Does batterers' treatment work: a meta-analytic review of domestic violence treatment
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CRD summary
This review aimed to determine the efficacy of treatment on violence relapse in domestically violent male partners. The authors' conclusion, that current interventions have little impact in reducing relapse of violence, is weakened by a number of methodological and practical limitations.

Authors' objectives
To determine the relative efficacy of Duluth therapy, cognitive-behavioural therapy (CBT) and other types of treatment on violence relapse in domestically violent male partners.

Searching
PsycINFO was searched for published articles; the search terms were reported. In addition, the reference lists of relevant reviews and articles were checked. The authors did not report whether any language restrictions were applied.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) and quasi-experimental studies were included in the review.

Specific interventions included in the review
Studies assessing treatment programmes for domestically violent male partners were eligible for inclusion. The included studies were of Duluth or feminist psychoeducational therapy, CBT and 'other' therapy (couples therapy, supportive therapy, relationship enhancement, multiple interventions and unspecified therapies). Treatment length varied between the primary studies, ranging from 8 to 36 weeks. The comparators included treatment drop-outs or 'no treatment' groups (e.g. waiting-lists, alternative programmes and community service).

Participants included in the review
No inclusion criteria relating to the participant characteristics were specified. The participants in the included studies were individuals receiving court-mandated counselling, and couples (victim and aggressor).

Outcomes assessed in the review
Studies measuring relapse of partner violence ascertained by any report of physical assault by the victim, or the police, were eligible. The Conflict Tactics Scale (CTS/CTS-2) was utilised as a measure of partner-reported violence in the majority of the primary studies. The studies were required to report effect sizes for all relevant comparisons to be eligible for inclusion.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, although it appears that two reviewers were involved in the data extraction.

The proportion of participants reoffending based on police and partner reports were extracted, and the standardised
mean difference (using Hedges and Olkin's g statistic) for police-reported and partner-reported reoffending were calculated. Where additional information was needed, the authors of the primary studies were contacted.

Methods of synthesis

How were the studies combined?
Studies with police- and partner-reported reoffending were combined separately in a meta-analysis using Hedges and Olkin's hierarchical fixed-effect method. In addition to stratifying studies by police- and partner-reported reoffending, the studies were further stratified by study design (experimental and quasi-experimental) and then type of intervention (Duluth, CBT and other).

How were differences between studies investigated?
In addition to the stratified analysis, statistical heterogeneity was examined using the Q statistic. Publication bias was investigated using a normal-quartile plot. Outliers were investigated using the sample adjusted meta-analytic deviancy statistic (see Other Publications of Related Interest) and two studies, each from police- and partner-reported outcomes, were then excluded from further analyses.

Results of the review

Twenty-two studies were included in the review: 5 RCTs (n=1,827) and 17 quasi-experimental studies (n=3,139).

Duluth. Based on police report of reoffending (5 studies), the effect of the intervention was very small (standardised mean difference, SMD 0.19, 95% confidence interval, CI: 0.06, 0.31). Similarly, the effect was small using partner reported outcome (3 studies; SMD 0.12, 95% CI: 0.10, 0.33). The effect size from the quasi-experimental studies was larger for both police- and partner-reported reoffending.

CBT.

There were insufficient data to calculate a pooled effect of CBT using police or partner outcomes. Quasi-experimental studies showed no statistically significant effect of the intervention using police report of reoffending (SMD 0.12, 95% CI: -0.02, 0.26); there were insufficient data to calculate a pooled effect of CBT using partner-reported outcome.

Other treatments.

Based on police report, there were insufficient data to calculate a pooled effect of 'other' therapies. Based on partner report, the effect of the intervention was not statistically significant (SMD 0.03, 95% CI: -0.18, 0.23). Quasi-experimental studies showed a small effect (SMD 0.27, 95% CI: 0.03, 0.51) on violence recidivism using police report, but no statistically significant effect using partner-reported outcome (SMD 0.29, 95% CI: -0.01, 0.60).

When recidivism was used as the primary outcome based on police reports, the pooled effect size was 0.18 (95% CI: 0.11, 0.25); no significant statistical heterogeneity was demonstrated. Similarly, the estimated pooled effect size for recidivism based on partner reports was 0.18 (95% CI: 0.08, 0.28); no significant statistical heterogeneity was found.

Police reports based on RCTs demonstrated a small effect of intervention on violence recidivism (effect size d=0.12, 95% CI: 0.02, 0.22); significant statistical heterogeneity was found (Q=11.44, d.f.=5, P<0.05). Police reports based on quasi-experimental studies demonstrated a small effect of intervention on violence recidivism (d=0.23 (95% CI: 0.14, 0.32); no significant statistical heterogeneity was found (Q=13.07, d.f.=13).

Partner reports based on RCTs did not demonstrate any statistically significant effect of the intervention (d=0.09 (95% CI: -0.02, 0.21); no heterogeneity was shown (Q=2.72, d.f.=6). Partner reports based on quasi-experimental studies demonstrated a small but significant effect of the intervention (d=0.32, 95% CI: 0.17, 0.51); no heterogeneity was shown (Q=2.76, d.f.=8).

The normal-quartile plot test for publication bias was non significant.
Authors' conclusions
Current interventions had minimal impact on reducing recidivism beyond the effect of being arrested. Study design was shown to have a small influence on effect size, but the type of intervention was not shown to moderate the effect of treatment.

CRD commentary
The search for relevant literature was limited to a single database, thus potentially important studies might have been missed and bias introduced. A normal-quartile plot did not indicate significant publication bias. The review methodology was not well reported, and the validity of the included studies did not appear to have been assessed. The potential impact of bias, introduced by the review process or by the quality of the included studies, could not, therefore, be assessed.

Conclusions based on the relative impact of interventions were based on indirect comparisons.

The authors acknowledged a number of additional methodological and practical limitations, including attrition rates, definitions of treatment completion, reliance on partner or police reports, and multiple confounding factors relating to the legal process, that may limit confidence in the results obtained.

Implications of the review for practice and research
Practice: The authors suggested that, as no treatment model demonstrated superiority, it would be premature for authorities to limit the range of mandated treatment options offered to batterers.

Research: The authors stated that attention should be directed at improving batterers' treatment programmes. They suggested that different types of batterer may preferentially benefit from different types of intervention. To this end, providers and researchers should collaborate closely to help develop best-practice.

Bibliographic details

PubMedID
14729422

Other publications of related interest

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Subject indexing assigned by NLM

MeSH
Adult; Cognitive Therapy; Domestic Violence; Female; Humans; Male; Recurrence; Research Design; Treatment Outcome

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.