



Should we reconsider anger management when addressing physical intimate partner violence perpetration by alcohol abusing males? A systematic review



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ABSTRACT

Anger expression and physical intimate partner violence (IPV) perpetration are common among male alcohol abusers. Despite this, few randomized controlled trials (RCT) of the effectiveness of IPV perpetrator interventions have included alcohol abusers, and few interventions include anger management. A systematic review was conducted to determine the effectiveness of cognitive behavioral therapy (CBT) interventions with anger management components utilized to reduce IPV perpetration by males towards their female partners, and present evidence supporting the integration of anger management into perpetrator interventions. 442 records were identified from the Cochrane Library, MEDLINE, CINAHL and PsycINFO databases. Four RCTs of CBT interventions with anger management components to reduce IPV were included in the review. All assessed alcohol use at baseline but only one trial reported outcomes for alcohol use. CBT interventions with anger management components were no more efficacious in reducing IPV than comparison interventions. However, two trials reported greater reductions in IPV perpetration for alcohol abusers in the CBT interventions with anger management components than comparison interventions. There is insufficient evidence to draw conclusions about the effectiveness of CBT interventions with anger management components for male alcohol abusers in reducing or eliminating IPV perpetrated towards their female partners.

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1. Introduction

Briefly, alcohol abuse is a maladaptive pattern of drinking that results in clinically significant impairment or distress, including failing to fulfill obligations (e.g., at work, school or home), recurrent drinking in situations which are dangerous (e.g., driving or operating machinery), recurrent legal problems as a result of alcohol use, and continued drinking despite causing recurrent social or interpersonal problems. Alcohol dependence includes the same pattern of drinking as alcohol abuse; however, alcohol dependence also includes: the need for increased quantities of alcohol to achieve the desired effect, the experience of withdrawal symptoms or the need for a drink to relieve these symptoms, drinking in larger quantities and during a longer period than intended, wanting to cut down or stop drinking but not being able to, reduction or avoidance of activities because of drinking, spending a lot of time in activities necessary to obtain, use or get over the effects or drinking, and continuing to drink despite having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by alcohol.

Around 40% of men seeking treatment for alcohol abuse or dependence report recent physical intimate partner violence (IPV) perpetration (Murphy, O'Farrell, Fals-Stewart, & Feehan, 2001; Taft et al., 2010), a figure at least double that of males in the general population (O'Farrell, Fals-Stewart, Murphy, & Murphy, 2003; Schafer, Caetano, & Clark, 1998). Similarly, 42% of males attending perpetrator interventions met criteria for alcohol dependence (Stuart, Moore, Kahler, & Ramsey, 2003). Physical IPV perpetration is more likely (Moore, Elkins, McNulty, Kivisto, & Handsel, 2011; Murphy, Winters, O'Farrell, Fals-Stewart, & Murphy, 2005; Wupperman et al., 2009) and more severe (Testa, Quigley, & Leonard, 2003) on days when any drinking or heavy drinking (5 or more drinks) occurred (Shorey, Stuart, McNulty, & Moore, 2014). Indeed, police reports suggest that the majority (79%) of males arrested for IPV were under the influence of alcohol or drugs at the time of the incident (Friend, Langhinrichsen-Rohling, & Eichold, 2011). Alcohol use is often cited as an excuse for IPV perpetration through mitigation, reduction of personal responsibility or disinhibition (McMurrin & Gilchrist, 2008).

A meta-analysis concluded that alcohol was associated with increases in physical IPV, with binge drinking, alcohol abuse and alcohol dependence being more likely to be associated with IPV than drinking per se (Foran & O'Leary, 2008). The smallest effect size was found for frequency of consumption ($r = .12$) and the largest effect size was for abuse/dependence ($r = .33$). While the use of alcohol may “play a facilitative role by precipitating or exacerbating violence” (Easton, Mandel, Babuscio, Rounsaville, & Carroll, 2007, p. 24), “the link between alcohol and IPV is complex and multiple factors need to be considered” (Foran & O'Leary, 2008, p. 1231).

Three models have been proposed to explain this association: the spurious model (i.e., that there are variables that influence both alcohol use and IPV e.g., age, child abuse or antisocial personality disorder) (White, 1997), the indirect effects model (that there is a strong expectancy that alcohol use can lead to marital conflict that can lead to IPV) (Murphy et al., 2001) and the proximal effects model (that psychopharmacological effects of alcohol use facilitate IPV through impaired cognitive processing) (Chermack & Taylor, 1995; Jacob & Leonard, 1988). However, Galvani (2004) argues that disinhibition from alcohol occurs ‘selectively’, and that the ‘choice’ to perpetrate IPV is influenced by several factors, including alcohol’s disinhibiting effects and the individual and their partners’ social and cultural histories.

Around a third of alcohol dependent males arrested for physical IPV had high levels of anger expression upon entering treatment

(Oberleitner, Mandel, & Easton, 2013). One review concluded that offenders of physical IPV reported moderately higher levels of anger and hostility than non-offenders, and those who perpetrated more severe IPV reported the greatest levels of anger and hostility (Norlander & Eckhardt, 2005). A recent population study reported that alcohol abuse or dependence disorders were significantly associated with anger severity (Barrett, Mills, & Teesson, 2013). Alcohol interferes with the executive cognitive functioning required to control and plan behavior (e.g., poor reasoning, problem-solving, planning, and self regulation) (Pihl & Hoaken, 2002) and poor executive cognitive functioning is associated with aggressiveness, impulsive violent crime and with antisocial personality disorder (Giancola, 2000; Giancola, Martin, Tarter, Pelham, & Moss, 1996; Hoaken, Shaughnessy, & Pihl, 2003). Therefore, it is possible that IPV offenders have low executive cognitive functioning when they are sober, and alcohol worsens the situation (Chermack & Giancola, 1997).

However, anger is just one factor associated with IPV perpetration and no single factor explains why some people are more likely to perpetrate IPV (Dixon & Graham-Kevan, 2011; Dutton 1998). The ecological framework understands IPV as the outcome of a complex interaction between individual, relationship, community, and societal factors (Dahlberg & Krug 2002). This framework supports intervention across multiple levels to prevent IPV.

Despite the association between alcohol use and physical IPV perpetration, very few trials of interventions have been conducted that address physical IPV perpetration among male alcohol abusers. A systematic review of four experimental and six quasi-experimental studies of feminist psychoeducational batterer intervention programs reported a small effect size for experimental studies of 0.26 (Feder & Wilson, 2005). However, alcohol abusers frequently do not complete such treatment programs (Eckhardt, Samper, & Murphy, 2008; Moore & Stuart, 2004). A recent Cochrane review of CBT perpetrator interventions for males who have physically abused their female partner found a small effect size for CBT compared to no intervention (Smedslund, Dalsbø, Steiro, Winsvold, & Clench-Aas, 2011). This review included only one trial among alcohol abusers (Easton, Mandel, Babuscio, et al., 2007, Easton, Mandel, Hunkele, Nich, Rounsaville & Carroll, 2007). Easton, Mandel, Babuscio, et al. (2007) found that physical IPV perpetration was significantly reduced, and the percent of days of abstinence from alcohol use had significantly increased from pre to post treatment in the group that received the integrated substance abuse and domestic violence intervention compared to the group attending 12 step facilitation.

We conducted a systematic review to determine whether CBT interventions with anger management components for physical IPV offenders were effective in reducing physical IPV among alcohol abusers, and present evidence to support this hypothesis.

2. Methods

The review was undertaken in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009).

2.1. Search strategy

The Cochrane Library (Issue 2, 2012), MEDLINE (1950 to 1 January 2012), CINAHL (1982 to January 2012) and PsycINFO (1806 to week 4, January 2012) were searched. Using Medical Subject Headings, Subject Headings, keywords and topics in Medline, CINAHL and PsycINFO, a

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