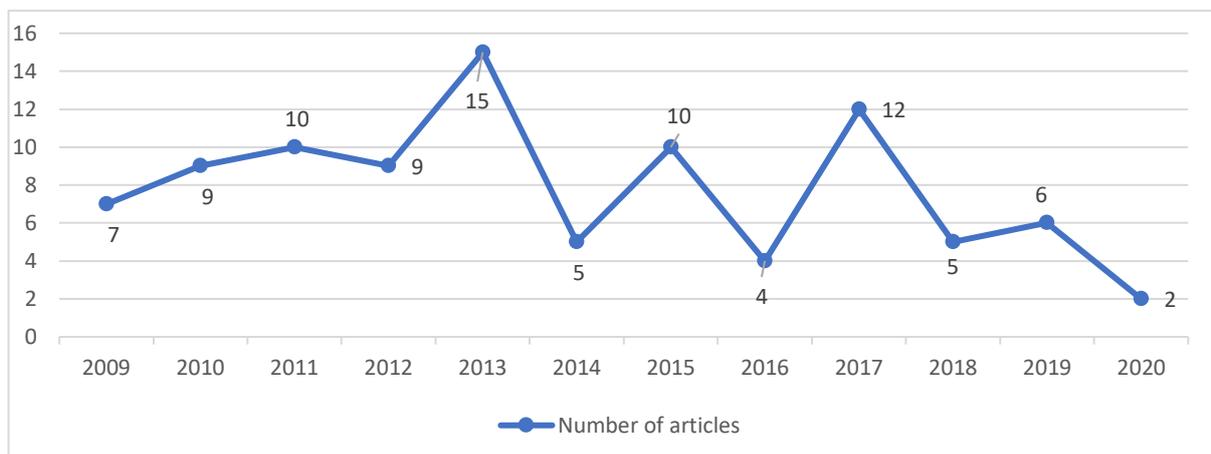


Figure 2 : Studies publication dates

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.

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

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 <sup>(20,21)</sup>. In Florida, the ‘Three-level community-based treatment program’ adds a classification of court-mandated batterers with adaptation of treatment length and services <sup>(22)</sup>. Canada developed the Help Yourself to Healthy Relationship program delivered on a voluntary basis by community services <sup>(23)</sup>. 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 <sup>(24,25)</sup>.

#### 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 <sup>(26,27,28,29)</sup>. 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 <sup>(30)</sup>. A Strength-At-Home program addressing misperceptions and aggressive reactions due to trauma is designed for voluntary active duty and military veterans <sup>(31)</sup>. In Canada, an emotion-focused therapy called Relating Without Violence targets emotional and relationship changes to develop conflict resolution skills in court-referred men <sup>(32)</sup>. 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 <sup>(33)</sup>. 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 <sup>(34)</sup>.

### 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 <sup>(35)</sup>. 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 <sup>(36,37)</sup>. 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 <sup>(38)</sup>.

### 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' <sup>(39,40,41,42)</sup>. 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 <sup>(43,44)</sup>.

### 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 <sup>(45)</sup>. In Utah, a Mind-Body Bridging program tries to understand the mind-body state of the offender before violence occurs <sup>(46)</sup>. 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 <sup>(47)</sup>. In Colorado, the Shame Transformation Treatment promotes acceptance of one's mistakes and the ability to repair them using interactive role-plays <sup>(48)</sup>. In Texas, psychodynamic components focusing on maladaptive interpersonal patterns learned in childhood are added to CBT <sup>(49)</sup>. In Maryland, a Stages-Of-Change Motivational Interviewing intervention addresses minimization and denial of abuse <sup>(50)</sup>. 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 <sup>(51)</sup>.

#### 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 <sup>(52, 53, 54)</sup>.

Men with both comorbid problems are often mandated to separate treatment facilities, yet, multiple treatment referrals increase attrition and have not proven their effectiveness <sup>(55)</sup>. 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 <sup>(56, 57, 58, 59)</sup>. *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 <sup>(60)</sup>. *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 <sup>(61)</sup>. *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 <sup>(62)</sup>. *Behavioural Couple Therapy (BCT)* is a manualized CBT for couples <sup>(63)</sup>. 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 <sup>(64, 65)</sup>.

### 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 <sup>(66)</sup>.

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 <sup>(67)</sup>. 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 <sup>(68)</sup>. 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 <sup>(69)</sup>. *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 <sup>(70)</sup>. 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 <sup>(34)</sup>.

### 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<sup>(72)</sup>. 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<sup>(73)</sup>. 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 <sup>(75)</sup>, proactive reinforcement (76), to more innovative ones like writing letters for themselves exercises <sup>(77)</sup>.

#### *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".

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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 perpetrat\*: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 <sup>(46)</sup>.

<b>Journal</b>	Journal of Family Violence
<b>Publication date</b>	2015
<b>Authors</b>	Tollefson, Phillips
<b>Study recruitment period</b>	/
<b>Location</b>	Utah state, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To compare the efficacy of a Mind-Body Bridging treatment program for IPV offenders with a common psycho-educational intervention.
<b>Number of participants</b>	90 men
<b>Inclusion criteria</b>	Court-ordered to complete a domestic violence offender program.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of the outcome(s)</b></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><b>Results</b></p>	<p><u>Recidivism</u> :  5 in comparator group vs 1 in MBB (p&lt;0.112)  All completers</p> <p><u>Attrition</u> :  Droupout rate : 9.1% in MBB vs 23.9% (p&lt;0.05)</p> <p><u>Mindfulness</u> :  Significant increase in MBB  T=4.6, p&lt;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.

<b>Journal</b>	Behavior Therapy
<b>Publication date</b>	2011
<b>Authors</b>	Babcock, Graham, Canady, Ross
<b>Study recruitment period</b>	/
<b>Location</b>	Houston area, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To test the effectiveness of skill-learning compared with a period of « time-out » on behavioral and emotional changes.
<b>Number of participants</b>	100
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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
<b>Assessment of outcome(s)</b>	The About That Discussion questionnaire
<b>Results</b>	<p>Affective change :</p> <p>No significant changes but rather significant changes in self-reported aggressive feelings.</p> <p>Decrease in aggressive affects in the 2 intervention groups, <math>p &lt; 0.05</math>.</p> <p>Significant increase in positive affects for men under intervention conditions, <math>p &lt; 0.05</math>.</p>

*Annexe II : Characteristics of included studies – Recap Tables*

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

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

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

*Annexe II : Characteristics of included studies – Recap Tables*

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

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

<p><b>Assessment of the outcome(s)</b></p>	<p>Interview conducted by a psychologist :  Nature of conflict  Coping tools  Preferences for VA services  Perceived barriers to engaging</p>
<p><b>Results</b></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><b>COPING WITH NEGATIVE EMOTIONS</b>  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><b>PERCEIVED BARRIERS</b>  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><b>PREFERENCES</b> 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 <sup>(56)</sup>.

<b>Journal</b>	Journal of Marital and Family Therapy
<b>Authors</b>	Caroline J. Easton, Cory A. Crane, Dolores Mandel.
<b>Date</b>	2017
<b>Study recruitment period</b>	From 2006 to 2010
<b>Location</b>	Connecticut, New York (USA)
<b>Type of study</b>	Randomized controlled trial
<b>Aim of the study</b>	Evaluate a therapy for substance use dependent perpetrators of partner violence.
<b>Number of participants</b>	63 (♂), age 39,4, arrested within the year
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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
<b>Addiction and / or mental illness Assessment</b>	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.
<b>Treatment characteristics</b>	
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.

<b>Assessment of IPV</b>	The Revised Conflicts Tactics Scales RCTS - 2, Timeline Follow back Spoused Violence.
<b>Assessment of outcomes</b>	<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>
<b>Results</b>	<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 (<math>p &lt; .05</math>) 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 <sup>(72)</sup>.

<b>Journal</b>	Research on Social Work Practice
<b>Authors</b>	Mbilinyi LF, Neighbors C, Walker DD, Roffman RA, Zegree J, Edleson J, O'Rourke A
<b>Date</b>	2011
<b>Study recruitment period</b>	July 2006 - October 2007
<b>Location</b>	Minnesota, Washington (USA)
<b>Type of study</b>	Randomized controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	124 men
<b>Inclusion criteria</b>	Male, over 18, heterosexual or homosexual, recent IPV behaviour, recent substance use.
<b>Exclusion criteria</b>	Recent treatment of IPV or SA attendance, recent arrest or involvement with the court for IPV or SA, imminent danger for partner.
<b>Addiction and / or mental illness</b>	Alcohol, Drug and poly-drugs dependence.
<b>Treatment characteristics</b>	
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><b>Assessment of IPV</b></p>	<p>The Revised Conflict Tactics Scale (CTS2)</p>
<p><b>Assessment of outcomes</b></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"> <li>- OLS Attendance</li> <li>- Substance Use: Psychoactive Substance Use Disorder section of the Structured Clinical Interview for DSM-IV (SCID) and Daily Drinking Questionnaire (DDQ).</li> <li>- Treatment seeking: Treatment Seeking and Preparation Questionnaire.</li> <li>- Perceived Norms for IPV (estimation of the percentage of men who engaged in seven abusive behaviours) and for Alcohol (Drinking Norms Rating Form)</li> </ul>
<p><b>Results</b></p>	<p>41,2_ % of MET participants attended OLS versus 27,27% of Mail participants (<math>X^2 = 2,71, p &lt; 0,10</math>). 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).

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2011
<b>Authors</b>	Connors, Mills, Gray
<b>Study recruitment period</b>	/
<b>Location</b>	Canada
<b>Type of study</b>	Interventional study
<b>Aim of the study</b>	To evaluate the effectiveness of the Moderate Intensity Family Violence Prevention Program for men convicted for IPV.
<b>Number of participants</b>	298
<b>Inclusion criteria</b>	/
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Motivational enhancement</li> <li>- Awareness and education (Duluth)</li> <li>- Managing thoughts and emotions</li> <li>- Social skills</li> <li>- Self-management/Relapse Prevention Plan</li> <li>- Healthy relationships</li> </ul>
<p><b>Assessment of outcome(s)</b></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><b>Results</b></p>	<p>Uniform and significant improvement for pre and post change in the self-reports and facilitators structured ratings.</p> <p>p&lt;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 <sup>(36)</sup>.

<b>Journal</b>	Psychology, Crime and Law
<b>Publication date</b>	2016
<b>Authors</b>	Walker, Brown, Hicks
<b>Study recruitment period</b>	/
<b>Location</b>	Coventry University, UK
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	13
<b>Inclusion criteria</b>	Male offenders Use of the workbook
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Defining and identifying abusive behaviour</li> <li>- Power and control concept</li> <li>- Equality within relationship</li> <li>- Violence supportive attitudes and beliefs</li> <li>- Anger arousal</li> </ul>
<p><b>Assessment of the outcome(s)</b></p>	<p>Face-to-face interviews lasting 45 minutes</p>
<p><b>Results</b></p>	<p>Both positive and negative perceptions.</p> <ul style="list-style-type: none"> <li>- <u>Promising alternative to IPV intervention</u> <ul style="list-style-type: none"> <li>➔ Personalised approach</li> <li>➔ Positive content and material</li> </ul> </li> </ul> <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"> <li>- <u>Compromises made by using the WB</u> <ul style="list-style-type: none"> <li>➔ Treatment integrity</li> </ul> </li> </ul> <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"> <li>➔ Loss of the benefits of group-work</li> <li>➔ Gendered problems (one facilitator)</li> </ul> </p> <ul style="list-style-type: none"> <li>- <u>Enablers and Inhibitors :</u></li> </ul> <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 <sup>(34)</sup>.

<b>Journal</b>	Journal of Psychiatry
<b>Publication date</b>	2012
<b>Authors</b>	Palmstierna, Haugan, Jarwson, Rasmussen, Nottestad
<b>Study recruitment period</b>	/
<b>Location</b>	Norway
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the effect of a manualized CBT for men voluntary seeking treatment for IPV.
<b>Number of participants</b>	36
<b>Inclusion criteria</b>	
<b>Exclusion criteria</b>	Severe alcohol or drug abuse Psychotic disorder Lack of fluency in the Norwegian language
<b>Treatment characteristics</b>	
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
<b>Results</b>	<p data-bbox="798 286 1407 324"><u>In treated group :</u></p> <p data-bbox="798 347 1407 425">Most of the men had reduced self-reported violent behaviour after treatment (p&lt;0.001).</p> <p data-bbox="798 448 1407 593">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 data-bbox="798 616 1407 660"><u>In the waiting list :</u></p> <p data-bbox="798 683 1407 795">Partner-reported violent behaviour significantly higher in the waiting list, p=0.036  (10 men/11 vs 7 men/15)</p> <p data-bbox="798 795 1407 907">Self-reported physical violence significantly higher in the waiting list, p=0.004  (8 men/11 vs 2 men/15)</p> <p data-bbox="798 907 1407 1019">Self-reported verbal aggression significantly higher in the waiting list, p=0.004  (9 men/11 vs 3 men/15)</p> <p data-bbox="798 1019 1407 1131">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.

<b>Journal</b>	Psychology of Men and Masculinity
<b>Publication date</b>	2009
<b>Authors</b>	Lawson, Brossart
<b>Study recruitment period</b>	/
<b>Location</b>	Texas state, USA
<b>Type of study</b>	Cohort study
<b>Aim of the study</b>	To explore associations between pre-treatment attachment style and interpersonal problems and post-treatment severity of violence.
<b>Number of participants</b>	49
<b>Inclusion criteria</b>	Documented history of IPV
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of outcome(s)</b></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><b>Results</b></p>	<p><u>Attachment style</u> :</p> <ul style="list-style-type: none"> <li>- Avoidance</li> </ul> <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"> <li>- Anxiety</li> </ul> <p>Mild and severe physical and psychological IPV Mild physical violence</p> <p><u>Interpersonal problems</u> :</p> <ul style="list-style-type: none"> <li>- Dominant</li> </ul> <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"> <li>- Vindictive</li> </ul> <p>Mild and severe physical and psychological IPV Mild and severe physical violence</p> <ul style="list-style-type: none"> <li>- Intrusive</li> </ul> <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

<b>Journal</b>	Violence and Victims
<b>Authors</b>	Bethany J. Price, Alan Rosenbaum.
<b>Date</b>	2009
<b>Study recruitment period</b>	NC
<b>Location</b>	Illinois (United States of America)
<b>Type of study</b>	Observational Study : Survey.
<b>Aim of the study</b>	To examine the philosophy, structure, leadership, curricula and support systems of Batterer Intervention Programs using a national survey
<b>Number of participants</b>	276 batterer intervention programs' reporters.
<b>Inclusion criteria</b>	2507 BIPs from US national database.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	NC
<b>Treatment characteristics</b>	
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.

<b>Journal</b>	Partner Abuse
<b>Publication date</b>	2014
<b>Authors</b>	Roy, Châteauvert, Drouin, Richard
<b>Study recruitment period</b>	/
<b>Location</b>	Quebec (2 different regions)
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To understand the process of engagement from men’s perspectives.
<b>Number of participants</b>	40
<b>Inclusion criteria</b>	To have participated in a group therapy for IPV : CBT-oriented programs in Quebec
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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
<b>Assessment of outcome(s)</b>	Interview : meaning and dimensions of engagement

<b>Results</b>	<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"><li>- Working on own problems</li><li>- Working on others' problems</li><li>- Contributing</li><li>- Relating with members</li><li>- Relating to workers</li><li>- Contracting</li></ul>
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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.

<b>Journal</b>	Journal of Marital and Family Therapy
<b>Publication date</b>	2012
<b>Authors</b>	Hrapczynski, Epstein, Werlinich, La Taillade
<b>Study recruitment period</b>	/
<b>Location</b>	University-based family therapy clinic Maryland County, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	50
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	Severe form of physical violence Use of a weapon Untreated drug or alcohol problem Fear to live or participate with the partner
<b>Treatment characteristics</b>	
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)
<b>Assessment of outcome(s)</b>	Attributions : Marital Attitude Survey Relationship satisfaction : Dyadic Adjustment Scale Psychological abuse : MMEA Negotiation : CTS 2 Communication behaviour : MICS-G
<b>Results</b>	<p>Significant decrease in negative attributions For men <math>p &lt; 0.001</math> / For women <math>p &lt; 0.01</math></p> <p>No difference in the degree of decreasing between UT and CBCT. For men <math>p = 0.72</math> / For women <math>p = 0.26</math></p> <p>Significant change in relationship satisfaction For men : <math>p = 0.007</math> / For women : <math>p = 0.009</math></p> <p>The increase of relationship satisfaction doesn't differ significantly between the 2 treatments. For men : <math>p = 0.67</math> / For women : <math>p = 0.81</math></p> <p>Better increase in satisfaction for men with more attribution changes. <math>p &lt; 0.001</math></p> <p>Significant decrease in psychological abuse. For men <math>p &lt; 0.001</math> But no difference between the 2 treatments.</p> <p>Increase in negotiation but no difference between the 2 treatments. Men <math>p &lt; 0.001</math> / Women <math>p = 0.002</math></p> <p>No significant reduction in negative communication. But significant difference in the amount of change between CBCT and UT for women. <math>F = 1.86, p &lt; 0.05</math> Not valid for men, <math>p = 0.30</math></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.

<b>Journal</b>	Journal of Marital and Family Therapy
<b>Publication date</b>	2012
<b>Authors</b>	Todahl, Linville, Shamblin, Ball
<b>Study recruitment period</b>	/
<b>Location</b>	Oregon state, USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To explore perceptions of men about a multicouple treatment for IPV.
<b>Number of participants</b>	48
<b>Inclusion criteria</b>	Men : Ability to accept influence Woman's sense of safety  Women : Voluntary Desire to reunite or to consider reunification
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>Semi-structured interviews</p> <ul style="list-style-type: none"> <li>- With clients</li> <li>- With member-checking</li> <li>- With CARE staff</li> </ul>
<b>Results</b>	<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

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

<b>Assessment of outcomes</b>	<ul style="list-style-type: none"> <li>- Treatment outcome: total amount of change in relationship satisfaction (Quality of Marriage Index) over the course of therapy.</li> <li>- Relationship and individual functioning were measured using the Dyadic Adjustment Scale and the Anxiety and Depression subscales of the Brief Symptom Index.</li> </ul>
<b>Results</b>	<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.

<b>Journal</b>	Journal of Psychiatry
<b>Publication date</b>	2012
<b>Authors</b>	Palmstierna, Haugan, Jarwson, Rasmussen, Nottestad
<b>Study recruitment period</b>	/
<b>Location</b>	Norway
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the effect of a manualized CBT for men voluntary seeking treatment for IPV.
<b>Number of participants</b>	36
<b>Inclusion criteria</b>	
<b>Exclusion criteria</b>	Severe alcohol or drug abuse Psychotic disorder Lack of fluency in the Norwegian language
<b>Treatment characteristics</b>	
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
<b>Results</b>	<p><u>In treated group :</u></p> <p>Most of the men had reduced self-reported violent behaviour after treatment (p&lt;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 <sup>(29)</sup>.

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

<p>Treatment description</p>	<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>
<p>Assessment of the outcome(s)</p>	<p>CTS2 self-reports  At baseline, 3, 6, 9 and 12 months' follow up</p>
<p>Results</p>	<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 <sup>(49)</sup>.

<b>Journal</b>	Psychotherapy Theory
<b>Publication date</b>	2010
<b>Authors</b>	Lawson
<b>Study recruitment period</b>	/
<b>Location</b>	Austin State University, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To compare the effectiveness of CBT and integrated-CBT and psychodynamic therapy (CBT/PT) on reduction of violent behaviour against partner.
<b>Number of participants</b>	45
<b>Inclusion criteria</b>	Consent to participate
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of outcome(s)</b></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><b>Results</b></p>	<ul style="list-style-type: none"> <li>- Change in violence :              CBT/PT significantly less severe PV, <math>p &lt; 0.05</math></li> <li>- Change in attachment style :              CBT/PT : significant reduction only in avoidance attachment, <math>p &lt; 0.05</math></li> <li>- Change in interpersonal problems              CBT/PT : significant effect only for the intrusive-socially avoidant scale, <math>p &lt; 0.01</math></li> <li>- Change in psychological functioning              CBT : greater improvement, <math>p &lt; 0.05</math> (GAS)              CBT : greater symptom distress reduction, <math>p &lt; 0.05</math> (OQ-45)</li> <li>- Recidivism              Less recidivism in CBT/PT, <math>p &lt; 0.05</math></li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

Complex behavioral patterns and trajectories of domestic violence offenders.

<b>Journal</b>	Violence and Victims
<b>Publication date</b>	2010
<b>Authors</b>	Jones, Heckert, Gondolf, Zhang, Edward
<b>Study recruitment period</b>	1995
<b>Location</b>	USA
<b>Type of study</b>	Cohort study
<b>Aim of the study</b>	To explore the link between complex behavioural patterns and trajectories over a 15-months period in convicted domestic violence offenders.
<b>Number of participants</b>	550 offenders and partners
<b>Inclusion criteria</b>	/
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
Admission	Court-mandated
Person treated	The male offender
Treatment format	Group therapy
Treatment description	/
<b>Assessment of outcome(s)</b>	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>
<b>Results</b>	<p>Trajectories :</p> <p>The least severe state is the most stable, <math>p &lt; 0.77</math>  The most severe state is quite stable, <math>p &lt; 0.44</math>  The 2 intermediate states are the most volatiles, <math>p &lt; 0.11</math></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 <sup>(42)</sup>.

<b>Journal</b>	Social Work in Mental Health
<b>Publication date</b>	2012
<b>Authors</b>	Rasanen, Holma, Seikkula
<b>Study recruitment period</b>	2004-2007
<b>Location</b>	University of Jyvaskyla, Finland
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To examine the construction of Healing Dialogues that promote change in clients within treatment conversations.
<b>Number of participants</b>	4
<b>Inclusion criteria</b>	/
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.

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

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Spanish Journal of Psychology
<b>Publication date</b>	2013
<b>Authors</b>	Boira, Del Castillo, Carbajosa, Marcuello
<b>Study recruitment period</b>	/
<b>Location</b>	Aragon, Spain
<b>Type of study</b>	Mixed method : cross-sectional and qualitative study
<b>Aim of the study</b>	To analyze the aspects that may help to improve the operation and effectiveness of a court-mandated BIP.
<b>Number of participants</b>	27
<b>Inclusion criteria</b>	Conviction for IPV Court-mandated therapy as a condition for suspension of the prison sentence.
<b>Exclusion criteria</b>	Severe medical or psychological disorders Problems related to language proficiency Intellectual impairment Substance abuse Inability to attend sessions Refusal
<b>Treatment characteristics</b>	
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.</p> <p>Progressive and structured workload</p> <p>4 months of treatment and 3 months follow-up.</p> <p>Acceptance of responsibility</p> <p>Empathy with victims</p> <p>Transformation of the beliefs system related to women and the use of violence.</p>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<p>Descriptive analysis :</p> <p>Significant association between therapeutic alliance and assessment of the usefulness of the program attended by offenders, <math>p &lt; 0.01</math>.</p> <p>Significant association between therapeutic alliance and assessment of the usefulness of the program content, <math>p &lt; 0.05</math>.</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 <sup>(43)</sup>.

<b>Journal</b>	Journal of Couple and Relationship Therapy
<b>Publication date</b>	2019
<b>Authors</b>	Rouleau, Barabe, Blow
<b>Study recruitment period</b>	/
<b>Location</b>	Michigan state, USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	Presentation of a conjoint treatment model for couples based on attachment theory.
<b>Number of participants</b>	2
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	Active violence Intimate terrorism
<b>Treatment characteristics</b>	
Admission	Voluntary
Person treated	The couple
Treatment format	Couple therapy

<p>Treatment description</p>	<ol style="list-style-type: none"> <li>1) Prior individual sessions with one therapist.</li> <li>2) Once both are considered as ready to start couple therapy with the two co-therapists.</li> <li>3) Topics : mutual respect, reducing violence, dealing with anger, communication</li> <li>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.</li> <li>5) Because according to Attachment Theory, violence is due to an insecure attachment relationship.</li> </ol>
<p><b>Assessment of the outcome(s)</b></p>	<p>/</p>
<p><b>Results</b></p>	<p>/</p>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Partner Abuse
<b>Publication date</b>	2014
<b>Authors</b>	Mendez, Horst, Stith, McCollum
<b>Study recruitment period</b>	/
<b>Location</b>	Washington DC area, USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To learn from participants what changes they made thanks to couple therapy.
<b>Number of participants</b>	28
<b>Inclusion criteria</b>	18 or older Involved in an ongoing serious relationship Physical violence Willing to remain with the partner Willing to participate
<b>Exclusion criteria</b>	Untreated serious mental health disorder Severe substance abuse disorder Victim's fear of violence escalation Discrepancies between each partner's report of violence
<b>Treatment characteristics</b>	
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
<b>Assessment of outcome(s)</b>	Interviews by graduated students
<b>Results</b>	<p>Changes in individual and relational domains.</p> <p>Individual changes :</p> <ul style="list-style-type: none"> <li>- Individual insight</li> <li>- Relationship insight</li> <li>- Insights into the pace of change</li> <li>- Behaviour and attitude shifts</li> <li>- Empowerment (for women)</li> </ul> <p>Relational changes :</p> <ul style="list-style-type: none"> <li>- Increased closeness/communication</li> <li>- Respect</li> <li>- Hopefulness</li> <li>- Conflict management</li> </ul> <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 <sup>(70)</sup>.

<b>Journal</b>	International Journal of Law & Psychiatry
<b>Authors</b>	Winick BJ, Wiener R, Castro A, Emmert A, Georges LS
<b>Date</b>	2010
<b>Study recruitment period</b>	May 1, 2005 - October 31, 2005
<b>Location</b>	Nebraska, Florida (USA)
<b>Type of study</b>	Observational : Cases Study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	54 (81,5 % men) with mood disorder (14%), psychotic disorder (14%), both (12%),and substance abuse (23%)
<b>Inclusion criteria</b>	Formally diagnosed with Axis I disorder, no prior felony convictions, not have a chronic history of repeated offending.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness</b>	Axis I Disorder
<b>Treatment characteristics</b>	
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>
<b>Assessment of IPV</b>	NC
<b>Assessment of outcomes</b>	NC
<b>Results</b>	NC

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Journal of Aggression, Maltreatment & Trauma
<b>Authors</b>	Julie A. Schumacher, Scott F. Coffey, Paul R. Stasiewicz, Christopher M. Murphy, Kenneth E. Leonard & William Fals-Stewart.
<b>Date</b>	2011
<b>Study recruitment period</b>	NC
<b>Location</b>	Mississippi, Maryland, New York (United States of America)
<b>Type of study</b>	Two studies. Study 1 Qualitative: Manual Development Study. Study 2 Experimental: randomized controlled Pilot study.
<b>Aim of the study</b>	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.
<b>Number of participants</b>	Study 1 (13 men, 32,5 years old). Study 2 (23 men)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol / Study 1: Computerized Diagnostic Interview Schedule (C–DIS), Timeline Follow back.
<b>Treatment characteristics</b>	

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.
<b>Assessment of IPV</b>	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
<b>Assessment of outcomes</b>	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.
<b>Results</b>	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

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

<p><b>Assessment of outcomes</b></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><b>Results</b></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).

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

Treatment format	Group therapy
Treatment description	<p><b>HYHR :</b>  Help Yourself to Healthy Relationship  Profeminist psychoeducational program  12 two-hours weekly group sessions  Ongoing monthly aftercare sessions</p> <p><b>MSPR :</b>  Managing Stress and Personal Relationship  Anger and stress-focused CBT  12 three-hours sessions  Discussions, videos, role plays, activities  Weekly aftercare sessions</p>
<b>Assessment of the outcome(s)</b>	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
<b>Results</b>	<p><b>ABI :</b></p> <ul style="list-style-type: none"> <li>- <b>HYHR :</b>  Physical abuse :  Not significant decreasing 1.07 → 1.04 p=0.30  Psychological abuse :  Not significant 1.35 → 1.33 p=0.78</li> <li>- <b>MSPR :</b>  Physical abuse :  Not significant 1.18 → 1.04 p=0.37  Psychological abuse :  Significant improvement : 1.67 → 1.21 p&lt;0.01</li> </ul> <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 <sup>(41)</sup>.

<b>Journal</b>	Contemporary Family Therapy
<b>Publication date</b>	2015
<b>Authors</b>	Vall, Seikkula, Leitila, Holma
<b>Study recruitment period</b>	/
<b>Location</b>	University of Jyvaskyla, Finland
<b>Type of study</b>	Mixed method : Cross-sectional and qualitative study
<b>Aim of the study</b>	To analyse issues of dominance and dialogue in a conjoint therapy for psychosocial IPV.
<b>Number of participants</b>	2
<b>Inclusion criteria</b>	Willing to participate Able to speak openly Signing a non-violence contract English-speaking
<b>Exclusion criteria</b>	Serious or life-endangering violence Active violence
<b>Treatment characteristics</b>	
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.

<b>Assessment of the outcome(s)</b>	<p>Quantitative :</p> <p>Dialogical Investigations of Happenings of Change, in 2 steps :</p> <ul style="list-style-type: none"> <li>➔ Exploring the topics</li> <li>➔ Exploring series of utterances</li> </ul> <p>Qualitative : psychotherapy vignettes</p>
<b>Results</b>	<p><u>Dominance</u></p> <p>Male : more quantitative dominance (talking more, louder)</p> <p>Female : more semantic dominance (changing topics)</p> <p>Therapist : more interactional dominance (repartition of conversation)</p> <p><u>Dialogue</u></p> <p>Dialogical dialogue enhance communication</p> <p>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 <sup>(21)</sup>.

<b>Journal</b>	Social Science Research Network
<b>Publication date</b>	2019
<b>Authors</b>	Cotti, Foster, Haley, Rawski
<b>Study recruitment period</b>	/
<b>Location</b>	Wisconsin state, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To compare the effectiveness of 2 IPV programs : one Duluth and one CBT on recidivism rate among batterers.
<b>Number of participants</b>	154 males and females 60.4% male
<b>Inclusion criteria</b>	Charged for IPV offense
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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

<b>Assessment of outcomes(s)</b>	Recidivism rate : re-convictions for IPV 2 year-follow-up
<b>Results</b>	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 <sup>(25)</sup>.

<b>Journal</b>	Violence and Victims
<b>Publication date</b>	2013
<b>Authors</b>	Askeland
<b>Study recruitment period</b>	1992-2004
<b>Location</b>	Norway
<b>Type of study</b>	Case-control study
<b>Aim of the study</b>	To investigate psychotherapy dropout rates and predictors of dropping out of therapy early.
<b>Number of participants</b>	1166
<b>Inclusion criteria</b>	Voluntarily admitted to psychotherapy History of violence against partner
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	Dropout = discontinuing therapy before completing the first 3 sessions.

<b>Results</b>	Dropouts significantly : <ul style="list-style-type: none"><li>- Younger OR (41-68 years)=0.65, p=0.024</li><li>- Non-Norwegian ethnic background OR=1.70, p&lt;0.002</li><li>- Treated by a student therapist OR=2.51, p&lt;0.001</li><li>- No previous mental help care OR (help care)=0.59, p&lt;0.001</li></ul>
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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 <sup>(37)</sup>.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2015
<b>Authors</b>	Haggard, Freij, Danielsson, Wenander, Langström
<b>Study recruitment period</b>	2004-2007, until 2011 (end of follow-up)
<b>Location</b>	Sweden
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the efficacy of an Integrated Domestic Abuse Program for males' offenders on recidivism.
<b>Number of participants</b>	792
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	Severe mental health problem Substance misuse
<b>Treatment characteristics</b>	
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>
<b>Assessment of the outcome(s)</b>	<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>
<b>Results</b>	<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.

<b>Journal</b>	Journal of Family Violence
<b>Publication date</b>	2011
<b>Authors</b>	Scott, King, McGinn, Hosseini
<b>Study recruitment period</b>	2004-2006
<b>Location</b>	South-western Ontario, Canada
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the effectiveness of a 6-week motivation enhancing intervention for batterers highly resistant to intervention.
<b>Number of participants</b>	486 men attending the Changing Ways BIP
<b>Inclusion criteria</b>	Entering intervention between October 2004 and June 2006
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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
<b>Assessment of outcomes(s)</b>	Resistance screening : short self-reported screening measure  Treatment completion  Counsellor-rated success
<b>Results</b>	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 <sup>(39)</sup>.

<b>Journal</b>	Journal of Family Therapy
<b>Publication date</b>	2016
<b>Authors</b>	Vall, Seikkula, Laitila, Holma
<b>Study recruitment period</b>	/
<b>Location</b>	University of Jyvaskyla, Finland
<b>Type of study</b>	Mixed cross-sectional and qualitative study
<b>Aim of the study</b>	To explore the impact of meta-dialogue and reflective practices on couple therapy outcomes for psychological IPV.
<b>Number of participants</b>	2
<b>Inclusion criteria</b>	Signature of a non-violence contract Willingness to participate Able to speak openly
<b>Exclusion criteria</b>	Serious or life-endangering violence Active violence
<b>Treatment characteristics</b>	
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.

<p><b>Assessment of the outcome(s)</b></p>	<p>Dialogical Investigations of Happenings of Change method :</p> <ol style="list-style-type: none"> <li>1) Exploring topics</li> <li>2) Exploring responses to utterances</li> <li>3) Exploring the process of narration and the language used</li> </ol>
<p><b>Results</b></p>	<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 <sup>(32)</sup>.

<b>Journal</b>	Psychotherapy Research
<b>Publication date</b>	2011
<b>Authors</b>	Pascual-Leone, Bierman, Arnold, Stasiak
<b>Study recruitment period</b>	1996-2003
<b>Location</b>	Ontario, Canada
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To evaluate the effectiveness of a group psychotherapy program for incarcerated offenders of IPV with a 3-year follow-up.
<b>Number of participants</b>	250
<b>Inclusion criteria</b>	Reported history of IPV or at-risk of IPV perpetration Incarceration for more than 11 months between 1996 and 2003
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>Recidivism : Conviction for any violent behaviour Legal records of convictions from the Ministry</p>
<b>Results</b>	<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&lt;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 <sup>(48)</sup>.

<b>Journal</b>	International Journal of Offender Therapy and Comparative Criminology.
<b>Publication date</b>	2010
<b>Authors</b>	Loeffler, Prelog, Unnithan, Pogrebin
<b>Study recruitment period</b>	/
<b>Location</b>	Colorado state, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To evaluate the impact of the treatment on shame transformation in men convicted of IPV.
<b>Number of participants</b>	115 men (63 control / 52 experimental TTT)
<b>Inclusion criteria</b>	Availability Location Willingness to participate
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>Pre and post-test surveys</p> <ul style="list-style-type: none"> <li>- Rosenberg Self-Esteem Scale</li> <li>- Levenson Locus Of Control Scale</li> <li>- Davis Interpersonal Reactivity Index Scale (perspective taking, empathetic concerns and personal distress).</li> </ul>
<b>Results</b>	<p>STT :</p> <p>Better shifts in self-esteem (<math>p &lt; 0.007</math>) and empathetic concerns (<math>p &lt; 0.033</math>).</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 <sup>(75)</sup>.

<b>Journal</b>	Journal of Counselling Psychology
<b>Publication date</b>	2013
<b>Authors</b>	Crane, Eckhardt
<b>Study recruitment period</b>	/
<b>Location</b>	Marion County, Indianapolis, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To evaluate the effectiveness of a Brief Motivational Enhancing (BME) intervention to increase treatment compliance and reduce recidivism rates.
<b>Number of participants</b>	82
<b>Inclusion criteria</b>	Adjudication related to IPV during the 2 weeks prior to the study recruitment. 18 years or older Consent
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>BIP compliance :</p> <p>4 variables</p> <ul style="list-style-type: none"> <li>- Laps between initial BIP referral and the intake session</li> <li>- Successful attendance of a BIP intake</li> <li>- Number of sessions attended during the 6 months</li> <li>- Overall treatment compliance</li> </ul> <p>Recidivism : rearrests</p> <p>Improvement of relationship quality through lifestyle changes</p> <ul style="list-style-type: none"> <li>- Aggressive reoffender</li> <li>- Non aggressive reoffender</li> <li>- Not a reoffender</li> </ul>
<b>Results</b>	<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 : BME not directly associated with reduction in recidivism.</p> <p>Reoffenders : significantly fewer session attendance. Z=5.04, p&lt;0.01. → 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.

<b>Journal</b>	Psychology of Violence
<b>Publication date</b>	2012
<b>Authors</b>	Levesque, Ciavatta, Castle, M. Prochaska, O. Prochaska
<b>Study recruitment period</b>	/
<b>Location</b>	Rhode Island, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the efficacy of a computer-tailored treatment adjunct on violence recidivism for men convicted of IPV.
<b>Number of participants</b>	492
<b>Inclusion criteria</b>	18 or older Court-mandated for IPV
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of outcome(s)</b></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><b>Results</b></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&lt;0.0001 JTC: significantly more likely to engage in behaviours indicating engagement in change (especially help-seeking outside of group) p&lt;05</p> <p><u>Condom use</u> JTC : significantly more likely to use condoms every time p&lt;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&lt;0.01 UC+ Journey : significantly less threats and emotional abuse from the 7th month. p&lt; 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 <sup>(45)</sup>.

<b>Journal</b>	Psychology of Violence
<b>Publication date</b>	2017
<b>Authors</b>	Zarling, Bannon, Berta
<b>Study recruitment period</b>	2011-2013
<b>Location</b>	Iowa, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	Comparison between an ACTV-based program and traditional BIP on reducing charges one-year post intervention.
<b>Number of participants</b>	3474 men
<b>Inclusion criteria</b>	Arrested for domestic assault Court-mandated to a BIP
<b>Exclusion criteria</b>	Combination of ACTV and Duluth/CBT Length of treatment over 365 days
<b>Treatment characteristics :</b>	
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
<b>Assessment of the outcome(s)</b>	<p>Recidivism = new charges</p> <ul style="list-style-type: none"> <li>➔ Any charge (drug property, violent, public order)</li> <li>➔ Domestic assault (DA) charges</li> <li>➔ Any violent charge</li> </ul> <p>Occurrence and frequency of recidivism 2 periods : during the program and in the year after the program</p>
<b>Results</b>	<p><i>ITT compliance :</i> Lower completion rate in ACTV group OR=1.67, p&lt;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&lt;0.001 But no differences in domestic assault charges</p> <p>In the 12-months follow-up :</p> <p>Fewer charges in ACTV participants X<sup>2</sup>=14.26, p&lt;0.001</p> <p>General reoffense higher in ITT group of Duluth/CBT OR = 1.43, p&lt;0.001</p> <p>Fewer ACTV participants had domestic assault charges (5.3% vs 7.7%) X<sup>2</sup> =5.44, p&lt;0.05</p> <p>Higher rate of DA charges for Duluth/CBT participants OR=1.48, p&lt;0.07</p> <p>Incidence of all violent offenses : ACTV 7.6% vs Duluth/CBT 12.1% X<sup>2</sup>=13.37, p&lt;0.001 OR=1.68, p&lt;0.05</p> <p>Fewer charges in ACTV vs Duluth/CBT group 0.53 vs 0.74 t=3.24, p&lt;0.001 Fewer violent charges in ACTV vs Duluth/CBT t=3.25, p&lt;0.001</p> <p>No significant differences in average number of domestic assault charges t=1.81, p&lt;0.07</p>

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

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

<b>Journal</b>	Child Abuse Review
<b>Publication date</b>	2012
<b>Authors</b>	Stanley, Graham-Kevan, Borthwick
<b>Study recruitment period</b>	2009-2011
<b>Location</b>	North-East England
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To consider how men's involvement with children social services and fathering role shapes motivation to change.
<b>Number of participants</b>	34
<b>Inclusion criteria</b>	SCT program from 2009 to 2011 Having children
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	Interviews
<b>Results</b>	<p>The program increases</p> <ul style="list-style-type: none"> <li>- Men's sensitivity to others' needs</li> <li>- Awareness of the impact of their violence on children → insight</li> </ul> <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.

<b>Journal</b>	Family Process
<b>Authors</b>	Carla Smith Stover
<b>Date</b>	2015
<b>Study recruitment period</b>	NC
<b>Location</b>	Florida (United States of America)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	18, 30,19 years old.
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	Suicidal or psychotic symptoms ; history of bipolar or psychotic disorder ; evidenced use of coercive control ; history of severe violence.
<b>Addiction and / or mental illness Assessment</b>	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)
<b>Treatment characteristics</b>	
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.
<b>Treatment description</b>	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. Compared to Individual Drug Counselling: individual and conjoint sessions over 16 weeks without any specific session about fatherhood.
<b>Assessment of IPV</b>	Revised Conflict Tactics Scale; TimeLine Follow Back Spousal Violence (TLFB SV).
<b>Assessment of outcomes</b>	Addiction: Addiction Severity Index 5th Edition, TimeLine Follow Back Substance Use (TLFB SA). Treatment completion: attendance at more than 13 of 16 sessions. Quality of coparenting: Coparenting Relationship Scale. Parent and child interaction: Child Interactive Behaviour Rating. Satisfaction with treatment: Client Satisfaction Questionnaire 8. Assessments were realized at baseline, at post-treatment and at 3 months follow up.
<b>Results</b>	Substance use: 90 % of the sample maintain abstinence throughout the follow up without difference between two groups, $F(1, 18) = .32, p = .58$ . Treatment completion: the patients randomized to FFC were more likely to complete treatment (67% vs. 33%, $p = .10$ ). 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. Father Child interaction: men in FFC showed significant improvement.

*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 <sup>(62)</sup>.

<b>Journal</b>	Journal of Clinical Psychiatry
<b>Authors</b>	David T. George, Monte J. Phillips, Mariel Lifshitz, Thomas A. Lionetti, David E. Spero, Niloofar Ghassemzede, Linda Doty, John C. Umhau, Robert R. Rawlings.
<b>Date</b>	2011
<b>Study recruitment period</b>	January 2002 to December 2007
<b>Location</b>	Maryland (United States of America)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	60 (46 men)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol dependence / Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV). Anxiety, Depression / Spielberger State Anxiety Inventory, Spielberger State Anxiety Inventory.
<b>Treatment characteristics</b>	
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.<sup>21</sup> 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><b>Assessment of IPV</b></p>	<p>Aggression subscale of the Revised Conflict Tactics Scale.</p>
<p><b>Assessment of outcomes</b></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><b>Results</b></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 <sup>(44)</sup>.

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

	<ul style="list-style-type: none"> <li>- Attachment-based safety plan</li> <li>Providing both physical and emotional safety</li> <li>Pledge of non-violence, identifying triggers that lead to violence, use of « time-outs »</li> </ul>
<b>Assessment of outcome(s)</b>	/
<b>Results</b>	<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 <sup>(61)</sup>.

<b>Journal</b>	Journal of Consulting and Clinical Psychology
<b>Authors</b>	Gregory L. Stuart, John McGeary, Ryan C. Shorey, Valerie S. Knopik
<b>Date</b>	2017
<b>Study recruitment period</b>	November 2003 to May 2009
<b>Location</b>	Tennessee, Ohio (United States of America)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	97 Men
<b>Inclusion criteria</b>	Hazardous drinking men, more than 18 years old, attending a BIP in Rhode Island, in current intimate relationship.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Drug Use / Timeline Follow Back Interview, Alcohol Use Disorders Identification Test
<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	Revised Conflict Tactics Scales
<b>Assessment of outcomes</b>	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.
<b>Results</b>	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 <sup>(33)</sup>.

<b>Journal</b>	Violence and Victims
<b>Publication date</b>	2015
<b>Authors</b>	Fernandez-Montalvo, Echauri, Martinez, Azcarate, Lopez-Goni
<b>Period</b>	2005-2011
<b>Location</b>	PSIMAE Instituto de Psicologica Juridica y Forense, Pamplona, Spain
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To investigate the effectiveness of a psychological treatment for men convicted for IPV.
<b>Number of participants</b>	235
<b>Inclusion criteria</b>	Adult males Sentenced for IPV Psychological treatment after suspended sentence from a judge. Enrolled in the program from January 2005 to June 2011
<b>Exclusion criteria</b>	Disabling physical disease Serious mental disorder
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<ul style="list-style-type: none"> <li>- Violence variables            The General Structured Interview of Batterer Men            The Inventory of Distorted Thoughts on the Use of Violence.</li> <li>- Psychopathological Variables            The Symptom Checklist-90-Revised (SCL-90-R)            The State-Trait Anger Expression Inventory (STAXI 2)</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>- Rates of success, improvement and failure            Success rate : 37.4%            Improvement rate : 48.1%            Effectiveness rate : 85.5%</li> <li>Failure at post treatment evaluation : 14.5%            At 12-months follow-up :            Success + improvement rates : 87.2%            Failure rate : 12.8%</li> <li>- Psychopathological variables            Improvement in all variables still significant at 12-months</li> <li>- Prediction of treatment results            Failure rate increases when :            Older, <math>p &lt; 0.01</math>            More distorted thoughts, <math>p &lt; 0.001</math>            Not abused in childhood, <math>p &lt; 0.05</math></li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Journal of Consulting and Clinical Psychology
<b>Publication date</b>	2018
<b>Authors</b>	Lila, Gracia, Catala-Minana
<b>Study recruitment period</b>	2013-2014
<b>Location</b>	Valencia, Spain
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To test the effectiveness of an Individualized Motivational Plans added to standard Batterer Intervention Program (BIP) on treatment outcomes compared with BIP alone.
<b>Number of participants</b>	160
<b>Inclusion criteria</b>	Convicted for IPV Sentenced to less than 2 years 18 years or older Consent to participate
<b>Exclusion criteria</b>	Previous criminal record Severe psychological disorder Severe substance abuse
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	<p>Recidivism</p> <ul style="list-style-type: none"> <li>- Data from the Ministry of Home Affairs' monitoring system.</li> <li>- CTS2 (by the man)</li> <li>- Spousal Assault Risk Assessment (by facilitator)</li> </ul> <p>Treatment compliance</p> <ul style="list-style-type: none"> <li>- Dropout/completion</li> <li>- Number if sessions</li> </ul> <p>Stages of change Prochaska &amp; DiClemente transtheoretical model</p>
<b>Results</b>	<p>In SBIP + IMP :</p> <p>Less physical violence, <math>p &lt; 0.01</math></p> <p>Higher reduction in recidivism risk, <math>p &lt; 0.01</math></p> <p>More intervention dose, <math>p &lt; 0.01</math></p> <p>More advanced stage to change, <math>p &lt; 0.001</math></p>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2017
<b>Authors</b>	Murphy, Eckhardt, Clifford, Lamotte, Meis
<b>Study recruitment period</b>	2003-2005
<b>Location</b>	Baltimore County, Maryland, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To test the effectiveness of an individualized CBT compared with standard group CBT.
<b>Number of participants</b>	42
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
Admission	Voluntary
Person treated	The male offender
Treatment format	Individual and group therapies
Treatment description	<ul style="list-style-type: none"> <li>- Individual therapy (ICBT)</li> <li>Motivational interviewing + CBT</li> <li>- Group therapy (GCBT)</li> <li>CBT</li> </ul>

	20 hours for each treatment
<b>Assessment of outcome(s)</b>	<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"> <li>- Partner abuse behaviour : CTS-2</li> <li>- Relationship adjustment : Dyadic Adjustment Scale</li> <li>- Participants communication difficulties Spouse Verbal Problem Checklist</li> <li>- The Articulated Thoughts in Simulated Situations (to assess cognitive responses)</li> <li>- Criminal justice outcomes : review of a publicly available database for 1 year.</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>- 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</li> <li>- Partner reports Less psychological assault in GCBT Less physical assault in GCBT Less total emotional abuse in GCBT Relationship adjustment improved in GCBT</li> <li>- Self-reports Reduction of physical, psychological assaults, total emotional abuse.</li> <li>- Both reports Recurrent assault rate higher in ICBT, significant at 6 months.</li> <li>- Recidivism rate Lower in GCBT 5 ICBT vs 1 GCBT : non-significant p=0.153</li> </ul> <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 <sup>(60)</sup>.

<b>Journal</b>	Journal of Substance Abuse Treatment
<b>Authors</b>	Carla Smith Stover, Melissa Carlson, Sarika Patel
<b>Date</b>	2017
<b>Study recruitment period</b>	January 2014 to December 2015.
<b>Location</b>	Florida (USA)
<b>Type of study</b>	Mixed Method Study (Qualitative and Quantitative).
<b>Aim of the study</b>	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.
<b>Number of participants</b>	44 ♂, 30 years old, residents in 12 to 18 months residential program.
<b>Inclusion criteria</b>	At least on biological child < 10 years old, physical or verbal IPV reported by CTS2, current contact with their children.
<b>Exclusion criteria</b>	Significant cognitive delays, Active Psychotic Symptoms or Suicidal Ideation, Active no-contact protective order pertaining to the children or coparent
<b>Addiction and / or mental illness Assessment</b>	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),
<b>Treatment characteristics</b>	
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 <sup>(64)</sup>.

<b>Journal</b>	Clinical Case Studies
<b>Authors</b>	Fleur L. Kraanen, Agnes Scholing, Mostafa Hamdoune, Paul M. G. Emmelkamp
<b>Date</b>	2013
<b>Study recruitment period</b>	NC
<b>Location</b>	Amsterdam (The Netherlands)
<b>Type of study</b>	Case Study
<b>Aim of the study</b>	To inform the applicability of I StoP (Integrated treatment for Substance abuse and Partner violence) in forensic mental health care.
<b>Number of participants</b>	1, 50-year-old male.
<b>Inclusion criteria</b>	NC
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Marijuana, Ecstasy / Structured Clinical Interviews for DSM IV Axis 1 disorder, Forensic Outpatient Risk Assessment, Quick Drinking Screen.
<b>Treatment characteristics</b>	
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>
<b>Assessment of IPV</b>	Revised Conflict Tactics Scale
<b>Assessment of outcomes</b>	<p>Substance Use Disorders: Structured Clinical Interview for DSM-IV Axis I Disorders.  Recidivism risk: Forensic Outpatient Risk Assessment Scale.</p>
<b>Results</b>	<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.

<b>Journal</b>	Anales de Psicologia
<b>Publication date</b>	2013
<b>Authors</b>	Boira, Lopéz del Hoyo, Tomas-Aragonés, Gaspar
<b>Study recruitment period</b>	2008
<b>Location</b>	Spain
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore pre and post changes between different types of treatment format.
<b>Number of participants</b>	62
<b>Inclusion criteria</b>	Convicted for IPV Consent
<b>Exclusion criteria</b>	Serious medical or psychiatric disorder Substance abuse Impossibility to attend sessions Not willing to participate
<b>Treatment characteristics</b>	
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"> <li>- Control of emotions</li> <li>- Learning skills</li> <li>- Follow-up</li> </ul> <p>2-hours weekly 24 sessions : 2 assessments, 20 therapy, 2 follow-ups at 3 and 6 months</p>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<p><u>Expectations from treatment</u> Higher in individual group (p&lt;0.05)</p> <p><u>Stage of change</u> Greater maintaining of change in structured group (p&lt;0.05)</p> <p><u>Psychopathology symptoms</u> Less negative symptoms in structured group (p&lt;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 <sup>(26)</sup>.

<b>Journal</b>	International Journal of Offender Therapy and Comparative Criminology
<b>Publication date</b>	2013
<b>Authors</b>	Scott, Heslop, Kelly, Wiggins
<b>Study recruitment period</b>	2011-2012
<b>Location</b>	Ontario, Canada
<b>Type of study</b>	Interventional study
<b>Aim of the study</b>	To Explore the effectiveness of a Risk Needs and Responsivity-based program on IPV recidivism for moderate to high-risk of reoffense perpetrators.
<b>Number of participants</b>	80
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- More intense intervention for high-risk reoffenders</li> <li>- Focus on criminogenic needs</li> </ul> <p><u>Criminogenic needs</u> :</p> <p>In the relationship domain :</p> <ul style="list-style-type: none"> <li>- Men's responses to recent separation</li> <li>- -Change in contact between accused and children</li> </ul> <p>In the school/work domain :</p> <ul style="list-style-type: none"> <li>- The belief he is at risk of losing his job</li> <li>- High rate of stress</li> </ul> <p>In the antisocial cognition domain :</p> <p>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"> <li>➔ RNR : interventions tailored to the learning style and the motivational profile (responsivity principle)</li> <li>➔ Second-responder program based on cognitive-behavioural therapy with immediate and practical actions to reduce risk of reoffending.</li> </ul>
<b>Assessment of the outcome(s)</b>	<p>Comparison of police involvement in the first and second years following the intervention.</p> <ul style="list-style-type: none"> <li>- Any charge by the London Police Services</li> </ul> <p>Categorisation :</p> <p>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"> <li>- General police involvement Police administrative database</li> <li>- Policing time Computer aided dispatch system</li> </ul>
<b>Results</b>	<p><u>Year 1 follow-up</u> :</p> <ul style="list-style-type: none"> <li>- Domestic charges :</li> </ul> <p>More than double in the comparator group.</p>

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

Intimate Partner Violence: Variations in Perpetrators and Treatment allocation.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Authors</b>	T. Weber, Yvonne H. A Bouman
<b>Date</b>	2017
<b>Study recruitment period</b>	2012 - 2015
<b>Location</b>	Nijmegen (The Netherlands)
<b>Type of study</b>	Observational: Cross Sectional Study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	110 (37,4 years old)
<b>Inclusion criteria</b>	Forensic psychiatric outpatient treated for IPV or other forms of aggression from three Dutch facilities.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Personality Disorder / DSM IV TR
<b>Treatment characteristics</b>	
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 <sup>(27)</sup>.

<b>Journal</b>	Psychological Services
<b>Publication date</b>	2013
<b>Authors</b>	Connors, Mills, Gray
<b>Study recruitment period</b>	/
<b>Location</b>	Canada
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore change in men offenders admitted in a High Intensity Family Violence Prevention Program.
<b>Number of participants</b>	159
<b>Inclusion criteria</b>	High risk level Murder of the partner
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<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, <math>p &lt; 0.001</math></p> <p>DVV : pre/post treatment improvement for all 3 outcomes : perspective taking, behavioural responses, interpretation. <math>p &lt; 0.001</math></p> <p>Higher pre-treatment motivation to change with self-ratings, <math>p &lt; 0.001</math></p> <p>More improvement in change of motivation with facilitators' ratings</p> <p>Clear influence of motivation on program performance, <math>p &lt; 0.001</math></p>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Behavior Therapy
<b>Publication date</b>	2017
<b>Authors</b>	Nowlan, Georgia, Doss
<b>Study recruitment period</b>	/
<b>Location</b>	1 Veteran Administration Medical Center in California (California VAMC) 1 Veteran Administration Medical Center in South Carolina USA (SC VAMC)
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the long-term effectiveness of couple therapy among veterans.
<b>Number of participants</b>	238
<b>Inclusion criteria</b>	Heterosexual couples Present at 2 VAMC over a 42-months period Eligible for couple therapy
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>CTS2 (Conflict Tactics Scale) : physical</p> <p>QMI (Quality of Marriage Index)</p> <p>BSI (Brief Symptom Inventory) : psychological</p>
<b>Results</b>	<p>Significant improvement (<math>p &lt; 0.001</math>) in :</p> <ul style="list-style-type: none"> <li>- Relationship satisfaction</li> <li>- IPV</li> <li>- Psychological distress</li> </ul> <p>Better change in relationship satisfaction in SC VAMS, <math>p = 0.008</math></p> <p>No longer significant after adjustment  → Driven by demographic variables</p> <p>Pre-treatment :</p> <ul style="list-style-type: none"> <li>- IPV → larger gain in relationship satisfaction, <math>p = 0.006</math></li> <li>- Relationship satisfaction, psychological distress, IPV : not predictive for other outcomes</li> <li>- Pre-treatment levels of variables predictive for the evolution of this same variable, <math>p &lt; 0.001</math></li> </ul> <p>African American : smaller gain in relationship satisfaction, <math>p = 0.17</math></p> <p>Older individuals → less improvement of symptoms (psychological++), <math>p = 0.045</math></p>

*Annexe II : Characteristics of included studies – Recap Tables*

Male veteran intimate partner violence program outcomes.

<b>Journal</b>	Journal of Evidence-Informed Social Work
<b>Publication date</b>	2015
<b>Authors</b>	Schaffer
<b>Study recruitment period</b>	/
<b>Location</b>	Ohio State, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the efficacy of a psychoeducational treatment for veteran offenders.
<b>Number of participants</b>	131
<b>Inclusion criteria</b>	Veteran status Completion of the DV/AS pre-test Completion of a psychosocial intake Agreement
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>➔ Hold them accountable for their behaviour</li> <li>➔ Social action and community education</li> <li>➔ Coalition support</li> <li>➔ Improve veteran satisfaction and functioning</li> <li>➔ Improve family satisfaction and functioning</li> <li>➔ Effective treatment in changing behaviour</li> </ul>
<b>Assessment of outcome(s)</b>	<p>Pre and post-test Domestic Violence / Abuse Screen</p> <ul style="list-style-type: none"> <li>- Abusive behaviours</li> <li>- Perpetrator lethality</li> </ul>
<b>Results</b>	<p>Significant decrease on total score, <math>p &lt; 0.0001</math>  Pre-test = 27.9 vs post-test = 11.7</p> <ul style="list-style-type: none"> <li>➔ Significant reduction of abusive behaviour during program duration</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	American Journal of Community Psychology
<b>Publication date</b>	2010
<b>Authors</b>	Catlett, Toews, Walilko
<b>Study recruitment period</b>	2001-2003
<b>Location</b>	Cook County, Illinois State, USA
<b>Type of study</b>	Mixed method : case-control and qualitative study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	154
<b>Inclusion criteria</b>	Convicted for IPV between November 2001 and April 2003
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Offender accountability</li> <li>- Victim safety</li> </ul> <ol style="list-style-type: none"> <li>1) Violence is a learned behaviour</li> <li>2) Violence is a choice</li> <li>3) Power and control are the roots</li> <li>4) Crime</li> <li>5) Cultural and social attitudes</li> </ol> <p>Individual sessions for assessments  Contact with the victim during this phase  16 one-hour-and-a-half group sessions</p>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<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, <math>p &lt; 0.001</math> Income inversely related to drop out, <math>p &lt; 0.05</math> Relationship status and drop out, <math>p &lt; 0.058</math> 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<sup>(51)</sup>.

<b>Journal</b>	Criminal Behaviour and Mental Health
<b>Publication date</b>	2015
<b>Authors</b>	Walker, Bowen
<b>Study recruitment period</b>	/
<b>Location</b>	Coventry University, UK
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To evaluate how serial and high-risk perpetrators engage with mentoring and how change is initiated.
<b>Number of participants</b>	22
<b>Inclusion criteria</b>	Serial IPV High-risk IPV
<b>Exclusion criteria</b>	Attending another treatment format
<b>Treatment characteristics</b>	
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.

<b>Assessment of the outcome(s)</b>	Semi-structured interview with open questions
<b>Results</b>	<p><u>Engagement facilitators :</u></p> <ul style="list-style-type: none"> <li>- Building relationship</li> </ul> <p>One to one Effective communication</p> <ul style="list-style-type: none"> <li>- Tenacity of the mentor</li> </ul> <p>Persistence Involving family</p> <p><u>Catalysts of change :</u></p> <ul style="list-style-type: none"> <li>- Hooks</li> </ul> <p>Children, employment, criminal sanction</p> <ul style="list-style-type: none"> <li>- Focus on the future</li> </ul> <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.

<b>Journal</b>	The Journal for Specialists in Group Work
<b>Publication date</b>	2013
<b>Authors</b>	Roy, Lindsay, Dallaire
<b>Study recruitment period</b>	/
<b>Location</b>	Quebec
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To inquire about how men interpret mixed-gender co-facilitation.
<b>Number of participants</b>	25
<b>Inclusion criteria</b>	Ongoing IPV group from 3 Quebec agencies
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	At the beginning and at the end of the program.  2 interviews with open and more specific questions.

<b>Results</b>	<ul style="list-style-type: none"> <li>- Interactions related to the men’s problem of violence</li> </ul> <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"> <li>- Interactions related to group leader support</li> </ul> <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"> <li>- Interactions related to group dynamics</li> </ul> <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.

<b>Journal</b>	Journal of Consulting and Clinical Psychology
<b>Authors</b>	Cory A. Crane, Christopher I. Ecchardt and Robert C. Schlauch
<b>Date</b>	2015
<b>Study recruitment period</b>	NC
<b>Location</b>	Florida (United States of America)
<b>Type of study</b>	Randomized Clinical Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	60 male offenders, 25 binge drinkers. 33,1 years old.
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Illicit Drugs / Drug Use Disorder Identification Test, Alcohol Use Disorder Identification Test
<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	NC
<b>Assessment of outcomes</b>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Dropout rates: regression analysis on number of drop outs onto treatment condition.</li> </ul>
<b>Results</b>	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.

<b>Journal</b>	Journal of Clinical Psychology
<b>Publication date</b>	2009
<b>Authors</b>	Musser, Murphy
<b>Study recruitment period</b>	/
<b>Location</b>	Northeast USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To explore the efficacy of motivational interviewing on behaviour change and outcomes after a CBT program through the experience of one perpetrator.
<b>Number of participants</b>	1
<b>Inclusion criteria</b>	/
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	Partner report by phone interview
<b>Results</b>	<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.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2016
<b>Authors</b>	Tutty, Babins-Wagner
<b>Study recruitment period</b>	1998-2009
<b>Location</b>	Canada
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	Effect on the Calgary’s domestic violence court model on recidivism in men attending a Responsible Choices dor Men group therapy.
<b>Number of participants</b>	382
<b>Inclusion criteria</b>	Adult males using physical or psychological violence Using control tactics in intimate relationships
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>Clinical outcomes :</p> <p>Abuse of Partner scales :</p> <ul style="list-style-type: none"> <li>- Physical (PAPS)</li> <li>- Non-physical (NPAPS)</li> </ul> <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>
<b>Results</b>	<p>RCM without court implementation : Recidivism = 41.2%</p> <p>RCM with court implementation : Recidivism = 8.2% → Significant improvement</p> <p>Post-court implementation : significantly less dysfunctions in self-esteem, depression, and clinical stress, <math>p &lt; 0.001</math></p> <p>Post court implementation : significantly less psychological abuse <math>p &lt; 0.001</math>, but not physical abuse <math>p = 0.056</math></p>

*Annexe II : Characteristics of included studies – Recap Tables*

Outcomes from Referring Batterer Program Participants to Mental Health Treatment

<b>Journal</b>	Journal of Family Violence
<b>Authors</b>	Edward W. Gondolf
<b>Date</b>	2009
<b>Study recruitment period</b>	2004 to 2006.
<b>Location</b>	Pennsylvania (USA)
<b>Type of study</b>	Empirical Interventional study: Quasi experimental design
<b>Aim of the study</b>	To investigate the impact of referral to supplemental mental health treatment for batterer program participants who screened positive to mental health problems
<b>Number of participants</b>	479
<b>Inclusion criteria</b>	NC
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Substance abuse / Brief Symptom Inventory Personality disorder, mental disease / Global Severity Index, Psychiatric Diagnostic Screening Questionnaire)
<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	Women's partners telephone interviews; Conflict Tactics Scale
<b>Assessment of outcomes</b>	<ul style="list-style-type: none"> <li>- Completion: attending the required 16 weekly sessions without dismissal for unexcused absences or failure to pay assessed fees.</li> <li>- 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</li> </ul>
<b>Evaluation of efficacy</b>	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 <sup>(69)</sup>.

<b>Journal</b>	Behavior Research and Therapy
<b>Authors</b>	Danielle S. Berke, Alexandra Mac Donald, Gina M. Poole, Galina A. Portnay, Savannah Mac Sheffrey, Suzannah K. Creech, Casey T. Taft.
<b>Date</b>	2017
<b>Study recruitment period</b>	NC
<b>Location</b>	Massachusetts, Texas, Connecticut’s, South Carolina (United States of America)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	135 males (37,97 years old)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	Current substance dependent not in remission, current uncontrolled bipolar or psychotic disorder or severe cognitive impairment.
<b>Addiction and / or mental illness Assessment</b>	Alexithymia, Post Traumatic Stress Disorder / Toronto Alexithymia Scale.
<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	Physical Assault and psychological aggression subscales of the Revised Conflict Tactics Scale.
<b>Assessment of outcomes</b>	Alexithymia: 20-item Toronto Alexithymia Scale (TAS-20).
<b>Results</b>	<p>Across time points, physical IPV was significantly related to psychological IPV (T2: <math>r = 0.61</math>, <math>p &lt; 0.001</math>; T3: <math>r = 0.46</math>, <math>p &lt; 0.001</math>), but none of the alexithymia variables. At T3, psychological IPV was related to all alexithymia scales (Total scale, <math>r = 0.32</math>, <math>p &lt; 0.01</math>; DIF, <math>r = 0.39</math>, <math>p &lt; 0.001</math>; and DDF, <math>r = 0.26</math>, <math>p &lt; 0.05</math>), except the EOT subscale (<math>r = 0.11</math>, <math>p = 0.31</math>).</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 <sup>(35)</sup>.

<b>Journal</b>	Journal of Aggression, Maltreatment and Trauma
<b>Publication date</b>	2017
<b>Authors</b>	Lauch, Hart, Bresler
<b>Study recruitment period</b>	/
<b>Location</b>	Cincinnati, Ohio state, USA
<b>Type of study</b>	Cohort study
<b>Aim of the study</b>	To explore the effectiveness of an AMEND-Emerge-based program on recidivism between men completers and non-completers and the variables that predict completion.
<b>Number of participants</b>	202
<b>Inclusion criteria</b>	Men who consecutively enrolled the program over a calendar year.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.
<b>Assessment of the outcome(s)</b>	<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>
<b>Results</b>	<p>Statistical differences between completer and non-completers (NC) :</p> <ul style="list-style-type: none"> <li>- Age (younger NC) t=3.93, p&lt;0.001</li> <li>- Race (more African-American NC) X<sup>2</sup>=17.01, p&lt;0.001</li> <li>- Employment (unemployed NC) X<sup>2</sup>=8.75, p&lt;0.01</li> <li>- History of abuse (abuse NC) X<sup>2</sup>=8.38, p&lt;0.001</li> <li>- Referral source (not through a legal mean for NC) X<sup>2</sup>=7.61, p&lt;0.02</li> </ul> <p>Age variable significantly predicts post-treatment recidivism. F=12.70, p&lt;0.001</p> <p>Completers : lower rate of recidivism X<sup>2</sup>=8.70, p&lt;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<sup>(57)</sup>.

<b>Journal</b>	The American Journal of Drug and Alcohol Abuse
<b>Authors</b>	Melanie C. Scott, Caroline J. Easton
<b>Date</b>	2010
<b>Study recruitment period</b>	NC
<b>Location</b>	Connecticut (United States of America)
<b>Type of study</b>	Observational Study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	75 male, 39 Caucasian, 36 African American. Court Mandated, Outpatient.
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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.
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Marijuana, Cocaine, Heroin / Addiction Severity Index (ASI), Timeline Follow back Calendar. Psychiatric disease / Structured Clinical Interview for DSM IV.
<b>Treatment characteristics</b>	
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 <sup>(38)</sup>.

<b>Journal</b>	International Journal of Forensic Mental health
<b>Publication date</b>	2014
<b>Authors</b>	Sygel, Kristiansson, Furberg, Fors
<b>Study recruitment period</b>	/
<b>Location</b>	Sweden
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To test the efficacy of an interactive computer simulation system on IPV offenders.
<b>Number of participants</b>	34
<b>Inclusion criteria</b>	Men between 20 and 55 Reared in Sweden with Swedish parents
<b>Exclusion criteria</b>	Serious mental disorder Medications (except disulfiram, acamprosate, naltrexone)
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	Choices during the simulation Questionnaire at the end of the session
<b>Results</b>	<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. <math>X^2=14.74, p&lt;0.001</math></p> <p><u>Statistical differences</u> :</p> <ul style="list-style-type: none"> <li>- Interpretation of the victim's emotions Sadness, anger, disgust/contempt</li> <li>- Interpretation of the perpetrator's emotions :</li> </ul> <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.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2018
<b>Authors</b>	Maldonado, Murphy
<b>Study recruitment period</b>	2006-2009
<b>Location</b>	Howard County, Maryland, USA
<b>Type of study</b>	Retrospective cohort study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	195
<b>Inclusion criteria</b>	Attending treatment at HopeWorks between April 2006 and January 2009
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of the outcome(s)</b>	<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>
<b>Results</b>	<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"> <li>➔ But referral status might account (confusion variable)</li> <li>➔ After analysis no longer significant</li> </ul> <p>RTC significantly associated with :</p> <ul style="list-style-type: none"> <li>- Clients 'rating of the working alliance but not therapists 'rating</li> <li>- CBT homework compliance</li> <li>- Criminal recidivism</li> </ul> <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"> <li>➔ Strategies to enhance motivation to change in these population may be particularly important.</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Violence and Victims
<b>Publication date</b>	2009
<b>Authors</b>	Coulter, VandeWeerd
<b>Study recruitment period</b>	1995-2004
<b>Location</b>	Florida state, USA
<b>Type of study</b>	Retrospective cohort study.
<b>Aim of the study</b>	To explore the effectiveness of a multilevel batterer's intervention program.
<b>Number of participants</b>	17999
<b>Inclusion criteria</b>	Convicted of DV in Hillsborough County At one of 6 licensed BP sites between 1995 and 2004
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	Re-arrest rate
<b>Results</b>	<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 <sup>(40)</sup>.

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

	<ul style="list-style-type: none"> <li>- Dominance and abuse of power</li> <li>- Issues to be included in therapeutic conversations</li> </ul>
<p><b>Results</b></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"> <li>- Violent behaviour</li> <li>- Responsibility</li> <li>- Parenthood</li> <li>- Violence perpetrated by women</li> <li>- Client satisfaction</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Psychosocial Intervention
<b>Publication date</b>	2013
<b>Authors</b>	Subirana-Malaret, Andrés-Pueyo
<b>Study recruitment period</b>	March to June 2015
<b>Location</b>	Gerona, Spain Instituto de Reinsercion social
<b>Type of study</b>	Interventional study
<b>Aim of the study</b>	To explore the effect of proactive retention techniques and support on motivation and adherence to treatment.
<b>Number of participants</b>	142
<b>Inclusion criteria</b>	18 or older IPV offender Willing to participate and to improve his situation Consentment
<b>Exclusion criteria</b>	Severe mental health disorder Substance abuse
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<p>Records (from batterers, staff, IReS) :  Adherence to treatment (low/medium/high)  Length of treatment  Motivation to change</p>
<b>Results</b>	<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?

<b>Journal</b>	Partner Abuse
<b>Publication date</b>	2014
<b>Authors</b>	Lee, Uken, Sebold
<b>Study recruitment period</b>	2012
<b>Location</b>	USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To inquire about self-determined goals that could be targeted by BIPs.
<b>Number of participants</b>	127
<b>Inclusion criteria</b>	Male or female court-mandated DVO Opportunity to avoid prosecution by completing the treatment Who abstain from further violent conduct
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Describing the parameters of a useful goal</li> <li>- Working on this goal throughout the 8 sessions.</li> </ul> <p>Recidivism rate : 16.7% (Lee, 2004, 2012) Completion rate : 92.8% (Lee, 2004, 2012)</p>
<b>Assessment of outcome(s)</b>	<p>An assignment from the participant at the end of the treatment A form filled by facilitators</p>
<b>Results</b>	<p>Self-determined goals :</p> <ul style="list-style-type: none"> <li>- Self-focused changes More flexible, calm, positive, curious</li> <li>- Relational-focused changes Respect, patience, not forcing their ways, leaving space</li> <li>- Skills development Improving language, being helpful</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Journal of Aggression, Maltreatment and Trauma
<b>Publication date</b>	2015
<b>Authors</b>	Kilgore, Cronley, Lehmann
<b>Study recruitment period</b>	2010-2012
<b>Location</b>	Texas state, USA
<b>Type of study</b>	Cross-sectional study
<b>Aim of the study</b>	To test the efficacy of quantitative linguistic analysis to predict participant progress and engagement with treatment.
<b>Number of participants</b>	46 men
<b>Inclusion criteria</b>	Charged with class A misdemeanor IPV
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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
<b>Assessment of outcome(s)</b>	Writing a letter Grammatical analysis
<b>Results</b>	No letter with direct reference to the incident.  Subject position for himself Object position for others <ul style="list-style-type: none"> <li>➔ Difficulty engaging with the BIP</li> <li>➔ Idea of dominance</li> <li>➔ Need for further attention</li> </ul> Ample use of the self-address « you » Distribution of verb tenses Use of complex verb forms <ul style="list-style-type: none"> <li>➔ Better engagement</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Violence and Victims
<b>Publication date</b>	2010
<b>Authors</b>	Alexander, Morris, Tracy, Frye
<b>Study recruitment period</b>	/
<b>Location</b>	Montgomery County, Maryland State, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	528
<b>Inclusion criteria</b>	English or Spanish-speaking One month of sobriety before treatment intake session
<b>Exclusion criteria</b>	Current alcohol or drug abuse Not speaking English or Spanish
<b>Treatment characteristics</b>	
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>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<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 <sup>(31)</sup>

<b>Journal</b>	Research and Interventions for Victims of Intimate Partner Violence.
<b>Publication date</b>	2013
<b>Authors</b>	Taft, MacDonald, Monson, Walling, Resick, Murphy
<b>Period</b>	/
<b>Location</b>	Northeast USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the efficacy of the Strength-At-Home program on physical and psychological reoffenses.
<b>Number of participants</b>	6
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	Severe cognitive impairment Current uncontrolled bipolar or psychotic disorder Current substance abuse
<b>Treatment characteristics</b>	
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"> <li>➔ Information processing deficits prevent from responding to social stimuli</li> <li>➔ Trauma leads to misperceptions and aggressive reactions.</li> </ul> <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>
<b>Assessment of the outcome(s)</b>	<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>
<b>Results</b>	<p>Physical IPV :</p> <ul style="list-style-type: none"> <li>- Perpetration significantly lower p=0.017</li> <li>- Frequency significantly lower p=0.030</li> </ul> <p>Psychological IPV :</p> <ul style="list-style-type: none"> <li>- Total and severe IPV significantly lower, respectively p=0.030 and p=0.036</li> <li>- Mild IPV not significantly changing p=0.067</li> <li>- Frequency significantly lower p=0.016</li> </ul>

*Annexe II : Characteristics of included studies – Recap Tables*

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

<b>Journal</b>	Violence and Victims
<b>Authors</b>	Keith Klostermann, Theresa Mignone, Rui Chen.
<b>Date</b>	2009
<b>Study recruitment period</b>	NC
<b>Location</b>	New York (United States of America)
<b>Type of study</b>	Latent Class Analysis and Cross-sectional study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	294. 147 couples.
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Alcohol / Structured Clinical Interview for DSM IV, Daily logbooks, Timeline Follow back Interview. Anti-Social Personality Disorder / Structured Clinical Interview for DSM IV.
<b>Treatment characteristics</b>	
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 <sup>(74)</sup>.

<b>Journal</b>	PLOS One Public Library of Science
<b>Publication date</b>	2014
<b>Authors</b>	Grana, Redondo, Munoz-Rivas, Cantos
<b>Study recruitment period</b>	/
<b>Location</b>	Madrid, Spain
<b>Type of study</b>	Cohort study
<b>Aim of the study</b>	To identify different types of batterers according to violence types and psychopathology traits for a tailored treatment.
<b>Number of participants</b>	266
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	Current drug abuse Current heavy drinking Acute psychotic symptoms
<b>Treatment characteristics</b>	
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><b>Assessment of outcome(s)</b></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><b>Results</b></p>	<p>3 groups of men</p> <ul style="list-style-type: none"> <li>- Type I : high level of aggression against the partner</li> <li>- Type II : moderate level of aggression</li> <li>- Type III : low level of aggression</li> </ul> <p>Statistical differences on :</p> <ul style="list-style-type: none"> <li>- Age for types II and III, <math>p &lt; 0.05</math></li> <li>- Education level, <math>p &lt; 0.01</math></li> </ul> <p>Continuum from lower to higher levels of psychopathology traits.</p> <p>Statistical differences on :</p> <ul style="list-style-type: none"> <li>- Alcohol use</li> <li>- Borderline and antisocial personalities</li> <li>- Primary and secondary psychopathology</li> <li>- Impulsivity</li> <li>- Trait anger</li> </ul> <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.

<b>Journal</b>	Journal of Family Violence
<b>Publication date</b>	2013
<b>Authors</b>	van Rooij, ten Haaf, Verhoeff
<b>Study recruitment period</b>	March-November 2009
<b>Location</b>	Amsterdam, Netherlands
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To examine offender and victim's perspectives about temporary restraining orders.
<b>Number of participants</b>	28
<b>Inclusion criteria</b>	Men and women involved with TRO between March 1 and November 22, 2009. Willing to participate
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
Admission	Court-mandated
Person treated	Family therapy
Treatment format	Individual therapy
Treatment description	Temporary Restraining Orders (TRO) : <ul style="list-style-type: none"> <li>- Police alerted</li> <li>- Screening of the incident by an officer</li> <li>- Risk assessment instrument</li> <li>- TRO</li> </ul> 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><b>Assessment of the outcome(s)</b></p>	<p>Officer home visit + risk assessment instrument</p>
<p><b>Results</b></p>	<ul style="list-style-type: none"> <li>- Experiences with the TRO             <ul style="list-style-type: none"> <li>→ 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.</li> <li>→ 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).</li> <li>→ Emotions when the TRO was issued                  Mixed emotions                  Happiness, peace, enormous salvation for some victims                  Frightened, surprised, resigned for some perpetrators</li> <li>→ 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.</li> <li>→ Social support experiences                  Helped to start talking about the problem with family and friends</li> </ul> </li> <li>- Experiences and acceptance of the professional help             <ul style="list-style-type: none"> <li>→ Professional help during the TRO period</li> </ul> </li> </ul>

	<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"> <li>➔ Acceptance of proposed follow-up and satisfaction</li> </ul> <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"> <li>➔ Influence of the TRO</li> </ul> <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"> <li>➔ Course of relationship :  Half divorced and half stayed together</li> <li>➔ Wellbeing : higher</li> <li>➔ DV : less violence</li> <li>➔ New perceptions : independence, consequences of the behaviour, understanding the other, empowerment effect</li> </ul>
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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 <sup>(65)</sup>.

<b>Journal</b>	BioMed Central Psychiatry
<b>Authors</b>	Fleur L Kraanen, Ellen Vedel, Agnes Scholing, Paul MG Emmelkamp
<b>Date</b>	2013
<b>Study recruitment period</b>	August 1, 2009 to June 1, 2012
<b>Location</b>	Amsterdam (The Netherlands)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	52 (27 I-Stop, 25 CBT SUD+)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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.
<b>Addiction and / or mental illness Assessment</b>	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.
<b>Treatment characteristics</b>	

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: <math>Z(10) = -1.99</math>; <math>p = .02</math> (1-tailed); SA: <math>t(7) = -4.17</math>; <math>p = .00</math>). 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: <math>Z(10) = -2.68</math>; <math>p = .00</math> (1-tailed); CBT-SUD+: <math>Z(7) = -2.37</math>; <math>p = .01</math> (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: <math>t(10) = 1.99</math>; <math>p = .04</math> (1-tailed); CBT-SUD+: <math>t(7) = 3.31</math>; <math>p = .01</math> (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: <math>Z = -1.83</math>; <math>p = .06</math> (1-tailed); CBT-SUD+: <math>Z = -1.89</math>; <math>p = .06</math> (1-tailed)).</p>

*Annexe II : Characteristics of included studies – Recap Tables*

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

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

Treatment description	/
<b>Assessment of outcome(s)</b>	<p>Principles of Effective Interventions (PEI)</p> <p>Seven major criminogenic needs :</p> <ol style="list-style-type: none"> <li>1) Antisocial personality patterns</li> <li>2) Procriminal attitudes</li> <li>3) Social support for crime</li> <li>4) Substance abuse</li> <li>5) Poor family/marital relationships</li> <li>6) Poor school/work performance</li> <li>7) Low level of prosocial recreational activities</li> </ol> <p>+ 4 minor criminogenic needs :</p> <ul style="list-style-type: none"> <li>- Low self-esteem</li> <li>- Feelings of personal distress</li> <li>- Major mental disorder</li> <li>- Poor physical health</li> </ul>
<b>Results</b>	<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, <math>p &lt; 0.001</math>. Highest among IPV offenders, <math>p &lt; 0.004</math></p> <p>Overall group difference in the number of criminogenic needs, <math>p &lt; 0.001</math> 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.

<b>Journal</b>	Family Process
<b>Publication date</b>	2015
<b>Authors</b>	Rhoades
<b>Study recruitment period</b>	/
<b>Location</b>	Wichita, Texas, Pennsylvania states, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To explore the effectiveness of a couple-therapy based on relationship education.
<b>Number of participants</b>	3609
<b>Inclusion criteria</b>	Understanding the local language Annual income 50000 \$ or less Child<18 years and living with them Or expecting a baby
<b>Exclusion criteria</b>	Current domestic violence
<b>Treatment characteristics</b>	
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"> <li>➔ Managing conflicts</li> <li>➔ Improving communication</li> <li>➔ Positive connections/supportiveness</li> <li>➔ Building support network</li> <li>➔ Understanding strengths and weaknesses</li> <li>➔ Managing life stressors</li> <li>➔ Understanding marriage</li> </ul> <p>With mixed teaching methods Supplemental activities Family support services</p>
<p><b>Assessment of outcome(s)</b></p>	<p>Reports of :</p> <ul style="list-style-type: none"> <li>- Married</li> <li>- Relationship happiness</li> <li>- Marriage in trouble</li> <li>- Warmth and support</li> <li>- Positive communication skills</li> <li>- Negative behaviour and emotions</li> <li>- Partner’s psychological abuse</li> <li>- Partner’s physical abuse</li> <li>- Partner’s severe physical assault</li> <li>- Infidelity</li> <li>- Psychological distress</li> <li>- Coparenting</li> </ul>
<p><b>Results</b></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 <sup>(68)</sup>.

<b>Journal</b>	Journal of Attention Disorder
<b>Authors</b>	Nannet J. L. Buitelaar, Jocelyne A. Posthumus, Denise Bijlenga, Jan K. Buitelaar
<b>Date</b>	2019
<b>Study recruitment period</b>	October 2012 to December 2016
<b>Location</b>	Utrecht, Nijmegen, The Hague (The Netherlands)
<b>Type of study</b>	Longitudinal observational study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	209 (men and women)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	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).

<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	Revised Conflict Tactics Scale CTS2; Modified Overt Aggression Scale (MOAS) clinician rated.
<b>Assessment of outcomes</b>	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.
<b>Results</b>	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 <sup>(59)</sup>.

<b>Journal</b>	The American Journal of Drug and Alcohol Abuse
<b>Authors</b>	Caroline J. Easton, Dolores L. Mandel, Karen A. Hunkele, Charla Nich, Bruce J. Rounsaville, Kathleen M. Carroll.
<b>Date</b>	2011
<b>Study recruitment Period</b>	2000 to 2003
<b>Location</b>	Connecticut (United States of America)
<b>Type of study</b>	Secondary analysis of a randomized study of treatment efficacy.
<b>Aim of the study</b>	To provide preliminary evidence of the impact of fatherhood on treatment response for men with comorbid dependence and intimate partner violence.
<b>Number of participants</b>	69. 38 yo
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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.
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Marijuana, Cocaine, Opiates /Structured Clinical Interview for DSM IV, Addiction Severity Index, Timeline Follow back Method.
<b>Treatment characteristics</b>	
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><b>Assessment of IPV</b></p>	<p>Revised Conflict Tactics Scale</p>
<p><b>Assessment of outcomes</b></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><b>Results</b></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 <sup>(24)</sup>.

<b>Journal</b>	Journal of Experimental Criminology
<b>Publication date</b>	2010
<b>Authors</b>	Maxwell, Davis, Taylor
<b>Study recruitment period</b>	1995-1996
<b>Location</b>	Kings County, New-York, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To precise if the effect of a BIP on reoffending only lasts during the treatment time period or whether the program produces lasting changes.
<b>Number of participants</b>	376
<b>Inclusion criteria</b>	Males convicted of misdemeanour DV offense in King County from February 1995 to March 1996.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Understanding historical/cultural aspects of domestic abuse</li> <li>- Reviewing criminal/legal issues</li> </ul> <p>Co-led by one male and one female.</p>
<b>Assessment of outcome(s)</b>	<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>
<b>Results</b>	<p><u>Time independent effect</u></p> <p>Those assigned in the 26 group sessions take longer to reinitiate violence compare with no-treatment, <math>p &lt; 0.05</math></p> <p>Assigning to treatment (long or short) has a preventative effect on violence, <math>p &lt; 0.01</math></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. <math>p &lt; 0.01</math></p> <p><u>Time dependant effect (durable effects ?)</u>  Receiving treatment during each observation period → less recidivism, <math>p &lt; 0.01</math></p> <p>Those assigned to receive more treatment during each successive period → no significant decrease of violence, <math>p = 0.58</math></p> <p>Actually receiving treatment during each period → significantly reduces violence, <math>p &lt; 0.05</math></p> <p>The quantity of treatment received is no longer associated with the quantity of violence during any given period across the 15 months. <math>p &gt; 0.05</math></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.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2017
<b>Authors</b>	Mach, Cantos, Weber, Kosson
<b>Study recruitment period</b>	/
<b>Location</b>	Du Page County, USA
<b>Type of study</b>	Cohort study
<b>Aim of the study</b>	Associations and interactions between type of violence, readiness to change and stake in conformity on the completion of an IPV program.
<b>Number of participants</b>	192
<b>Inclusion criteria</b>	Court-mandated for IPV in 2 BIPs
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of outcomes(s)</b></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><b>Results</b></p>	<p>Type of offender related to stake in conformity :          FO : higher stake in conformity score, <math>p=0.04</math></p> <p>Type of offender not related to stage of change.  <math>p=0.19</math></p> <p>Stage of change not related to stake in conformity,  <math>p=0.50</math></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, <math>p&lt;0.04</math>          Higher stake in conformity more likely to attend sessions, <math>p&lt;0.01</math></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 <sup>(20)</sup>.

<b>Journal</b>	Journal of Offender Rehabilitation
<b>Publication date</b>	2018
<b>Authors</b>	Morrison, Burke, Cluss, Hawker, Miller, George, Bicehouse, Fleming, Wright, Chang
<b>Study recruitment period</b>	2013-2015
<b>Location</b>	Pennsylvania state, USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To examine perspectives of clients regarding lessons, changes or skills they learned during their tenure with a BIP.
<b>Number of participants</b>	76 men
<b>Inclusion criteria</b>	Currently attending one of the 2 local BIPs or had participated in one during the past year
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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

<b>Assessment of the outcome(s)</b>	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.
<b>Results</b>	<p>Four main themes about what they learned :</p> <ul style="list-style-type: none"> <li>- A more holistic understanding of IPV, specifically non-physical abusive behaviours</li> <li>- Accountability of their behaviour</li> <li>- Ability to identify and deescalate the anger</li> <li>- New skills to improve communication</li> </ul>

*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 <sup>(47)</sup>.

<b>Journal</b>	Journal Of Experimental Criminology
<b>Publication date</b>	2012
<b>Authors</b>	Mills, Barocas, Ariel
<b>Study recruitment period</b>	2005-2007
<b>Location</b>	Arizona state, USA
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	To compare the efficacy of a restorative justice program called Circle of Peace with standard BIP.
<b>Number of participants</b>	152
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Trained volunteer community member</li> <li>- Offender's support person</li> <li>- Volunteer family members</li> </ul> <p>Plan for change for the offender focusing on restoring the victim, the family including strengths and traditions, and society</p>
<b>Assessment of outcome(s)</b>	<p>Domestic Violence arrests (DV)</p> <p>Non-Domestic Violence arrests (non-DV)</p> <p>➔ Official records of criminal activity and arrest records</p>
<b>Results</b>	<p>Lower rearrests in Circle of Peace group</p> <ul style="list-style-type: none"> <li>- DV reoffending : small differences</li> </ul> <p>The biggest one is during the first 6-months follow-up but still not significant</p> <ul style="list-style-type: none"> <li>- Non-DV reoffending</li> </ul> <p>Generally non-significant treatment effect</p> <p>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.

<b>Journal</b>	Small Group Research
<b>Publication date</b>	2010
<b>Authors</b>	Bowen
<b>Study recruitment period</b>	2001-2003
<b>Location</b>	Coventry, UK
<b>Type of study</b>	Experimental study
<b>Aim of the study</b>	<ul style="list-style-type: none"> <li>- To evaluate the impact of variations in program delivery on therapeutic environment</li> <li>- To evaluate if therapeutic environment is associated with psychological and behavioural outcomes.</li> </ul>
<b>Number of participants</b>	77
<b>Inclusion criteria</b>	/
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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"> <li>- Nature of DV</li> <li>- Male socialization</li> <li>- Victim empathy</li> <li>- Sexual respect within relationships</li> <li>- Accountability</li> </ul>
<p><b>Assessment of outcome(s)</b></p>	<p>Pre and post self-reported questionnaires</p> <ul style="list-style-type: none"> <li>- Therapeutic environment : GES</li> <li>- Prodomestic violence attitudes : The Inventory of Beliefs About Wife Beating</li> <li>- Anger : the Novaco Anger Scale</li> <li>- Interpersonal dependency The Emotional Reliance Upon Others (subscale of the Interpersonal Dependency Inventory)</li> <li>- Locus of control : The Lenvenson Multidimensional Locus of Control</li> <li>- Social desirability : The Balanced Inventory of Desirable Responding</li> <li>- Alleged reoffending</li> </ul> <p>Official crime records</p>
<p><b>Results</b></p>	<p><u>Relation between therapeutic environment and session length :</u></p> <p><i>Shorter sessions :</i>  Improve open expression of feelings, <math>p &lt; 0.01</math>  More expression of anger and aggression, <math>p &lt; 0.01</math>  More openness to change, <math>p &lt; 0.01</math></p> <p><i>Longer sessions :</i>  Improve focus on tasks, <math>p &lt; 0.01</math>  Better organization, <math>p &lt; 0.01</math>  More leader control, <math>p &lt; 0.001</math>  Greater cohesion within the group, <math>p &lt; 0.05</math></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.  <math>p &lt; 0.05</math>  No correlation with completion.</p> <p><u>Psychological change and reoffending :</u>  Significantly higher psychological change when supportive perception of the group leader.  <math>p &lt; 0.05</math>  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)

<b>Journal</b>	Professional Psychology : Research and Practice
<b>Authors</b>	William Fals-Stewart, Monique Clinton-Sherrod
<b>Date</b>	2009
<b>Study recruitment period</b>	NC
<b>Location</b>	New York, California (United States of America)
<b>Type of study</b>	Randomized Controlled Trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	207 couples (self-referred, court referred, physician referred)
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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.
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Cannabis, Cocaine, Opiates / Structured Clinical Interview for DSM IV, Timeline Follow Back Interview.
<b>Treatment characteristics</b>	
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>
<b>Assessment of IPV</b>	Timeline Follow back Interview Spousal Violence.
<b>Assessment of outcomes</b>	Substance use: Timeline Follow back Interview.
<b>Results</b>	<p>1. Percentage of Day Abstinence: during the 12-month follow-up, male patients in BCT had lower PDAs than those in IBT (<math>p &lt; .01</math>).</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 <sup>(54)</sup>.

<b>Journal</b>	Psychology of violence
<b>Authors</b>	Javier Fernandez-Montalvo, Alfonso Arteaga, Jose J. Lopez Goni
<b>Date</b>	2019
<b>Study recruitment period</b>	May 2010 - December 2012
<b>Location</b>	Navarre (Spain)
<b>Type of study</b>	Randomized controlled trial
<b>Aim of the study</b>	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.
<b>Number of participants</b>	70 (41 ♂), Age 35,7 years
<b>Inclusion criteria</b>	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
<b>Exclusion criteria</b>	Severe Mental Illness, Lack of knowledge of Spanish
<b>Addiction and / or mental illness Assessment</b>	Drug Addiction, / European Addiction Severity Index, urine analyses, Psychopathological positive symptoms / Symptom Checklist (CL-90-R)
<b>Treatment characteristics</b>	
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 (<math>\chi^2 = 3.85</math>; <math>p = .049</math>) 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 (<math>\chi^2 = 0.65</math>; <math>p = .420</math>). 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 <math>\chi^2</math> 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

<b>Journal</b>	Criminal Justice and Behavior
<b>Authors</b>	Natalia Redondo, Arthur L. CANTOS, Jose Luis Graña, Marina J. Muñoz-Rivas, K. Daniel O’leary.
<b>Date</b>	2019
<b>Study recruitment period</b>	NC
<b>Location</b>	Madrid (Spain), Texas (United States of America).
<b>Type of study</b>	Cluster Analyses and Cross-Sectional Study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	484 men (38,1 years old).
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	Any serious problems related to alcohol or substance abuse, presenting with psychotic symptoms.
<b>Addiction and / or mental illness Assessment</b>	Alcohol / Alcohol Use Disorder Identification Test. Borderline Personality, Psychopathy / Self-Report Instrument for Borderline Personality Organization, Levenson Primary and Secondary Psychopathy Scale
<b>Treatment characteristics</b>	
<b>Admission</b>	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"> <li>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.</li> <li>2. The Under controlled anger group reported significantly higher scores on BPO, psychopathic traits, impulsiveness, Physical and Verbal Aggression, and alcohol use.</li> <li>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</li> </ol>

	<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 <sup>(58)</sup>.

<b>Journal</b>	Journal of Substance Abuse Treatment
<b>Authors</b>	Lindsay M.S. Oberleitner, Dolores L. Mandel, Caroline J. Easton
<b>Date</b>	2013
<b>Study recruitment period</b>	2000 to 2003
<b>Location</b>	Connecticut (United States of America)
<b>Type of study</b>	Cross-Sectional Study
<b>Aim of the study</b>	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.
<b>Number of participants</b>	73 males. 38,87 yo
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	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.
<b>Addiction and / or mental illness Assessment</b>	Alcohol, Cocaine, Cannabis / Structured Clinical Interview for DSM IV, Addiction Severity Index, Timeline Follow back Method, Breathalyzer and urine drug screen at each session.
<b>Treatment characteristics</b>	
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>
<b>Assessment of IPV</b>	Revised Conflict Tactics Scale
<b>Assessment of outcomes</b>	<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>
<b>Results</b>	<p>Compared to individuals low on anger expression, individuals high on anger expression reported more incidences of physical violence [<math>F(1, 29) = 6.53, p = .01</math>], more violent arrests across their lifetime [<math>F(1, 29) = 10.15, p = .002</math>]; there was a trend for earlier initiation of cannabis use as compared to individuals who were not high on anger expression [<math>F(1, 29) = 3.88, p = .06</math>], was a trend for more incidences of recent verbal violence within [<math>F(1, 29) = 3.35, p = .07</math>]; 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 [<math>F(1, 29) = 9.41, p = .003</math>], and marginally more likely to report using any illicit drugs during the course of treatment [<math>\chi^2(73) = 2.61, p = .09</math>]. 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 [<math>\chi^2(59) = 5.55, p = .02</math>], and the use of problem resolution [<math>\chi^2(59) = 4.23, p = .04</math>] 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 <sup>(67)</sup>.

<b>Journal</b>	Journal of Aggression, Conflict and Peace Research
<b>Authors</b>	Ruth J. Tully, Alex Barrow
<b>Date</b>	2017
<b>Study recruitment period</b>	
<b>Location</b>	Nottingham (United Kingdom)
<b>Type of study</b>	Case study
<b>Aim of the study</b>	To present the assessment and treatment of an adult male offender with a diagnosis of schizophrenia
<b>Number of participants</b>	1 ♂: 25-year-old paranoid schizophrenia, drug misuse, delivered in a security mental health hospital in the UK.
<b>Inclusion criteria</b>	NC
<b>Exclusion criteria</b>	NC
<b>Addiction and / or mental illness Assessment</b>	Paranoid Schizophrenia/ Wechsler Adult Intelligence Scale (WAIS - IV)
<b>Treatment characteristics</b>	
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.
<b>Assessment of IPV</b>	Spousal Assault Risk Assessment (SARA)
<b>Assessment of outcomes</b>	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).
<b>Results</b>	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 <sup>(30)</sup>.

<b>Journal</b>	Journal of Interpersonal Violence
<b>Publication date</b>	2017
<b>Authors</b>	Portnoy, Murphy
<b>Study recruitment period</b>	/
<b>Location</b>	Maryland state, USA
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To understand reoffense among those who had completed an IPV offender program.
<b>Number of participants</b>	11
<b>Inclusion criteria</b>	At least 15 sessions of TTT New DV criminal or civil charges Agreed to participate
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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
<b>Assessment of outcome(s)</b>	Interview

<p><b>Results</b></p>	<ul style="list-style-type: none"> <li>- Modality-specific variables</li> </ul> <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"> <li>- Content-specific variables</li> </ul> <ul style="list-style-type: none"> <li>➔ Skills acquisition</li> </ul> <p>Less awareness of skills deficits</p> <p>Lack of participation</p> <ul style="list-style-type: none"> <li>➔ Skills application</li> </ul> <p>Not applying them when needed</p> <p>Ineffective use</p> <ul style="list-style-type: none"> <li>- Participant-specific variables</li> </ul> <p>Motivation for treatment</p> <p>Expectations of treatment</p> <p>Intentions to use skills</p> <p>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.

<b>Journal</b>	Victims and Offenders
<b>Publication date</b>	2018
<b>Authors</b>	Zosky
<b>Study recruitment period</b>	2014-2016
<b>Location</b>	Illinois state, USA
<b>Type of study</b>	Cross-sectional study
<b>Aim of the study</b>	To explore the impact of a victim panel on offenders in addition to the standard BIP
<b>Number of participants</b>	340
<b>Inclusion criteria</b>	Offenders referred to a BIP
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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><b>Assessment of the outcome(s)</b></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><b>Results</b></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 :</p> <ul style="list-style-type: none"> <li>- Statement of emotions</li> </ul> <p>Sadness and anger</p> <ul style="list-style-type: none"> <li>- Empathy for the victims</li> <li>- Commitment to learn and accountability</li> <li>- Commitment to change and hope</li> <li>- Remorse</li> <li>- Trauma triggers</li> </ul> <p>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?

<b>Journal</b>	British Journal of Social Work
<b>Publication date</b>	2012
<b>Authors</b>	Westmarland, Kelly
<b>Study recruitment period</b>	/
<b>Location</b>	UK
<b>Type of study</b>	Qualitative study
<b>Aim of the study</b>	To understand what success means as an outcome of BIPs from different points of view.
<b>Number of participants</b>	73
<b>Inclusion criteria</b>	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.
<b>Exclusion criteria</b>	/
<b>Treatment characteristics</b>	
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.
<b>Assessment of outcome(s)</b>	<p>Interview about :</p> <ul style="list-style-type: none"> <li>- Participants experiences and understandings of the programme</li> <li>- Aims of the programme</li> <li>- How it could be improved</li> <li>- What success means for them</li> </ul> <p>Transcribed verbatim.</p>
<b>Results</b>	<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"> <li>- Respect and effective communication</li> <li>- Improving woman's well-being and ability to make choice</li> <li>- Safety and freedom for violence</li> <li>- Safe, positive and shared parenting</li> <li>- Understanding of the impact of violence on partner and children</li> <li>- Safer and healthier childhood</li> </ul>

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	Y	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 (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				

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	Y	Y	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	Y	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.