


Cognitive behavioural therapy (CBT) for domestic violence

Cognitive behavioural therapy (CBT) for domestic abuse perpetrators that focuses on reducing violence.

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Effect scale	Quality of evidence				
	Effect Impact on crime	Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
 Some reduction	<div><div></div><div></div><div></div><div></div></div> Strong	<div><div></div><div></div><div></div><div></div></div> Low	<div><div></div><div></div><div></div><div></div></div> Moderate	<div><div></div><div></div><div></div><div></div></div> Moderate	No information

Focus of the intervention

Cognitive behavioural therapy (CBT) for perpetrators of domestic violence makes stopping or reducing violence the primary focus of treatment.

The reviews in this narrative focus upon males who have committed domestic violence against their female partners.

CBT addresses violence as a learned behaviour and attempts to alter that behaviour. Some CBT programmes also consider emotional components of domestic abuse, such as jealousy or empathy, so are not only behavioural in their approach. CBT interventions aim to reduce repeat violence by perpetrators of abuse, as well as changing verbally abusive behaviours and attitudes towards victims and violence. Some examples of CBT for couples are also mentioned.

This narrative is primarily based on one systematic review covering six studies. A second review (covering eight studies) provides additional evidence in relation to the moderator and implementation sections below.

Effect – how effective is it?

There is some evidence that the intervention has reduced crime, but overall the intervention has not had a statistically significant effect on crime.

Review one estimated that, on average, those offenders receiving CBT had a 14% lower chance of reoffending than those in the control group. This effect was not statistically significant and was based on evidence from four primary studies.

The review authors stated that although overall there was no clear evidence of an effect of CBT on levels of reoffending, one study showed a statistically significant decrease.

How strong is the evidence?

The review was sufficiently systematic that many forms of bias that could influence the study conclusions can be ruled out.

The overall evidence is taken from a systematic review covering six studies (Review one). This demonstrated a high-quality design, including a transparent and well-designed search strategy, valid statistical analysis and sufficient assessment of the risk of bias in the analysis. The review did not, however, explore the effect that differences in follow-up times or outcome measures could have upon the overall effect size.

Biases identified within the primary studies included small sample sizes, incomplete outcome data, the integrity of the treatment and a lack of consideration for the impact that non-completed treatment within the studies may have had.

Mechanism – how does it work?

CBT programmes are believed to work by:

- identifying thoughts and beliefs that lead to violent behaviour
- challenging the ways that perpetrators justify their violence after the event

The aim is to interrupt the chain of events leading to physical abuse by changing the way that perpetrators think about violence and the circumstances leading to violence.

Review one also noted that support given to partners during couples' CBT might enable them to report more violence, leading to increased reporting rates.

Review two noted that the CBT model is based on the assumption that violence is a learned behaviour, and that non-violence can also be learned. CBT promotes awareness of alternatives to violence by increasing communication skills, social skills training and teaching participants anger management techniques.

Moderators – in which contexts does it work best?

Review one mentioned a number of possible moderators that could impact on the success of CBT interventions. These include:

- differences in participant characteristics
- whether participation was voluntary or mandatory
- the intensity or length of the programme

However none of these moderators have been tested.

Review two tested the effect of differences in experimental design and outcome reporting. It found that quasi-experimental studies using police reports of reoffending had a lower effect size than those using partner reports. However, this difference in effect size was not statistically significant.

Implementation – what can be said about implementing this initiative?

Review one noted that CBT can be delivered individually, as a couple or in a group. It can also be implemented in a number of settings, including correctional facilities and the offender's home or work place.

Within the sessions, group leaders teach a variety of skills to try to eliminate further violence towards women, including:

- cognitive restructuring
- empathy enhancement
- communication skills
- anger modification
- jealousy management.

Review two added that the interventions with the largest effect sizes were those that had 16-week group therapies supplemented with participation retention techniques. These techniques included reminder phone calls and supportive handwritten notes after intake and missed sessions. This led to lower dropout rates.

Many domestic violence perpetrator programmes mix different theoretical approaches to include behavioural, cognitive, feminist and emotional approaches, making it difficult to identify which component of the programme is causing the effect.

This review also noted that it was difficult to separate CBT programmes from others, including Duluth approaches. Duluth techniques may include CBT, but focus upon feminist and anti-sexist content. While Review one includes programmes with a Duluth element or focus, Review two specifically separates these from the CBT interventions. However, when Review two compared the effect sizes between the CBT programmes and those employing the Duluth model, there was no significant difference between their effectiveness.

Economic considerations – how much might it cost?

Neither review mentions costs (and/or benefits) and no formal economic analyses are provided.

General considerations

- It is sometimes difficult to distinguish between different types of CBT programmes. Some CBT programmes may address patriarchal issues, while others tend to focus more on the learned and reinforced aspects of violence.
- The two reviews are based on a very small number of studies. More research is needed in order to determine the effectiveness of CBT for domestic violence perpetrators.
- Many of the abusive and controlling behaviours associated with domestic violence – which can be worse than physical violence – do not fall into traditional crime categories. Perpetrator

programmes therefore have the potential to influence outcomes other than physical assault reoffending.

Summary




There is some evidence that the intervention has reduced crime, but overall the intervention has not had a statistically significant effect on crime.

CBT aims to alter the way in which domestic violence perpetrators view violence, alongside teaching them skills such as more effective communication and anger management.

More research is needed to determine the effectiveness of CBT for preventing domestic violence and to identify the contexts where it may work best.

Reviews





Review one

Quality of evidence			
Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
 Low	 Low	 Low	No information

Reference

- Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A. and Clench-Aas J. (2011) '[Cognitive behavioural therapy for men who physically abuse their female partner](#)', *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD006048. DOI: 10.1002/14651858.CD006048.pub2

Review two

Quality of evidence			
Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
 Low	 Moderate	 Moderate	 Low

Reference

- Babcock, J. C., Green, C. E. and Robie, C. (2004) '[Does batterers' treatment work? A meta-analytic review of domestic violence treatment](#)', Clinical Psychology Review, 23, 1023–1053

Summary prepared by

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