Integrating Theory, Methods, & Social Justice

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24 April 2017

# I. Background & Significance

The purpose of the present review is to ultimately inform intervention and prevention strategies specific to same-gender intimate partner violence among sexual minority women (SMW). Over the past several decades, there has been a considerable development of research and community action across the globe working to address intimate partner violence (IPV). In the United States, this research and activism stemmed primarily from first-and-second-wave feminist movements, which collectively led way to the U.S. Violence Against Women and, more specifically, the U.S. Domestic Violence Movement beginning around the 1980s. The public policies and community-based services specific to intimate partner violence resulting from this mainstream work continue to be almost exclusively focused on men's abuse toward women (e.g., Black et al., 2011; Tjaden & Thoennes, 2000). Consequently, intimate partner violence occurring among members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) population has been critically overlooked and the IPV-related needs of this population have gone unmet with severe consequences (Ristock, 2001; Walters, Chen, & Breiding, 2013). Importantly, recent nation-level data indicate that LGBTQ individuals experience IPV at rates comparable to heterosexual individuals, and are in many ways at higher risk of experiencing violence than heterosexual population (Walters et al., 2013). Pertinent to this study, these data provide evidence that the prevalence of female same-sex intimate partner violence (FSSIPV) in particular occurs at much higher rates than expected by researchers conducting national-scale intimate partner violence survey work (Walters et al., 2013). This, along with historic data corroborating these statistics, suggests that the prevalence of FSSIPV has been grossly misrepresented throughout the U.S. Women's and Domestic Violence Movements. The causes and consequences of this misrepresentation lie in historical notions that regard female same-sex intimate partner violence as a phenomenon that is either non-existent (Cecere, 1986), not possible (Hammond, 1989), or not worthy of consideration based on anti-LGBTQ ideological viewpoints (Durish, 2011; Ristock, 2001, 2011). The relative lack of research on female same-sex IPV is characteristic of a long history of oppressions committed against sexual and gender minorities and traditional gender role stereotypic expectations of women to be nonviolent, or the notion that women do not possess the ability to be violent, or at least violent enough to inflict pain on others (Gilbert, 2002; Girshick, 2002; Hassouneh & Glass, 2008; Little & Terrance, 2010).

In line with the heteronormative stereotypic notion of women's incapability of violence, FSSIPV-inclusive research to date has tended to fall into one or both of the following categories: (1) reports of the estimated national prevalence of FSSIPV; and/or (2) heterosexual groups' and individuals' gender role stereotypes about women's same-gender relationships, and the possibility of violence in those relationships (e.g., McClennen, 2005; Messinger, 2011). Compared to attention given to issues collectively faced by the LGBTQ population, the relatively large dedication of federal, state, and private funding for research related to violence against women and domestic violence since the original signing of the Violence Against Women Act (VAWA) has been almost exclusively used for developing services for presumed heterosexual, cis-gender, female survivors of abuse perpetrated by male intimate partners with similarly presumed heterosexual and cis-gender characteristics (Ristock, 2001). However, results of research related to IPV occurring within this narrowly defined population are not necessarily representative of the prevalence, causes, and correlates of IPV experienced by members of the LGBTQ population (Burke & Follingstad, 1999; Hassouneh & Glass, 2008; Ristock, 2001). Thus, domestic violence services that emerged out of the U.S. Women's and Domestic Violence movements of the 1980s and 1990s (e.g., emergency shelters for survivors and batterer intervention programs), which are largely based on this heterosexual-IPV-focused research, remain ill-equipped to serve LGBTQ IPV survivors, perpetrators, and their families (B. Hart, 1986; Lobel, 1986; McLaughlin & Rozee, 2001; Ristock, 2001; C. Smith, 2011).

## Rationale

The above-described barriers to IPV-related research, intervention, and prevention efforts specific to sexual minority women necessitate a research approach that takes into account this unique context. Community psychological theory values the notion that the communities in which research is taking place and/or affecting (whether directly or indirectly) should be as involved as possible in all phases of the research process, rather than solely as anonymous data points in the analysis. Community psychology thus favors inclusion over exclusion, participant voices equally with researchers' voices, and participatory and/or purposive sampling methods over convenience sampling methods. The reviewed literature will be evaluated and critiqued according to these types of community psychological standards regarding (1) *research methodologies*, (2) *data analytic approaches*, (3) *interpretations of findings*, and (4) *research dissemination.*

## Research Questions (RQs)

**RQ-1:** To what extent are community psychological theories and methodologies implemented, or not, in community psychology-based research related to intimate partner violence (IPV)?

**RQ-2:** How has the implementation of community psychological research has evolved over time since the origination of the field, as well as potential trajectories based on the current state of discourse within community-psychology and closely related research and practice disciplines?

# II. Theoretical Grounding

The present systematic review is situated within an ecological framework and posits that individuals are both affecting and affected by their environmental settings (Espino & Trickett, 2008; J. G. Kelly, Snowden, & Munoz, 1977). This review is further grounded in an action-oriented theoretical and methodological framework (Brydon-Miller, Greenwood, & Maguire, 2003; Chandler & Torbert, 2003; Friedman-Nimz et al., 2006; J. Kelly et al., 2004; Noffke, 1997; Prilleltensky, 1997, 2001; Seidman, 2012), as well as social scientific theories related to IPV and sexual minority women (Meyer, 1995, 2003, 2015). These frameworks collectively incorporate the following key community-psychological concepts:

Theory Specific to Community Psychology (CP):

* *The Action Research Cycle & Community-Based Participatory Action Research (CBPR)*[[1]](#footnote-25)
* *Ecological systems theory and the Social Ecological Model*[[2]](#footnote-26)
* *Community Empowerment & Individual Empowerment*[[3]](#footnote-27)
* *Community Health Promotion*[[4]](#footnote-28)

Theory Related to Both Community Psychology & IPV Intervention and Prevention:

* *Coordinated Community Response (CCR)*[[5]](#footnote-29)
* *Minority Stress (MS) Theory & Resilience*[[6]](#footnote-30)
* *Risk Factors vs. Protective Factors*[[7]](#footnote-31)

Intersecting Community Psychology Theory & Research Methodology:

* *Grounded Theory Methods*[[8]](#footnote-32)
* *Mixed-Methods Research*[[9]](#footnote-33)
* *Program Evaluation*[[10]](#footnote-34)

The underlying purpose of this systematic review is to examine the intersections that exist across these theoretical, methodological, and problem-specific domains in terms of their actual applications and manifestations in various settings. The action-oriented research framework within which this review is based is specifically defined according to two core components: (1) a focus on developing and implementing innovative and inclusive research methodologies, data analytic approaches, and dissemination strategies; and (2) a diligent focus on the importance of critical reflexivity throughout the research process. The action-oriented and values-transparent community psychological research approach was born out of a resistance to research methodologies, social policies, and implementation practices that ultimately served to reinforce and/or strengthen social and economic inequalities. This foundation necessitates vigilance in critical reflexivity throughout and beyond the research process. The critical literature review provided here is intended to serve this key characteristic of community psychology.

# III. Systematic Literature Review Methodology

The purpose of this review is to provide a critical methodological overview of the available empirical research related to intimate partner violence (IPV) intervention and prevention efforts through a community psychological lens. As such, this review is specifically focused on the *applied* methodologies employed within community-based and action-oriented research frameworks. This overarching purpose stems primarily from the goal of informing IPV intervention and prevention approaches specific to same-gender IPV perpetration among female-identified individuals. However, while there is currently a burgeoning body of research related to the causes, correlates, and consequences of IPV within the context of women's same-gender relationships, the below-described literature searches indicated that there is no currently available empirical evaluation research examining interventions implemented to address IPV within such contexts.

## Literature search strategy

Six separate literature searches were conducted using the [*PsycINFO*](http://www.apa.org/pubs/databases/psycinfo/) and [*Web of Science*](http://wokinfo.com) online citation indexing databases via the [Portland State University library website](library.pdx.edu):

1. *Intimate Partner Violence, Domestic Violence, or Partner Abuse - General*
2. *Intimate Partner Violence, Domestic Violence, or Partner Abuse Interventions*
3. *Intimate Partner Violence, Domestic Violence, or Partner Abuse Intervention Evaluations*
4. *Female Same-Sex/Same-Gender Domestic Violence, or Partner Abuse - General*
5. *Female Same-Sex/Same-Gender Domestic Violence, or Partner Abuse Interventions*
6. *Female Same-Sex/Same-Gender Domestic Violence, or Partner Abuse Intervention Evaluations*

Because this review is not intended to provide a cross-national examination of IPV interventions research, each of the above literature searches was restricted to empirical studies conducted within the United States. In addition, to focus the review around a community psychological framework and intimate partner violence, results were initially confined to articles published in scholarly peer-reviewed journals specific to community-psychology. The list of community-psychology journals included *The American Journal of Community Psychology*, as well as the publications endorsed by the Society for Community Research and Action (SCRA) as related to community-psychology *Action Research*, *American Journal of Community Psychology*, *American Journal of Health Promotion*, *American Journal of Orthopsychiatry*, *American Journal of Preventive Medicine*, *American Journal of Public Health*, *Australian Community Psychologist*, *Community Development*, *Community Development Journal*, *Community Mental Health Journal*, *Community Psychology in Global Perspective*, *Cultural Diversity and Ethnic Minority Psychology*, *Global Journal of Community Psychology Practice*, *Health Education and Behavior*, *Health Promotion Practice*, *Journal of Applied Social Psychology*, *Journal of Community and Applied Social Psychology*, *Journal of Community Practice*, *Journal of Community Psychology*, *Journal of Health and Social Behavior*, *Journal of Prevention and Intervention*, *Journal of Primary Prevention*, *Journal of Rural Community Psychology*, *Journal of Social Issues*, *Journal of Community Psychology*, *Psychiatric Rehabilitation Journal*, *Psychology of Women Quarterly*, *Social Science and Medicine*, *The Community Psychologist*, *Transcultural Psychiatry* and *Progress in Community Health Partnerships* (The Society for Community Research and Action (SCRA), 2017).

This restriction yielded a limited number of empirical articles specific to intimate partner violence interventions (see Table [ ]). Thus, the literature searches were revised to also include articles published in any of the following violence-specific publications: *Journal of Interpersonal Violence*, *Violence Against Women*, *Violence and Victims* and *Journal of Family Violence*. These additional publications were included based on results from a database search of IPV-related terms conducted with no constraints imposed on the publishing journal, which revealed that these journal publish the majority of IPV-related research ( *978*, *883*, *882* and *528*, respectively), and (2) the alignment of the topical and methodological foci of these violence-related journals with community psychological principles and values. Finally, each database search was restricted to empirical studies published between 1965 and 2017 (i.e., the year of the [Swampscott conference](http://www.scra27.org/publications/tcp/tcp-past-issues/tcpsummer2014/remembering-swampscott/) and the present year; Fryer, 2008).

Details regarding the number of results obtained from each of the above-listed database searches are provided in Table []. Collectively, the literature database searches yielded 106 journal articles, of which 41 focused on intimate partner violence prevention and intervention programs, approaches, and evaluations, ; whereas the remaining 65 consisted of research specific or closely related to IPV among sexual minority women and LGBTQ populations in general, but not necessarily specific to IPV prevention nor intervention among these populations. The majority of the latter research sub-category's initial results focused primarily on the prevalence of IPV among sexual minority populations, as well as causal antecedents, risk factors, correlates, and consequences of IPV among members of these target sub-populations.

Through a systematic evaluation of the full set of results obtained from the database searches, described below, a large number of the latter category's articles published in the included violence-specific journals were determined to be, at best, loosely relevant to the overall community-psychological focus of this review. As such, results from this LGBTQ-IPV research sub-category were restricted to studies published within any of the community-psychology-related scholarly journals in an effort to maintain the overall community-psychological focus of this review (see Table [ ]; The Society for Community Research and Action (SCRA), 2017). The final set of 34 articles included in this review therefore consists of 27 empirical studies related to IPV intervention and prevention program evaluations in general, and 7 studies specific to sexual minority populations.

## Systematic Review Methodology

The selection of empirical literature, representing a community-psychology-focused subset of the U.S.-based IPV-related literature, was reviewed using a primarily deductive *qualitative comparative analytic approach* (*QCA*; Leech & Onwuegbuzie, 2007; Onwuegbuzie & Weinbaum, 2017). This review approach was conducted in two phases, each of which was primarily conducted using of the *R Statistical Programming Language and Environment* [Huang (2014); R Core Team (2016); see Appendix []).

The first QCA phase served as the initial data reduction, organization, and quality-control process undertaken to determine the final set of articles to be included in the formal review. Each article in the full set of results () from the previously-described literature database searches was first assessed according to the basic criteria for inclusion in the present review (i.e., U.S.-based empirical research). The content of each of the articles retained from this first filtering procedure was subsequently evaluated in terms of its overall relevance to the present review. Thus, any articles returned from the above-described database searches that either did not meet the basic inclusion criteria for this review or were determined to be unrelated to the topics of interest for the current review were excluded from the set of formally reviewed articles (). The final set of is divided into two categories: (C1) IPV intervention evaluations research (), and (C2) community-psychology-specific research specific to LGBTQ-IPV and inclusive of sexual minority women ().

The second QCA phase served as a systematic method for examining the similarities, differences, and anomalies among the final set of reviewed articles according to the above-described two categories determined in the first QCA phase data reduction and organization process (Onwuegbuzie & Weinbaum, 2017; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). That is, the reviewed literature was categorized according to the commonalities in overarching research topics, target populations, sampling frames, sampling and data collection methodologies and measures\todot, data analytic approaches and procedures, findings\todot, and implications\todot.

# IV. Methodological Considerations

## Defining Methodological Rigor

The notion of "scientific rigor" is particularly important in evaluating a set of applied social science research studies employing varying methodologies. This is because "rigor" is not necessarily clearly defined across methodologies, and some research philosophies do not consider certain methodologies as capable of achieving scientific rigor at all.

For the purposes of this review, methodological rigor is broadly defined as the extent to which a given study employs research methods that best address the overarching research question(s) and/or hypothesis/hypotheses, and the quality of the implementation of those methods. This definition of methodological rigor therefore does not prioritize a particular method nor category of methods (e.g., quantitative over qualitative, mixed-methods over single-methods, etc.), but rather prioritizes the choice and implementation of methods employed to address a given study's purposes. In addition, this definition of methodological rigor allows for more specific and in-depth consideration of the limitations presented, and not presented, in each study's report.

# V. Integrative Literature Description and Review

As previously noted, the research reviewed here is conducted within a Community Psychological or closely related research framework and thus represents a subset of the available IPV-related empirical literature.

## Publication Years

Although the previously-described database searches allowed for any research published between 1965 and the current year (2017), the earliest publication date in the literature reviewed here is 1991. This timespan aligns with the political and legislative history of U.S. domestic violence policy and social movement(s). For instance, the original Violence Against Women Act, which imposed provisions to actually enforce the illegality of family violence perpetration, was passed in 1994 (LeGates, 2001, Ch. 3; The White House, Office of the Vice President, & Biden, 2014).

## Specific Research Topics

The primary research topic across the empirical literature reviewed here is evaluation of interventions targeting IPV perpetration or victimization. However, the level, scope, and specific focus on evaluations is somewhat varied across this literature.

## IPV Perpetrator Intervention Program Evaluations

Brief History of U.S. IPV Perpetrator Interventions. Efforts to address violence against women and in particular intimate partner and sexual violence in the United States began with an overall focus on treatment and tertiary intervention approaches, which, understandably, were primarily focused on addressing the immediate needs of victims. Until IPV perpetration became a crime in all 50 states, these efforts were in large part initiated and sustained on "grassroots" levels, connecting with and building upon one another toward efforts to affect more large-scale changes at the policy and structural levels. The criminalization of IPV perpetration was eventually followed by the enactment and enforcement of mandatory arrest laws across the country, which, while varied in scope and levels of implementation, essentially require police officers responding to calls deemed characteristic of domestic violence impose some level of punitive action against the accused offender in the situation. These laws were created and continue to be enforced under the goal of ensuring victims' safety. The U.S. 1994 Violence Against Women Act shared a similarly victim-safety-centered purpose and, among a plethora of policy implications, was the first national-level policy providing at least a minimal amount of federal and state-level funding allocations specifically for developing and sustaining services for victims of IPV in each U.S. state.

During the same time period described above, work was also being done to address the issue of IPV perpetration, which ultimately led to the emergence of various programs and focused on tertiary and secondary levels of IPV prevention across the country (Tolman & Edleson, 1995). Overarching approaches to IPV perpetrator interventions in the U.S. varied substantially throughout the late 1980s and through the early 2000s, and a majority of programs today have tend to follow a combination of approaches. For instance, cognitive behavioral therapy is often combined with the Duluth curriculum, which primarily targets intervention recipients' endorsement and internalization of patriarchal values of gaining and maintaining power and control over others (Pence, 1983; Price & Rosenbaum, 2009).

A common thread exists across the various approaches to IPV perpetrator interventions that is particularly relevant to the underlying purposes of the present review. As previously discussed, the IPV-related research foci of the late 1900s and early 2000s is beset aligned with the mainstream second-wave feminist movement in the U.S., as is the general focus of intervention and prevention efforts throughout the past several decades. As such, IPV perpetrator intervention approaches, such as the Duluth curriculum (Pence, 1983) target heterosexual men's experiences, attitudes, and behaviors. Thus, while the underlying purpose of this review remains to inform IPV intervention and prevention efforts inclusive of sexual minority women, the available IPV interventions research, both within and outside of Community-Psychology and related disciplines, does not allow for any meaningful analysis of interventions with this specific population.

Regarding the literature specifically included in the present review, the majority of studies specific to evaluating IPV perpetration interventions were published in during or before 2008, whereas the subset of IPV-related research specifically inclusive of sexual minority women did not begin to emerge until 2005. Given this timeline and history, the review below begins with details regarding the earlier (i.e., published during or before 2008) evaluations of IPV perpetrator interventions.

## Early Evaluations of IPV Perpetrator Intervention Programs

Using naturalistic observations and key informant reports of IPV perpetrators' reassault rates during the first 15 months following their initial intake into the intervention program, Edward W Gondolf (1999) provides a comparative evaluation of four IPV perpetrator intervention systems in four U.S. cities (i.e., Pittsburg, PA; Houston, TX; Dallas, TX; and Denver, CO). Findings from this study are, however, somewhat mixed in that comparisons to evaluate differences in reassault rates across the four study sites, representing a continuum of least-to-most comprehensive IPV perpetration intervention systems, showed few meaningful differences across intervention sites. Distinctions across the four sites are, however, more evident when individual perpetrator characteristics (e.g., psychopathology, substance abuse, previous arrests, etc.) and referral sources (e.g., court-mandated versus referral sources outside the court system) are also taken into account. Further, while there was no significant effect of intervention site on reassault rates, the effect of the most comprehensive intervention system among the four included in the study does tend toward significance, particularly when this site's effect is compared with the least comprehensive intervention system included in this evaluation.

Overall, the total recidivism rate observed across all four programs evaluated in Edward W Gondolf (1999)'s investigation () was 32% for physical abuse and 43-70% for non-physical abuse (i.e., controlling behaviors, 45%; verbal abuse, 70%; and threats, 43%). In addition, 72% partner respondents reported that they "feel 'very safe'" and 66% indicated that they were "'very unlikely' to be hit". However, only 12% rated their overall quality of life following their partners' completion of the intervention as "better", another 12% rated their quality of life as "worse", while 22% rated their quality of life as the "same" as it was prior to their partners' intervention participation (p. 53).

Despite these mixed findings, Edward W Gondolf (1999)'s, relatively, early investigation into the possible differential effects of IPV perpetrator intervention systems representing four distinct points along a continuum from least-to-most comprehensive systems informs questions regarding system-, dyadic-, and individual-level factors that may influence these systems' efficacy at reducing reassault among men who have perpetrated IPV toward one or more female intimate partners. In particular, Edward W Gondolf (1999)'s findings regarding differences across the four intervention systems were most informative to understanding the effectiveness of IPV perpetrator programs when multiple levels of analysis are considered. That is, the effects of intervention systems' characteristics (i.e., comprehensiveness of services and intervention program length) on reassault rates appears rather sensitive to the inclusion of system-level variables not specific to the IPV perpetrator intervention itself (e.g., referral sources) and dyadic- and individual-level variables (e.g., victim-perpetrator contact during the 15-month study period, perpetrators' IPV-related and non-IPV-related criminal backgrounds, perpetrators' substance use or abuse, etc.) in each analysis.

The primary data source for Edward W Gondolf (1999)'s study's outcome variables is key informant reports provided by participating IPV perpetrators' current romantic partners, regardless of whether those partners were the original victims leading to the men's intervention program participation. This sampling and data collection method is an interesting approach to evaluating IPV perpetrator interventions, and the use of key informant reports (e.g., victims', current and/or past romantic partners', and intervention program facilitators' perspectives used as primary or secondary reports of program participants' behavior) is somewhat thematic across a subset of subsequently-published literature included in this review (e.g., Gregory & Erez, 2002; Silvergleid & Mankowski, 2006). An additionally notable characteristic of Edward W Gondolf (1999)'s evaluation report is the transparency with which the study's results are presented. While the evaluation ultimately provided, at best, mixed support for more the effect of more comprehensive IPV perpetration intervention systems, the results are presented such a way that acknowledge the state of this specific practice's field, which, at the time of the study's publication, is possibly best characterized as disjointed and in need of a more concrete and consistent evidence-base.

In a separate effort to inform the question of IPV perpetrator intervention effectiveness from the victims'/survivors' perspectives, Gregory & Erez (2002) conducted in-depth one-on-one interviews with 33 women identified via police reports as having experienced IPV victimization perpetrated by men referred to a local IPV perpetrator intervention program in a rural Ohio county. Interview questions sought information regarding the offenders' behaviors before, during, and after their participation in the intervention. Regarding survivors' accounts of offenders' behaviors prior to being referred to the intervention, the authors found that many of the men entering the intervention had also been physically violent with past romantic partners, close relatives, and male friends. In addition, a substantial proportion of survivor respondents indicated that jealousy, substance abuse, and family-related issues (e.g., issues related to children, finances, household chores, etc.) were apparent causes of conflict leading to the perpetrators' use of violence. Survivors' also provided insights into their assessments of more underlying causes of abuse, including issues related to power and control, their partners' low self-esteem, and conflict related to sexual/intimacy issues and the perpetrators' infidelity in the relationship. Regarding program participants' partners' accounts of the intervention's effectiveness, the majority of the 33 respondents in Gregory & Erez (2002)'s evaluation indicated either a decrease or complete elimination of violence in their relationships, while a third of the partners reported that the intervention program in fact became a new source of conflict in their relationship, and 19% reported abuse during or following the offenders' program completion.

A particularly notable descriptive finding from Gregory & Erez (2002)'s investigation is that, on average, over seven years lapsed between the first occurrence of IPV in the relationships accounted for by the study's survivor respondents and the IPV incident resulting in the perpetrators' referrals to the intervention program. Although not explicitly connected in the study's findings report nor discussion, this finding may inform survivor respondents' apparent consensus that jail time should be an immediate and/or unconditional sanction imposed against individuals found guilty and/or under investigation for IPV perpetration. Further, an average time-lapse of this magnitude indicates a potentially critical flaw in the implantation of any form of a coordinated community response to IPV (B. J. Hart, 1995).

Gregory & Erez (2002)'s evaluation is restricted to female survivors' accounts of male IPV perpetrators court-mandated, either as part of post-sentencing probationary requirements or deferred-sentencing conditions, to complete the intervention, and therefore does not include accounts of the intervention programs' participants who are not referred to the program by the courts. Gregory & Erez (2002)'s sample further excludes accounts of same-gender IPV perpetration or victimization, as well as IPV perpetrated by female-identified individuals toward male-identified partners. This sampling frame is similar to that defined in Edward W Gondolf (1999)'s investigation (summarized above) both in terms of the specific included and excluded populations, as well as the fact that the sampling restrictions in both studies are, at least to some degree, a function of the populations served by the study sites themselves. That is, at the time the studies were conducted, the intervention programs evaluated in both investigations provided IPV perpetrator intervention services only to male-identified individuals who perpetrated IPV toward female-identified partners.

Hendricks, Werner, Shipway, & Turinetti (2006) conducted a comparative evaluation of two IPV perpetrator intervention programs in a small metropolitan Wisconsin county (Ingram & Franco, 2012). Although Hendricks et al. (2006) ultimately describes the programs evaluated their investigation as two independent interventions, one of the programs, *"Reasoning & Rehabilitation (R&R)"* is in fact evaluated as a sort of nested or secondary intervention within the county's larger IPV perpetrator intervention system, *"Stopping Abuse for Everyone (SAFE)"* (p. 704). That is, individuals are referred to the *R&R* program if they are determined as in need of greater levels of supervision based on a clinical assessment administered during the *SAFE* program's intake process. Such individuals are expected to return to and complete the *SAFE* program's intervention after completing the additional *R&R* program. Hendricks et al. (2006)'s investigation also included an evaluation of the predictive validity of the *Level of Service Inventory–Revised* (*LSI-R*; Andrews & Bonta, 1995), which is the assessment administered to determine intervention participants' levels of risk and need at intake for the *SAFE* program. Regarding the latter, results from logistic regression analyses provided minimal support for the LSI-R scale's accuracy, sensitivity, and specificity in correctly classifying recidivating intervention participants (overall classification accuracy = 66% correct). However, while formal logistic regression analysis was not similarly conducted to examine the measure's predictive accuracy regarding program placement, comparisons via cross-tabulations and chi-square ($\chisq$) analyses revealed significant differences in both LSI-R scores and recidivism rates among intervention participants. Specifically, participants who completed the *SAFE* program without referral to the *R&R* program (14.4% recidivated) had significantly lower recidivism rates than those who completed both interventions (32.4% recidivated; $\chisq(1) = 6.26,~p < .05$). As Hendricks et al. (2006) note, because participants were referred to the *R&R* program on the basis of their LSI-R scores, these differences in recidivism rates do not necessarily inform comparisons regarding each intervention program's individual effectiveness at reducing or preventing future violence perpetration among participants. However, a possibly missing point in Hendricks et al. (2006)'s report and analytic conclusions is that these observed differences may provide support for the discriminant validity of the LSI-R as a measure effective in determining the relative risk and needs levels of IPV perpetration intervention participants.

In general, research on the effectiveness of IPV perpetrator intervention programs in the late 1990s and early 2000s, including the above-reviewed research, provides a mixture of evidence in favor and not in favor of these programs' effectiveness (Feder & Wilson, 2005). The above-reviewed subset of the IPV-related literature reiterates the general ambiguity regarding effective approaches to IPV interventions (Dutton & Corvo, 2006, 2007; Gelles, 2001; Edward W. Gondolf, 2007). Unfortunately, this ambiguity has persisted, as is evidenced by the continued mixed findings presented throughout the overall body of IPV-interventions-related literature (Arias, Arce, & Vilariño, 2013; Babcock et al., 2016; Eckhardt et al., 2013). This ambiguity has often been interpreted over the years as an ultimately adverse outcome such that the overall efficacy of IPV perpetrator interventions to prevent program participants' future IPV perpetration remains, at best, in question, and in some views non-existent (Dutton & Corvo, 2006, 2007). However, such conclusions neglect attention to the full extent of the available evidence. It is crucial to consider that these interventions are in fact quite varied in terms of the underlying program theories, overall program structures, treatment modalities, and implementation (Gelles, 2001). Further, the empirical community-psychology related literature reviewed above does provide some evidence that certain approaches to and components of IPV perpetrator interventions may be more effective than others (e.g., Edward W Gondolf, 1999; Hendricks et al., 2006).

It is, therefore, important to explore the processes underlying successful outcomes (e.g., reduced or eliminated recidivism among participants) in these interventions. Silvergleid & Mankowski (2006) provide one such exploration of the key processes facilitating positive change among men who successfully completed an IPV perpetrator intervention program in Portland, Oregon. Silvergleid & Mankowski (2006) conducted in-depth, semi-structured, one-on-one interviews with ten intervention group facilitators and nine men who were within two-weeks of having completed their participation in the intervention and who were nominated by group facilitators. Four levels of change processes were identified through inductive thematic analysis of the interview data: (1) "community and extratherapeutic influences", (2) "organizational influences", (3) "group processes", and (4) "individual psychological development" (p. 144). The group-level processes seem especially influential in terms of facilitating a *process* of change, in that this level of influence is further categorized into three sub-processes that appear to build from one another: (1) balancing support and confrontation, (2) sharing and hearing stories, and (3) modeling and mentoring. Facilitators' accounts further emphasized the group-level influences as instrumental in the process underlying intervention participants' "'resocialization' into a new manhood" (Silvergleid & Mankowski, 2006, p. 151).

Contrino, Dermen, Nochajski, Wieczorek, & Navratil (2007) quantitatively examined intervention program participants' levels of compliance with program requirements (e.g., attendance, engagement with the program, maintaining sobriety, nonviolence, etc.) and the extent to which participants retain key components of the intervention's content (e.g., power and control dynamics versus non-controlling behaviors). This investigation's focus aligns with Silvergleid & Mankowski (2006)'s qualitative findings regarding key influences underlying and facilitating IPV perpetrator intervention program participants' change processes. Specifically, interviewees in Silvergleid & Mankowski (2006)'s sample emphasized the importance of learning new skills (e.g., taking a 'time-out') and engagement with program activities (e.g., reading required texts, journaling, acknowledging their past violent behaviors and the impact of those behaviors on others, etc.) in the change processes experienced by program participants:

"The most emphasized aspect of awareness was the participant’s new understanding of the effects of their abuse on others. For many men, truly sit- ting with that understanding, the devastating impact of their actions on those around them, was a strong impetus for change" (Silvergleid & Mankowski (2006), p. 153).

Findings from Contrino et al. (2007)'s process evaluation somewhat reiterate the above-described processes and corresponding outcomes among intervention participants. For instance, Contrino et al. (2007) examined the differential effects of intervention participants' levels of compliance (high versus low) with program expectation domains on the extent of participants' intake and internalization of the intervention, operationalized in Contrino et al. (2007)'s analysis as recall of key components of the intervention's content (e.g., forms power and control). Participants' recall of power and control forms was found to vary as a function of four out of the ten assessed program expectation domains including (1) using techniques to avoid violence, (2) process-consciousness and communication skills, (3) self-disclosure and non-defensiveness, and (4) use of respectful or sensitive language. However, domains including participants' sustained sobriety and nonviolence throughout their enrollment in the intervention, help-seeking, consistent program attendance, and active engagement in group sessions were not associated with the number of forms of power and control they were able to recall. The lack of effect of the latter two domains (i.e., program attendance and active engagement with the program) on participants' recall of intervention content is particularly interesting in light of the four domains for which such an effect was evident.

At a conceptual level, the above-listed four program expectation domains shown to influence intervention intake and internalization, appear thematically grouped as representing processes of change via internalization and application of the intervention. It seems logical that such change processes would coincide with being both physically and mentally present during the intervention itself. That no relationship was found among the attendance and engagement program expectation domains and participants' intake and internalization of the intervention is contradictory to these conceptual themes. The measure used to assess program expectation compliance is described in Contrino et al. (2007)'s report as an adaptation of Edward Gondolf's "discharge criteria" (Contrino et al., 2007, p. 1559). The description provides limited information beyond the list of program expectation domains assessed, description of the 5-point likert-type response scale, and brief scoring information. Unfortunately, no sample items are provided for the original discharge criteria nor the adapted measure used in Contrino et al. (2007)'s investigation, and the web address provided in the citation for Gondolf's original discharge criteria[[11]](#footnote-49) does not appear to provide the original measure itself nor additional information regarding the measure's content. However, Gondolf's "discharge criteria" measure is provided by Edward W Gondolf & Wernik (2009), along with details regarding its development, content, and usage with reference to its use in Contrino et al. (2007)'s investigation. The *Discharge Criteria Form* as published in Edward W Gondolf & Wernik (2009) is provided in Appendix [\todo]. The measure assesses intervention participants' level of compliance with the previously mentioned program expectation domains via a single question per domain. This structure limits the assessment tool in terms of its ability to capture the range of qualities and behaviors it is intended to measure. For instance, the item assessing the active engagement domain is written in such a way that, most likely, could only reliably capture explicit behavioral displays of engagement, thereby potentially omitting information regarding active engagement among participants whose expressions of engagement in the program may be less extraverted or more introspective. This limitation may help explain the above-described conceptual discrepancies apparent in Contrino et al. (2007)'s findings. The measure itself could be improved in terms of its general applicability and sensitivity to the diversities that may exist among IPV intervention participants adding additional items assessing varying forms of the target behaviors for each of the assessed domains.

Each of the above-described IPV perpetrator intervention evaluation studies was published in one of the four violence-specific journals included in this review.

# VI. Critique of Literature

Research conducted within the subset of community psychology focused around intimate partner violence was initially evaluated according to the level of inclusion and exclusion of the historically marginalized population of particular interest for the purposes of this review: sexual minority women (SMW). The implementation of action-oriented community-psychology methodologies and analytic approaches will then be reviewed within each of these categories (i.e., inclusion or exclusion of SMW) in terms of (1) the appropriateness of the methods to the research question, (2) how the methods facilitated the inclusion or exclusion of sexual minority women, and (3) whether and how (where applicable) exclusion of sexual minority women is justified.

## Overarching Critique Criterion

Rigor in Action-Research Methods:

* Choice, description, justification, appropriateness, and execution of overarching methodology (i.e., quantitative, qualitative, or Mixed-Methods), sampling frame definition, sampling and data collection methods, and analytic approaches.
* Interpretations of results, limitations, results interpretations.
* Presentation, dissemination, application, and accessibility of the research.
* Transparency and reproducibility of the research methods, findings, and limitations

Stakeholder Input.:

* Are efforts made to ensure that *all available* stakeholders' and informants' voices and accessibility considered equally, and that certain voices are not unjustifiably privileged over others?
* Are primary and distal stakeholders and informants to the research given access to reports of a given project's progress and/or findings? Is such access in fact accessible (i.e., free and easy to locate)?
* Is feedback from key stakeholders and informants to the research accepted and genuinely considered by the core research team?
* Are efforts made to ensure that *all available* stakeholders' and informants' voices and accessibility considered equally, and that certain voices are not unjustifiably privileged over others?
* Whether and how exclusion of specific populations is justified (if applicable)

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2. (Anderies, Janssen, & Ostrom, 2004; Baral, Logie, Grosso, Wirtz, & Beyrer, 2013; Centers for Disease Control and Prevention (CDC) & others, 2015; Kloos & Shah, 2009; Stokols, 1996, 1996; Visser, 2007; Walker et al., 2006) [↑](#footnote-ref-26)
3. (Beeker, Guenther-Grey, & Raj, 1998; Cobb, 1993; Collins, 2002; Riger, 1993; Speer & Hughey, 1995) [↑](#footnote-ref-27)
4. (Stokols, 1996) [↑](#footnote-ref-28)
5. (Barner & Carney, 2011; Dutton & Corvo, 2007; Edward W. Gondolf, 2007) [↑](#footnote-ref-29)
6. (Meyer, 1995, 2003, 2010, 2015) [↑](#footnote-ref-30)
7. (Baral et al., 2013; Heckert & Gondolf, 2004; Tharp et al., 2013; Walton-Moss, Manganello, Frye, & Campbell, 2005; P. Whitaker, 2014) [↑](#footnote-ref-31)
8. (Charmaz, 2006; Corbin & Strauss, 1990; Strauss & Corbin, 1994) [↑](#footnote-ref-32)
9. (Creswell, 2013; Greene, Caracelli, & Graham, 1989; Johnson, Onwuegbuzie, & Turner, 2007; Morgan, 2014) [↑](#footnote-ref-33)
10. (Greene et al., 1989; Kidder & Fine, 1987; Mertens & Wilson, 2012; Owen & Rogers, 1999; Royse, Thyer, & Padgett, 2009) [↑](#footnote-ref-34)
11. [↑](#footnote-ref-49)