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Impact of a Court-Referred Psychological Treatment Program for Intimate Partner Batterer Men With Suspended Sentences

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In this article, the impact of a court-mandated psychological treatment program for men who had committed an offense of intimate partner violence is tested. The sample consisted of 235 men who received a suspended sentence after being charged and sentenced for an offense in relation to intimate partner violence. The success rate in the posttreatment period was 37.4%, and the improvement rate was 48.1%. Therefore, in 85.5% of cases, the treatment program was effective. Results after 12 months of follow-up were almost identical. Moreover, there was a significant decrease in associated psychopathological symptoms. Regarding prediction of therapeutic results, batterers who were older, who had more distorted thoughts about violence, and who had not been victims of childhood abuse were at a significantly greater risk of treatment failure.

Keywords: intimate partner violence; male batterers; psychological treatment; court-referred treatment

Since 2004, when the Law of Integral Protection Measures against Gender Violence was approved by the Spanish government, there has been a significant increase in the number of treatment programs for male batterers. The law states that autonomous regions of Spain should implement specific therapeutic programs for males convicted of intimate partner violence in their respective territories. Thus, in cases where the perpetrator has no criminal record and receives a sentence of less than two years (depending on the severity of the crime), the judge may impose a suspended sentence on the batterer if he agrees to complete a therapeutic program (Organic Law 1/2004 of 28 December). This has resulted in a change in the way offender treatment programs are

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viewed. A number of proposals with different characteristics have been created to serve this specific population.

Consequently, pioneering programs that began in the 1990s to work with Spanish men who have a history of intimate partner violence (Echeburúa & Fernández-Montalvo, 1997) have been growing exponentially. Several regions already have intervention programs in accordance with the provisions of the Law of Integral Protection Measures against Gender Violence. Judges may recommend a suspended sentence if the batterer agrees to participate in this type of psychological treatment program (Rueda, 2007). Therefore, the number of batterer men who participate in a treatment program after a suspended sentence has been on the rise. Most offenders prefer court-mandated psychological treatment over a prison sentence.

This situation calls into question both the motivation of these offenders to complete treatment and the actual impact of these programs. The results of the batterer intervention programs are decidedly hopeful. Psychological treatment is currently seen as the most appropriate option, although one of the difficulties that exists is that of aggressors denying or at least minimizing the problem and putting blame for the cause and perpetuation of the conflict onto their partners. Studies carried out in former years (Deschner, McNeil, & Moore, 1986; Echeburúa & Fernández-Montalvo, 1997, 2009; Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008; Edleson & Tolman, 1992; Faulkner, Stoltenberg, Cogen, Nolder, & Shooter, 1992; Hamberger & Hastings, 1988, 1989; Harris, 1986; Murphy, Taft, & Eckhardt, 2007; Rynerson & Fishel, 1993) show the use of the psychological treatments to reduce and eliminate aggressions by men against women, in both aggressors who seek treatment voluntarily and who are referred by the court. Moreover, batterer intervention programs are at least moderately successful in preventing further abuse by batterers (Palmer, Brown, & Barrera, 1992; Taylor, Davis, & Maxwell, 2001).

However, these evaluations must be viewed with caution because of their own methodological limitations (Babcock & La Taillade, 2000; Gondolf, 2011). In addition, attrition rates continue to be a major problem (Gerlock, 2001). At present, results from batterer treatment programs indicate that the motivation of batterers is often weak at the beginning of treatment and is unstable during the course of treatment (Echeburúa, Sarasua, Zubizarreta, Amor, & Corral, 2010). Because of this tenuous and fluctuating motivation for therapy, the dropout rates in batterer intervention programs range from 50% to 75% (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005; Stover, Meadows, & Kaufman, 2009).

However, a notable increase in reported intimate partner violence has resulted in an increasingly high rate of offenders receiving treatment, mainly in court-mandated outpatient programs. This increase has been observed in treatment programs with aggressors who seek help voluntarily in an outpatient setting (Echeburúa, Sarasua, Zubizarreta, & Corral, 2009) and in programs developed in prisons (Echeburúa & Fernández-Montalvo, 2009; Echeburúa, Fernández-Montalvo, & Amor, 2006). Currently, however, most of the batterers in Spain are receiving treatment in court-referred programs after receiving a suspended sentence (Boira & Jodrá, 2010; Echauri, Fernández-Montalvo, Martínez, & Azcárate, 2011; Fernández-Montalvo, Echauri, Martínez, & Azcárate, 2011, 2012; Redondo, Graña, & González, 2009). To date, however, few studies have evaluated the impact of the programs that have been developed as an alternative to prison. In the international context, these issues were highlighted by some studies that showed encouraging results, albeit with a small effect size (Babcock et al., 2004; Feder & Wilson, 2005). In

Spain, despite the significant amount of funding that has been provided, no study has yet been carried out to specifically evaluate the impact of programs that have been developed as an alternative to imprisonment.

Therefore, this study aims to assess the efficacy of a psychological treatment program in Navarre, Spain, among offenders convicted of intimate partner violence. All participants are court-mandated batterers who received suspended sentences. Specifically, this study seeks to understand the profile of these kinds of offenders and to evaluate the therapeutic results obtained at short-term (posttreatment) and long-term (1 year) follow-up.

METHOD

Participants

The sample in this study consisted of 235 men who were enrolled in a specialized treatment program after committing an offense of intimate partner violence. All participants had been referred to the treatment program by the courts after being sentenced for a crime of gender violence. All of them were assessed in the program between January 2005 and June 2011.

Those selected for the sample were required to be (a) adult males (older than 18 years) who have been involved in violence against their partner, (b) sentenced for an offense related to intimate partner violence, (c) participants in a psychological treatment program after receiving a suspended sentence from a judge, (d) not suffering from any serious mental disorder (mainly, psychosis or intellectual disorders) or disabling physical disease, and (e) voluntarily taking part in the program after having been properly informed of its characteristics.

The sociodemographic characteristics of the sample are shown in Table 1. The mean age of the participants was 37.2 years ($SD = 9.5$, range = 20–71). Most were married or living with a partner and had completed their primary education. The socioeconomic level was middle to lower middle class.

Assessment Measures

Violence Variables. The General Structured Interview of Batterer Men (Echeburúa & Fernández-Montalvo, 1998) consists of five sections that collect data on the respondent's demographic characteristics, potential labor problems, child and adolescent development, potential problems of abuse in previous intimate partner relationships, and the current situation with their partners, health status, criminal record, and social relations. It also explores psychopathological variables that are usually related to family violence (mainly, jealousy and abuse of alcohol).

The Inventory of Distorted Thoughts on the Use of Violence (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 16 binary items aimed at detecting irrational thoughts in the aggressor that are related to the use of violence as an acceptable method of conflict resolution. Each affirmative response scores 1 point, so that the inventory score ranges between 0 and 16 points. The higher the score, the greater the number of cognitive distortions connected with the use of violence as an acceptable way of resolving conflicts.

Psychopathological Variables. The Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1992; Spanish version by González de Rivera, 2002) is a self-administered

TABLE 1. Sociodemographic Characteristics of the Sample ($N = 235$)

	M	(*SD*)
Mean age	37.21	(9.51)
Length of relationship with the victim (years)	8.95	(7.99)
	n	(%)
Age		
18–30	62	(26.4)
31–50	151	(64.3)
51–65	19	(8.1)
>65	3	(1.3)
Nationality		
Spanish	114	(48.5)
Immigrant	121	(51.5)
Education		
Primary	130	(55.3)
Secondary	97	(41.2)
University	8	(3.4)
Employment situation		
Employed	143	(60.9)
Unemployed	84	(35.7)
Retired	8	(3.4)
Children		
Yes	156	(66.4)
No	79	(33.6)
Previous psychiatric history		
Yes	100	(42.6)
No	135	(57.4)
Type of psychiatric history ($n = 100$)		
Addiction	74	(74)
Emotional disorder	20	(20)
Personality disorder	6	(6)

general psychopathological assessment questionnaire. It consists of 90 questions that are answered on a 5-point Likert scale, ranging from 0 (*none)* to 4 (*very much)*. The questionnaire aims to assess the respondent's psychiatric symptoms. The SCL-90-R has been shown to be sensitive to therapeutic changes and may therefore be used for either single or repeated assessments. The SCL-90-R measures 9 areas of primary symptoms: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. It also provides three indices that reflect the overall severity of the subject's symptoms. The internal consistency ranges from .70 to .90.

The State-Trait Anger Expression Inventory (STAXI-2; Spielberger, 1988; Spanish version by Miguel-Tobal, Casado, Cano-Vindel, & Spielberger, 2001) consists of 15 items related to state anger (the intensity of the emotion of anger in a specific situation) and a further 10 items related to trait anger (the individual disposition to experience anger habitually). The range of scores is from 15 to 60 on the state anger scale and from 10 to 40 on the trait anger scale. The STAXI-2 also has a third subscale of 24 items that are related to the form of anger expression (anger expression-out, anger expression-in, and anger control). In the Spanish version, test–retest reliability is .71 and the internal consistency ranges from .82 to .89.

Treatment Program

The treatment program was developed in Navarre, Spain in 2005 by the PSIMAE Instituto de Psicología Jurídica y Forense. The program is directed by the Social Service of Justice of the Government of Navarre, Spain. The intervention is a broad treatment program that is based on a cognitive-behavioral model and composed of 20 one-hour individual sessions. The program includes the modification of cognitive and behavioral deficits related to intimate partner violence. This program is tailored to the specific features of each batterer. Consequently, the therapists could adapt the general protocol to the specific needs of each aggressor, taking into account the specific psychopathological symptoms or cognitive distortions of each patient.

In the first part of the intervention (sessions 1–3), motivational aspects, such as the acceptance of responsibility for the crime and motivation for therapy, are taken into account. The second part (sessions 4–15) includes the treatment of psychopathological symptoms that are usually associated with violent men. This part focuses on empathy and skills training, anger management, and the modification of cognitive distortions related to the crime. Finally, the program includes a specific intervention in relapse prevention (sessions 16–20) by identifying high-risk situations for violent behavior and teaching inmates adequate coping strategies that provide an alternative to violence. This structure is based on the intervention program developed by Echeburúa and Fernández-Montalvo (1998) for treatment of men who batter. This program was later extended and adapted for prison-based treatment of batterer men (Echeburúa & Fernández-Montalvo, 2009) and for the outpatient treatment of male batterers (Echeburúa et al., 2009).

Procedure

Once the clinical sample was selected using the previously described criteria, initial assessments were performed in two sessions. Each session took place once a week for two weeks, and the time interval between sessions was the same for each participant. In the first session, data related to sociodemographic characteristics and violence variables

were collected. In the second session, the presence of psychopathological symptoms was assessed using the SCL-90-R and the STAXI-2.

The next assessments were carried out after treatment and after one year of follow-up, in a face-to-face interview. All assessment and treatment sessions were carried out individually by one of the program's clinical psychologists. All professionals who participated in this study have specialized training in gender violence and a minimum of 7 years of clinical experience in treating men who are violent toward their intimate partners.

Design

In this study, a single group design in terms of treatment with multiple and repeated measures of assessment was used. All participants in the sample were assessed in three stages: pretreatment, posttreatment, and at a 12-month follow-up. There was no control group in this study, mainly because the center where the research was carried out depends on the Social Service of Justice of the Navarre Government (Spain), making it impossible to maintain a group of batterers without treatment or on a waiting list.

Data Analysis

In this research, three levels of therapeutic change were taken into account: success, improvement, and failure. "Treatment success" was defined as complete disappearance of the abuse episodes, both physical and psychological. A decrease in the associated psychopathological symptoms (assessed by SCL-90-R and STAXI-2) to the standard criteria for "normality" and a clear change in the variables related to empathy, distorted thinking, resistance to change, and coping strategies according to the therapeutic team's impressions were also required for the treatment to have been considered a success. "Treatment improvement" was understood as the complete disappearance of the abuse episodes without any clear change in the associated psychopathological symptoms or in the variables mentioned in the preceding text. Finally, "treatment failure" was based primarily on recidivism with episodes of physical and/or psychological aggression, or on a negative evaluation from the therapeutic team indicating a poor treatment response and a resistance to changing violent behavior on the part of the offender.

Descriptive analyses were conducted for all variables. For continuous variables, the mean and standard deviation or the median and range values were determined depending on the characteristics of the data. For categorical variables, the number of cases and the proportion for each category were determined. To evaluate changes in continuous variables, repeated measures ANOVA was carried out using the SCL-90-R and the STAXI-2, and the effect size was calculated. A binary logistic regression analysis (forward method) of the variables studied in the pretreatment was carried out to know what factors were related to therapeutic success and failure. In this analysis only were taken into account patients with success ($n = 93$) and failure ($n = 30$). Patients in the improvement category were not introduced into the analysis. A difference of $p < .05$ was considered significant. Statistical analyses were carried out using SPSS (version 15.0 for Windows).

In this study, the presence of an abuse episode during the therapeutic program or the follow-up period was assessed by different ways. First, self-reports of the batterer were taken into account. Second, because of the unreliability of this sole measure, these reports were contrasted with information taken from the victims and/or the official records, depending on the feasibility of each case.

TABLE 2. Rate of Success, Improvement, and Failure ($N = 235$)

Assessment	*n*	(%)
Posttreatment		
Success	88	(37.4)
Improvement	113	(48.1)
Failure	34	(14.5)
Follow-up		
Success	93	(39.6)
Improvement	112	(47.6)
Failure	30	(12.8)

RESULTS

Rates of Success, Improvement, and Failure

The qualitative results of the intervention program are described in Table 2. As shown, the success rate in the posttreatment period was 37.4%, and the improvement rate was 48.1%. Therefore, in 85.5% of the cases, the treatment was effective in eliminating episodes of physical and/or psychological abuse. However, at the posttreatment evaluation, 14.5% of participants were still having episodes of intimate partner violence. These individuals were therefore considered to be therapeutic failures.

The data at 12 months of follow-up were almost identical. Specifically, the combined rate of success and improvement was 87.2%, although 12.8% of cases were still having violent episodes during this period.

Results in Psychopathological Variables

The results of the three assessments of psychopathological variables and the results of repeated measures ANOVA carried out are described in Table 3. These data show that the treatment program achieved a statistically significant improvement in all variables studied. This improvement increased significantly during a long-term follow-up.

Prediction of Treatment Results

Results from logistic regression analysis showed that individuals who were older (OR = .920, $p < .01$), who had more distorted thoughts about violence use in the pretreatment (OR = .667, $p < .001$), and who had not been victims of childhood abuse (OR = 3.035, $p < .05$) were at a significantly greater risk of treatment failure (Table 4). These three variables correctly classified 80.5% of cases.

DISCUSSION

The results of this study support the growing empirical evidence regarding the usefulness of treatment programs for men who batter women (Echeburúa & Fernández-Montalvo, 2009;

TABLE 3. Means, Standard Deviations, F Values, *t* Values, and Effect Sizes in the Repeated Measures ANOVA in Psychopathological Variables ($N = 235$)

	Pretreatment		Posttreatment		Follow-up (12 months)			Pre-post		Pre-Follow-up		Post-Follow-up	
Assessments	*M*	(*SD*)	*M*	(*SD*)	*M*	(*SD*)	*F*	*t*	*d*	*t*	*d*	*t*	*d*
GSI	0.5	(0.44)	0.35	(0.37)	0.28	(0.31)	43.3***	6.8***	−0.41	9.3***	−0.71	3.6***	−0.23
PST	28	(19.4)	22.2	(18.1)	18.7	(17.4)	43.1***	6.4***	−0.32	9.2***	−0.53	4.3***	−0.20
PSDI	1.47	(0.47)	1.27	(0.41)	1.15	(0.46)	48.1***	6.9***	−0.49	9.5***	−0.70	3.6***	−0.26
Somatization	0.52	(0.58)	0.38	(0.5)	0.32	(0.45)	23.1***	4.9***	−0.28	6.7***	−0.44	2.5*	−0.13
Obsessive-compulsive	0.6	(0.55)	0.43	(0.49)	0.35	(0.41)	35.2***	6.7***	−0.35	8.2***	−0.61	3.4**	−0.20
Interpersonal sensitivity	0.48	(0.52)	0.32	(0.38)	0.28	(0.37)	24.9***	5.7***	−0.42	6.7***	−0.54	1.6	−0.11
Depression	0.71	(0.60)	0.49	(0.5)	0.37	(0.42)	47.1***	6.4***	−0.44	9.6***	−0.81	4.4***	−0.29
Anxiety	0.41	(0.45)	0.31	(0.41)	0.22	(0.32)	30.8***	3.7***	−0.24	7.6***	−0.59	4.4***	−0.28
Hostility	0.31	(0.46)	0.18	(0.36)	0.12	(0.26)	21.5***	4.4***	−0.36	6.5***	−0.73	2.9**	−0.23
Phobic anxiety	0.23	(0.38)	0.17	(0.34)	0.13	(0.29)	11.2***	2.9**	−0.18	4.7***	−0.34	1.6	−0.14
Paranoid ideation	0.63	(0.60)	0.44	(0.5)	0.36	(0.42)	32.6***	5.4***	−0.38	8.1***	−0.64	2.7**	−0.19
Psychoticism	0.31	(0.41)	0.21	(0.36)	0.18	(0.3)	18.6***	3.8***	−0.28	6.1***	−0.43	1.5	−0.10
Anger Expression Index	21.8	(10.3)	17.6	(10.1)	17.1	(10.6)	25.2***	5.8***	−0.42	6.9***	−0.44	.9	−0.05

Note. $F = F$ test; M = mean; SD = standard deviation; $t = t$ test; d = Cohen's d; GSI = global severity index; PST = positive symptoms total; PSDI = positive symptoms distress index.
*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 4. Logistic Regression Analysis (Forward Method) for the Prediction of Therapeutic Success (n = 93) and Failure (n = 30) in the Follow-Up

Variables	B	SE	Wald	p	OR	95% CI
Age	−0.083	.027	9.199	.002	0.920	.872–.971
Victim of childhood abuse (yes vs no)	1.110	.526	4.447	.035	3.035	1.081–8.517
Distorted thoughts about violence	−0.405	.095	17.997	.000	0.667	.553–.804
Constant	5.527	1.254	19.439	.000	251.407	

Note. B = coefficient for the constant; SE = standard error; Wald = Wald test; p = probability value; OR = odds ratio; CI = confidence interval

Echeburúa et al., 2009; Eckhardt et al., 2008; Gondolf, 2011; Murphy et al., 2007; Taylor et al., 2001). Moreover, these results show the impact of the psychological treatment programs specifically applied to court-referred batterers with a suspended sentence.

The treatment program evaluated in this study was carried out among offenders who agreed to participate after receiving a suspended sentence. Thus, unlike other studies of offenders in the community or in prison who enter treatment voluntarily (Echeburúa & Fernández-Montalvo, 2009; Echeburúa et al., 2006; Echeburúa et al., 2009), the refusal rate was zero in this study because participation in the program is required for the sentence to be suspended. The high dropout and refusal rate in intervention programs is one of the main problems in the treatment of men who are violent toward their intimate partners (Babcock et al., 2004; Feder & Wilson, 2005). Therefore, requiring that an offender undergo treatment to receive a suspended sentence seems to be a useful way to reduce therapeutic refusals. At the beginning of treatment, these offenders usually have little awareness of their problems with violence and low motivation to change (Echeburúa, Fernández-Montalvo, & Corral, 2008; Fernández-Montalvo & Echeburúa, 2005; Fernández-Montalvo, Echeburúa, & Amor, 2005). However, the results of this study indicate that, after participating in the program, major changes are achieved; in 87.2% of cases, all types of physical and psychological violence had disappeared at a long-term (1 year) follow-up. These results are clearly encouraging and support the implementation of specific treatment programs for offenders with suspended sentences.

Regarding prediction of therapeutic results, in this program, three variables were found to predict success and failure. Specifically, batterers who were older, who had more distorted thoughts about violence use, and who had not been victims of childhood abuse were at a significantly greater risk of treatment failure. Results obtained in the different studies carried out to date are very heterogeneous and there is no specific profile of patient who fails treatment (Scott, 2004; Tollefson, Gross, & Lundahl, 2008). Perhaps batterers who are older and show more distorted thoughts about violence present with a more severe profile and deeply rooted violence behaviors, making the therapeutic change more difficult. Also, in this study, the aggressors who have been victims of childhood abuse have a better prognosis. Perhaps the fact of having been abused in childhood and later being an adulthood aggressor acts as a motivational factor that facilitates awareness of the violence problem. In any case, these are merely hypotheses that require stronger empirical data.

It is important to highlight that the success rate in this study was much higher than in other studies previously carried out, showing rates of around 50% success (Eckhardt et al., 2008; Murphy et al., 2007; Taylor et al., 2001). This astonishing rate has to be necessarily explained. The program evaluated in this study is available to offenders who have previously agreed with the judge to participate in them and who have pledged to meet the conditions of the program. As a consequence, they avoid imprisonment after receiving a suspended sentence. Therefore, this is a convenience sample. Once the batterers begin the treatment program, the psychologists must continually monitor the evolution of the aggressors periodically sending a report to the court illustrating their progress. If the offender repeatedly and unjustifiably fails to attend the treatment sessions, or if treatment progress is negative, the judge may revoke the suspension of the sentence and, therefore, the batterer would be incarcerated. These characteristics of the treatment program could explain the high treatment success rates obtained in this study. When the impact of this same treatment program has been evaluated in other settings (prison, outpatient, etc.), although they are good, the results are more modest, with rates of around 50% (Echeburúa & Fernández-Montalvo, 1997, 2009; Echeburúa et al., 2006, 2009).

Anyway, these types of studies are highly relevant because a notable increase in reported intimate partner violence has produced an increasingly high rate of offenders receiving treatment in court-mandated outpatient programs. From a legal perspective, a judge's decision on the best fate for a batterer is often influenced by the severity of the behavior (Rueda, 2007). There are no psychological reasons for deciding whether it is better to place a batterer male in court-mandated treatment or in a prison-based program (Fernández-Montalvo et al., 2012). In addition to judicial reasons, it is important to have scientific and psychological criteria for evaluating the appropriateness of beginning a treatment program as an alternative to a prison sentence. In this sense, these results support the impact of court-referred treatment programs.

The main limitation of this study is the lack of a control group to compare the results. The center where the research was carried out depends on the Social Service of Justice of the Navarre Government (Spain), making it impossible to analyze a group of batterers who did not undergo treatment or who were on a waiting list. Although this context provides ecological validity for the study, from a methodological point of view, the lack of a control group should be considered in the interpretation of these results. Anyway, this center provides treatment to all the batterers from Navarre who are referred by the court to psychological treatment as an alternative to prison, and this is the first study conducted in Spain in this field. Second, we used a convenience sample. All the batterers who formed part of the study have previously agreed with the judge to participate in the treatment and pledged to meet the conditions of the program. This treatment was carried out by an external service to prison. Therefore, in employing this external service, there is no record of how many batterers have refused to attend the treatment program, only a record of those who have previously accepted going on it. Third, this therapeutic program has many components, making it difficult to establish the specific impact of any individual component on the therapeutic results. Once the impact of this treatment has been tested, it will be necessary to analyze the different components of the program and to better understand the profile of batterers who benefit most from the treatment. Finally, in the clinical center where the study was carried out, it only used the Anger Expression Index of the STAXI-2. It would be interesting to analyze the scores of the State and Trait subscales.

Regardless, the course of intimate partner violence is usually chronic and long-term (Echeburúa et al., 2008; Fernández-Montalvo & Echeburúa, 2005; Fernández-Montalvo

et al., 2005). The results of this study are encouraging and show that this type of treatment program for batterers can constitute an effective alternative to prison in the cases referred to such a program by the courts.

REFERENCES

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, 23(8), 1023–1053. http://dx.doi.org/10.1016/j.cpr.2002.07.001

Babcock, J. C., & La Taillade, J. J. (2000). Evaluating interventions for men who batter. In J. P. Vincent & E. N. Joudiles (Eds.), *Domestic violence: Guidelines for research-informed practice*. Philadelphia, PA: Jessica Kingsley Publishers.

Boira, S., & Jodrá, P. (2010). Psicopatología, características de la violencia y abandonos en programas para hombres violentos con la pareja: Resultados en un dispositivo de intervención [Psychopathology, violence characteristics and dropouts in male batterers' treatment programs: Results of an intervention service]. *Psicothema*, *22*, 593–599.

Derogatis, L. R. (1992). *The SCL-90-R*. Baltimore, MD: Clinical Psychometric Research.

Deschner, J. P., McNeil, J. S., & Moore, M. G. (1986). News and views: A treatment model for batterers. *Social Casework: The Journal of Contemporary Social Work*, 55–60.

Echauri, J. A., Fernández-Montalvo, J., Martínez, M., & Azcárate, J. M. (2011). Trastornos de personalidad en hombres maltratadores a la pareja: Perfil diferencial entre agresores en prisión y agresores con suspensión de condena [Personality disorders in batterer men: Differential profile between aggressors in prison and aggressors with a suspended sentence]. *Anuario de Psicología Jurídica*, *21*, 97–105. http://dx.doi.org/10.5093/jr2011v21a9

Echeburúa, E., & Fernández-Montalvo, J. (1997). Tratamiento cognitivo-conductual de hombres violentos en el hogar: Un estudio piloto [Cognitive-behavioural treatment of batterer men: A pilot study]. *Análisis y Modificación de Conducta*, *23*(89), 355–384.

Echeburúa, E., & Fernández-Montalvo, J. (1998). Hombres maltratadores: Aspectos teóricos [Batterer men: Theoretical issues]. In E. Echeburúa, & P. Corral (Eds.), *Manual de violencia familiar* (pp. 73–90). Madrid, Spain: Siglo XXI.

Echeburúa, E., & Fernández-Montalvo, J. (2009). Evaluación de un programa de tratamiento en prisión de hombres condenados por violencia grave contra la pareja [Assessment of a psychological treatment program with inmate men convicted of serious gender violence]. *International Journal of Clinical and Health Psychology*, *9*(1), 5–20.

Echeburúa, E., Fernández-Montalvo, J., & Amor, P. J. (2006). Psychological treatment of men convicted of gender violence: A pilot study in Spanish prisons. *International Journal of Offender Therapy and Comparative Criminology*, *50*, 57–70. http://dx.doi.org/10.1177/0306624X05277662

Echeburúa, E., Fernández-Montalvo, J., & Corral, P. (2008). ¿Hay diferencias entre la violencia grave y la violencia menos grave contra la pareja?: Un análisis comparativo [Are there any differences between severe violence and non-severe violence in the intimate partner violence? A comparative analysis]. *International Journal of Clinical and Health Psychology*, *8*, 355–382.

Echeburúa, E., Sarasua, B., Zubizarreta, I., Amor, P. J., & Corral, P. (2010). Variables predictoras del rechazo, abandono y fracaso terapéutico en hombres violentos contra su pareja tratados psicológicamente en un marco comunitario [Predictors of refusal, dropout and therapeutic failure among men attending a community batterer treatment program]. *International Journal of Clinical and Health Psychology*, *10*(3), 403–420.

Echeburúa, E., Sarasua, B., Zubizarreta, I., & Corral, P. (2009). Evaluación de la eficacia de un tratamiento cognitivo-conductual para hombres violentos contra la pareja en un marco comunitario: Una experiencia de 10 años (1997-2007) [Effectiveness of a cognitive-behavioral programme in the treatment of male batterers in a community setting: A review of ten years (1997-2007)]. *International Journal of Clinical and Health Psychology*, *9*(2), 199–217.

Eckhardt, C., Holtzworth-Munroe, A., Norlander, B., Sibley, A., & Cahill, M. (2008). Readiness to change, partner violence subtypes, and treatment outcomes among men in treatment for partner assault. *Violence and Victims*, *23*, 446–475.

Edleson, J. L., & Tolman, R. (1992). *Intervention for men who batter: An ecological approach*. Newbury Park, CA: Sage.

Faulkner, K., Stoltenberg, C. D., Cogen, R., Nolder, M., & Shooter, E. (1992). Cognitive-behavioral group treatment for male spouse abusers. *Journal of Family Violence*, *7*, 37–55. http://dx.doi.org/10.1007/BF00978723

Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, *1*, 239–262. http://dx.doi.org/10.1007/s11292-005-1179-0

Fernández-Montalvo, J., Echauri, J. A., Martínez, M., & Azcárate, J. M. (2011). Violencia de género e inmigración: Un estudio exploratorio del perfil diferencial de hombres maltratadores nacionales e inmigrantes [Gender violence and migration: Differential profile of domestic violence between native and migrant men]. *Behavioral Psychology/Psicología Conductual*, *19*, 439–452.

Fernández-Montalvo, J., Echauri, J. A., Martínez, M., & Azcárate, J. M. (2012). Batterer men in prison and in court-referred treatment programmes: What is the difference? *The Spanish Journal of Psychology*, *15*, 315–322. http://dx.doi.org/10.5209/rev_SJOP.2012.v15.n1.37338

Fernández-Montalvo, J., & Echeburúa, E. (2005). Hombres condenados por violencia grave contra la pareja: Un estudio psicopatológico [Men convicted of severe gender violence against the partner: A psychopathological study]. *Análisis y Modificación de Conducta*, *31*, 451–475.

Fernández-Montalvo, J., Echeburúa, E., & Amor, P. J. (2005). Aggressors against women in prison and in the community: An exploratory study of a differential profile. *International Journal of Offender Therapy and Comparative Criminology*, *49*(2), 158–167. http://dx.doi.org/10.1177/0306624X04269005

Gerlock, A. (2001). A profile of who completes and drops out of domestic violence rehabilitation. *Issues in Mental Health Nursing*, *22*(4), 379–400. http://dx.doi.org/10.1080/01612840116997

Gondolf, E. W. (2011). The weak evidence for batterer program alternatives. *Aggression and Violent Behavior*, *16*(4), 347–353. http://dx.doi.org/10.1016/j.avb.2011.04.011

González de Rivera, J. L. (2002). *Versión española del SCL-90-R* [Spanish version of the SCL-90-R]. Madrid, Spain: TEA Ediciones.

Hamberger, L. K., & Hastings, J. E. (1988). Skills training for treatment of spouse abusers: An outcome study. *Journal of Family Violence*, *3*(2), 121–130. http://dx.doi.org/10.1007/BF00994029

Hamberger, L. K., & Hastings, J. E. (1989). Counseling male spouse abusers: Characteristics of treatment completers and dropouts. *Violence and Victims*, *4*, 275–286.

Harris, J. (1986). Counseling violent couples using Walker's model. *Psychotherapy*, *23*(4), 613–621. http://dx.doi.org/10.1037/h0085665

Miguel-Tobal, J. J., Casado, M. I., Cano-Vindel, A., & Spielberger, C. D. (2001). *Versión española del STAXI-2* [Spanish version of the STAXI-2]. Madrid, Spain: TEA Ediciones.

Murphy, C. M., Taft, C. T., & Eckhardt, C. I. (2007). Anger problem profiles among partner violent men: Differences in clinical presentation and treatment outcome. *Journal of Counseling Psychology*, *54*(2), 189–200. http://dx.doi.org/10.1037/0022-0167.54.2.189

Organic Law 1/2004 of 28 December of Integral Protection Measures against Gender Violence. (2004, December 29). *Boletín Oficial del Estado*.

Palmer, S. E., Brown, R. A., & Barrera, M. E. (1992). Group Treatment Program for Abusive Husbands: Long-Term Evaluation. *American Journal of Orthopsychiatry*, *62*(2), 276–283. http://dx.doi.org/10.1037/h0079336

Redondo, N., Graña, J. L., & González, L. (2009). Características sociodemográficas y delictivas de maltratradores en tratamiento psicológico [Socio-demographic and crime-related characteristics of batterers in psychological treatment]. *Psicopatología Clínica, Legal y Forense*, *9*, 49–61.

Rueda, M. A. (2007). *Los programas y/o tratamientos de los agresores en supuestos de violencia de género: ¿Una alternativa eficaz a la pena de prisión?* Madrid, Spain: Dykinson.

Rynerson, B. C., & Fishel, A. H. (1993). Domestic violence prevention training: Participant characteristics and treatment outcome. *Journal of Family Violence*, *8*(3), 253–266. http://dx.doi.org/10.1007/BF00988771

Scott, K. L. (2004). Stage of change as a predictor of attrition among men in a batterer treatment program. *Journal of Family Violence*, *19*(1), 37–47. http://dx.doi.org/10.1023/B:JOFV.0000011581.01231.1e

Spielberger, C. D. (1988). *State-trait anger expression inventory*. Orlando, FL: Psychological Assessment Resources.

Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research and Practice*, *40*(3), 223–233. http://dx.doi.org/10.1037/a0012718

Taylor, B., Davis, R., & Maxwell, C. (2001). The effects of a group batterer program: A randomized experiment in Brooklyn. *Justice Quarterly*, *18*, 170–201.

Tollefson, D. R., Gross, E., & Lundahl, B. (2008). Factors that predict attrition from a state-sponsored rural batterer treatment program. *Journal of Aggression, Maltreatment & Trauma*, *17*, 453–477. http://dx.doi.org/10.1080/10926770802463495

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