The Abstinence Violation Effect: Investigating Lapse and Relapse Phenomena using the Relapse Prevention Model with Domestically Violent Men

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Despite the influence of the Relapse Prevention (RP) model on understanding offence processes, there has been little research on its key components. This study sets out to replicate research by Ward and colleagues (1994, 1995) with child sex offenders, on one aspect of the RP model - the abstinence violation effect (AVE). With a small sample of men who had assaulted an intimate partner, we sought to measure attributions and emotions at key points in the offence process. Focussing analysis on the lapse and relapse portions of the offence process, this study found that two-thirds of the sample experienced some form of AVE. Comparing those who reported an AVE with those who did not, there were no differences in attributional ratings but those with an AVE obtained higher ratings for most negative emotions. Relationships between two attributional pairings (internal and controllable, internal and uncontrollable) and the predicted emotions provided some support for the Ward et al. theoretical reformulation of the AVE. Overall, these findings suggest that the lapse and relapse portion of the RP model can be applied to men's partner assaults. However, there was also evidence that suggests the need to develop multiple-pathway models for this form of offending.

There has been little research into the processes underlying partner assaults by men. The closest example of an offence process model in the extant literature is the often-cited study by Lenore Walker (1979). Walker described the "cycle of violence" theory, outlining three phases in a process of offending by men who battered their partners. These phases were (a) tension building, (b) the battering episode and (c) contrition and affectionate behaviour. However, Walker derived this model from interviews with victims, so that significant processes internal to offenders, such as the psychological events that initiate an assault, are absent from the model. Furthermore the generalisability to, and comprehensiveness of, the model in other samples has received little attention.

In recent years, research on offence process models, much of it originating from New Zealand, has suggested that understanding the cognitive, affective and behavioural elements of offending is fruitful, not just from the perspective of theory-building (Ward, Louden, Hudson & Marshall, 1995), but also in order to guide treatment (Polaschek, 2003). The Relapse Prevention model (RP) offers one method of structuring the psychological processes associated with violent offending in male partners. For some years, the RP model has been the dominant theoretical model of the offence process in child sex offenders. RP concepts and interventions are now employed widely in offender rehabilitation and mental health treatment alike (Freeman-Longo, Bird, Stevenson, & Fiske, 1994) and they are used for violent offending as well (Berry, 1999). RP's widespread adoption has been more a function of its intuitive appeal than its scientific underpinnings (Polaschek, 2003).

The RP model was based on Marlatt and colleagues' research on drinking relapses in people with alcohol dependence (see Marlatt, 1985b). This model proposed that an excess of obligations over pleasant events in the background lifestyle of a substance user creates the motivational momentum to indulge in the prohibited substance, leading to urges and cravings, anticipation of substance use, and a series of *apparently irrelevant decisions*, superficially trivial decisions that undermine self control. These decisions lead the user into emotional or environmental situations that are highly associated with previous habitual use. In the absence of effective self-management, these *high risk situations* are perceived as threatening to cessation self-efficacy, enhance positive perceptions about engaging in the prohibited behavior, and lead to a *lapse*, defined as a single occurrence of the undesirable behavior (e.g., consuming

their first alcoholic beverage). Indulging in the prohibited substance triggers the *abstinence violation effect* (AVE); a welling up of negative cognitions and affect that precipitates further lapse behaviour and *relapse*; the return to a dysfunctional pattern of substance use (Laws, 1999; Marlatt, 1985a). In this view, the AVE results from violating an internally-held rule forbidding enactment of the behaviour.

Ward, (1992) and Hudson, Ward and Marshall (1992) have provided important theoretical critiques of the AVE. They suggested that Marlatt's AVE had a variety of problems. Two were most relevant to the present study: (a) it was conceptually unwieldy due to drawing on numerous theoretical constructs, and (b) it did not differentiate the variable affective states that might follow from a lapse, and their implications for relapse-related behaviour, and for intervention.

Marlatt's is not the only definition of the AVE in an RP model. RP was imported from the context in which it was developed by Pithers, Marques, Gibat, and Marlatt (1983) because it offered a structured, innovative and optimistic approach to maintaining change in sexual offenders. In adapting it for use with sex offenders they made a key change that affected the AVE. Naturally, any instance of sexually or physically offensive behaviour is socially unacceptable to treatment providers, so the points at which the lapse and relapse occurred in the offence process had to be moved up the temporal chain. Instead of a sip of alcohol, a lapse became a precursor to offending that occurred very close to an actual offence (e.g., for a sex offender, fantasising about sex with a child, or using pornography). Rather than a return to a problematic level of alcohol consumption, relapse became the first occurrence of actual criminal behaviour (Pithers et al.; see Figure 1).

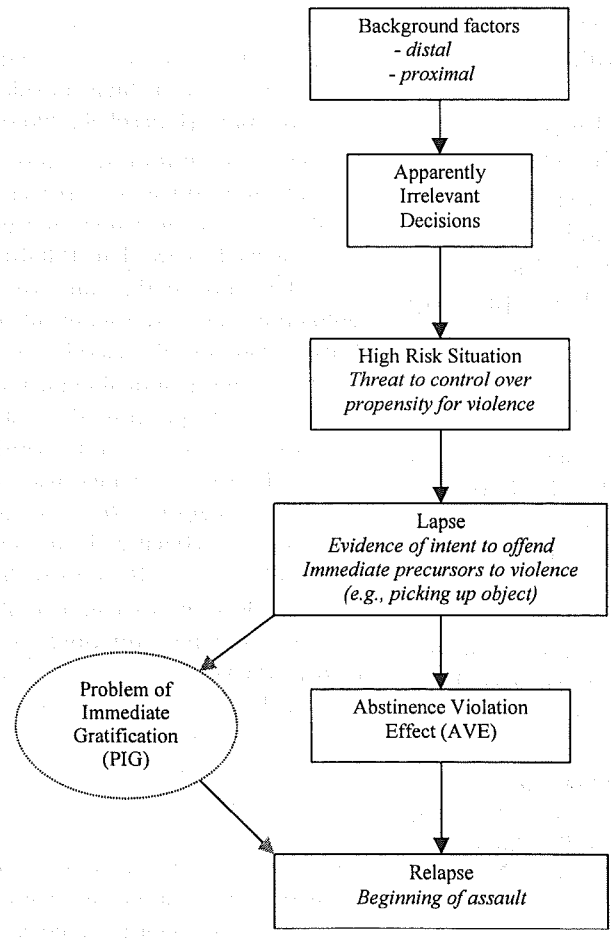
This alteration caused a new theoretical problem. Now the AVE co-occurred alongside the Problem of Immediate Gratification (PIG) between lapse and relapse. Pithers defined the PIG as the process by which proximity of access to forbidden behaviour causes selective amnesia for the negative consequences of indulging, and a focus on the positive consequences (Pithers 1990). The PIG and AVE mechanisms now contradict each other. The AVE is associated with negative affect and self-attributions of failure, and the PIG with positive affect and appetitive goals (Laws et al., 2000; Ward & Hudson, 1996). Hence, Ward and colleagues noted that according to Pithers (1990), both positive and negative affect would be associated with the AVE.

Having identified problems with both the Marlatt and the Pithers AVE, Ward and colleagues offered a reformulation of the AVE, drawing heavily on Weiner's (1986) version of attribution theory, which they argued appeared to offer a clearer, simpler basis for linking attributional dimensions to different emotions. Central to the reformulation is the idea that the probability of relapse is determined by the influence of attributions on expectations and affect.

Attributions can be viewed as naive explanatory theories that people generate in response to negative, unanticipated or salient outcomes (Weiner, 1986). Weiner proposed that attributions differ along the dimensions of *globality* (whether the cause is widespread or specific), *locus of control* (whether the cause is seen as internal or external to the person), and *controllability* (whether the cause is viewed as avolitional or able to be influenced by effort). The fourth, *stability* dimension (whether or not a cause is seen as enduring) is theorised to amplify affects arising from locus and controllability; increased stability leads to increased affect (Hudson et al., 1992; Ward, Hudson & Marshall, 1994).

Hudson et al. (1992) proposed that a lapse generates a search within the offender for a cause. Different causal attribution combinations have unique emotional and motivational impli-

Figure 1: Traditional relapse-prevention-style offence chain showing theoretical position of AVE



cations for the occurrence of relapse. So for example, according to Hudson et al. an internal controllable attribution (e.g., "It's all my fault; I haven't tried hard enough") will generate guilt, but motivation to avoid further backsliding. The same motivational and affective outcome is likely to result from an external but controllable attribution (i.e., where the offender sees the lapse as resulting from situational factors which he can choose to avoid). An internal uncontrollable attribution (e.g., "This happened because I am a defective person") will lead to shame and giving up all attempts at avoiding relapse. If a person makes an external uncontrollable attribution, he blames factors outside of himself. Such sources can be other people, or impersonal. The first generates anger and the second hopelessness, according to Hudson et al. Either attribution will justify offending.

There has been very little research on the AVE. Ward et al. (1994) reviewed AVE research on substance use, and concluded that much of it had not operationalised and measured emotional states and attributions specifically, so that evidence for these processes was indirect at best. With offenders, their 1994 study appears to stand alone. Ward et al. conducted an empirical investigation of the AVE with child sex offenders commencing a prison treatment programme. They used offenders' written descriptions of an offence to collect emotional and attributional ratings at three different points in the offence process. The three segments corresponded to the RP constructs of high risk situation, lapse point and relapse (as portrayed in Figure 1).

Ward et al. (1994) adopted a simple definition in order to determine whether a particular offender had experienced an AVE; their negative emotion ratings were above the group median. Using this definition, significantly more of their 26 offenders experienced an AVE at relapse than at lapse (18 vs. 7). Compared to participants who did not experience an AVE, those who did had significantly higher scores for anger, disgust, contempt, hostility, shame and shyness, and significantly lower scores for joy and surprise. It is not clear whether these ratings were for the segment in which the AVE was experienced, or an averaged rating. No differences were found for the whole sample on any of Weiner's attributional dimensions across the 3 segments. However, AVE-offenders reported significantly higher uncontrollability and stability compared to those with no AVE.

Ward and colleagues (1994) interpreted their findings as providing only limited support for the AVE. Although most offenders did experience an AVE, contrary to RP theory the majority did so at relapse rather than lapse. This observation implies that offenders entering treatment did not readily accept that a covert "lapse" behavior indicated a need to become concerned and vigilant as the model suggests. Furthermore, high levels of interest and joy present at the lapse point for the majority of the sample (those not experiencing an AVE) appear to be indicative of the presence of the PIG. Ward et al. interpreted this pattern as supporting an attribution-independent, appetitive process, characterised by high positive affect alone, in keeping with Weiner's (1986) observation that generally the experience of positive affect does not generate an attributional search. They coined the term *NAVE* (i.e., "not-AVE") for this phenomenon. Overall, the attributional findings in the Ward et al. data were unsupportive of their theoretical reformulation, with the exception of the higher uncontrollability and stability ratings for AVE-reporters.

The present study

The objectives of the present study were exploratory. We wanted to extend the work of Ward and colleagues (1994) to domestic violence offenders. The main purpose was to look for evidence of whether the AVE occurred in men who have assaulted a partner, and if so, where in the offence chain, and which of Ward's (1992) definitions was the most common (see Method for details).

In keeping with the Ward et al. findings, Hypothesis 1 (H1) was that more offenders would experience an AVE following relapse than at the lapse-relapse transition. We expected to find evidence that some offenders would demonstrate an attribution-independent pathway to relapse (H2). This would be characterised by low negative affect and high positive affect (i.e., a NAVE; Ward, 1992). We expected that in comparison to those who did not, participants experiencing an AVE would have higher scores at relapse on both internal, uncontrollable, stable, global attributions (H3), and negative emotions (H4).

Lastly, we examined the relationship between particular attributional pairs and specific emotions. Based on Ward's (1992) theoretical reformulation above, we made four more predictions:

H5: that those who made external and uncontrollable attributions about the causes of their offending would obtain higher ratings for anger, contempt and hostility;

H6: that those who made external and controllable attributions would score higher on guilt;

H7: that those who made internal but controllable attributions should also score higher on guilt; and

H8: that those making internal uncontrollable attributions would score higher on shame.

Method

Participants and Settings

The participants were 15 men with an average age of 32 years (SD = 10, range 17 to 51 years). Of the 15, 5 identified as Māori, and the remainder were European New Zealanders. All were serving a community or prison sentence. Each man had either disclosed an assault on his partner for which he had not been convicted, or had a partner assault as his index offence. After informed consent was obtained, the men were interviewed individually in community probation settings and local prisons.

Instruments

Two questionnaires were used for the study. The DES-4 (Izard, Doughty, Bloxom & Kotsch, 1974) is a 36 item self-report scale, designed to measure the occurrence of twelve basic emotions (interest, joy, surprise, sadness, anger, disgust, contempt, hostility, fear, shame, shyness, and guilt), using a 5-point Likert (agree-disagree) scale with

possible scores for each emotion ranging from 3 to 15. The DES-4 is designed for children, young adults and adults with limited education, and has satisfactory psychometric properties (e.g., Boyle, 1984; Phillpott, 1993).

The Four Attributional Dimensions Scale (4-ADS; Benson, 1989) is a 16 item questionnaire. Responses are made on a 5-point Likert (agree-disagree) scale. The 4-ADS measures attributions across a number of events or circumstances along the dimensions of controllability, locus, stability, and globality. It is suitable for use from middle childhood to adulthood (Benson; Ward, 1992) and also has satisfactory psychometric properties (Benson; Siegert & Ward, 1995). Siegert and Ward found that the internal and external perspectives of control were confounded in the original 4-ADS and controllability scores were not consistent with the direction of the other dimensions. Consequently, Ward (1992) modified the 4-ADS, to correct these problems and this modification was used in the present study. The result of the modification is that high scores on each of the 4-ADS dimensions correspond respectively to uncontrollability, internal locus, high stability and high globality.

Procedure

In an individual interview, and with the assistance of a researcher (LK) each of the participants provided a description of their most recent or a typical offence, in the present tense and first person. As the participant described his thoughts, feelings and behaviour, the researcher typed the description directly onto a lap top computer, prompting for more detail if necessary (Polaschek, Hudson, Ward, & Siegert, 2001).

Once the offence script was constructed it was divided into four segments according to the following criteria. Segment one (Background) comprised childhood (e.g., physical abuse) and proximal background factors (e.g., current alcohol and drug abuse, financial stress). Segment two (HRS) contained the high-risk situation, defined as any situation where the participant's sense of control over his propensity for violent behaviour was first threatened. Segment three (Lapse) was defined as commencing with the occurrence of a behaviour that indicated to the offender the intent to offend, and increased the probability of the offence being committed (e.g., picking up an object, moving towards the victim in a threatening manner). Segment four (Relapse) began with the first occurrence of an actual physical assault. These segments were based upon criteria outlined in RP theory (Marlatt, 1985a; Pithers, 1990), and correspond to the four boxes with these same labels in Figure 1.

Next, participants read aloud their offence description directly from the lap top computer and the reading was audio taped, with pauses between segments. Subsequently they were asked to imagine themselves back in the situation they had described as they listened to the recorded description of their offence. After hearing each segment, they were asked to fill in both the DES-4 and modified 4-ADS, which were administered in random order across the segments. Finally, participants were debriefed.

Results

Reliability of segment breaks

Because data were generally collected from each participant at a single session, written offence descriptions were divided into segments at the interview site. After data collection was completed, half of the offence descriptions were independently examined by a second researcher (DP) to assess agreement about where the segment boundaries should be. In all cases, the two raters' boundaries fell within 1-2 sentences of each other and the differences did not appear likely to have a meaningful effect on the ratings of participants (i.e., no significant events occurred within the disputed text that might alter affective or attributional ratings). No formal calculation was made of the rate of initial agreement.

Determining the presence or absence of an AVE

Ward's (1992) definitions of the AVE were used to determine whether an offender had experienced an AVE. Ward suggested 3 separate definitions:

(1) AVE (Marlatt) features high negative and low positive affect, and high scores on attributional dimensions (Marlatt, 1985a; 1985b).
(2) AVE (Pithers) is consistent with Pithers' (1990) observation regarding the co-occurrence of the PIG with the AVE. It comprises high attributions combined with both high negative and high positive affect.
(3) EAVE is an AVE defined in emotional terms alone: high negative and low positive emotions.

As noted earlier, Ward also defined the term NAVE to refer to the conceptual opposite of an AVE. A NAVE was deemed to have occurred when positive emotion ratings were high and negative emotions were rated low.

In order to determine whether the data for each participant met any of these AVE criteria, Ward's (1992) analytical procedures were replicated. First the scores on all 4 dimensions of the modified 4-ADS were averaged together. Ward's rationale for collapsing the scores for all dimensions into one global score was based on the success of this approach in a previous smoking study (Curry, Marlatt & Gordon, 1987). The attributional component of an AVE was then determined for each offender by comparing his average 4-ADS score with the median score for the group.

The 12 basic emotions measured by the DES-4 with the exception of surprise and shyness, which are difficult to categorise, were collapsed into two categories of affect: positive (interest, joy) and negative (sadness, anger, disgust, contempt, hostility, fear, shame, guilt). High and low scores for emotions were then calculated in a similar way to attributions; the sum of positive or negative emotions on the DES-4 was defined as high if it was above the group median. Otherwise it was defined as low.

Participants whose scores did not fit any of the 3 sets of criteria for the AVE or the criteria for the NAVE were classified in an "other" category. Typically they were either high on both positive and negative emotions and low on attributions, low on attributions and positive and negative emotions, or high on attributions and low on emotions.

Table 1 shows the number of

participants who experienced an AVE. At the lapse point, 7 experienced some form of AVE, 3 a NAVE, while 5 fell into the "other" category. At relapse point 7 experienced an AVE, 4 a NAVE and 4 fell into the "other" category. Some of those who experienced an AVE at lapse also had one at relapse. Of the 15 participants, two-thirds experienced an AVE. Thus H1 (that more offenders would experience an AVE at relapse than lapse) was not supported; equal numbers reported an AVE at lapse and relapse. However, there was support for H2; 3 offenders reported an attribution-independent AVE (i.e., an EAVE; see Table 1).

For the participants in the "other" category at the lapse point, 2 had high scores on attributions and low scores on emotions, 2 had low scores on attributions and emotions, and 1 had low scores on attributions and high scores on both positive and negative emotions. At the relapse point 3 had low attributions and low positive and negative scores, while 1 had low attributions and high positive and negative affect scores.

Because of the sample size, for all subsequent analyses, data were grouped together for all 10 offenders who showed an AVE, regardless of type or point of occurrence. Furthermore, in addition to the use of conventional tests of statistical significance, because of the overall lack of statistical power we also report effect size statistics.

Attributional dimension ratings

Next we examined ratings for each of the 4 attributional dimensions, for those who did and did not experience an AVE, in order to test the hypothesis that those who had an AVE would score more highly on all four dimensions. Multivariate analysis of variance (one-way, between groups) found no significant effects at segment four for participants who reported an AVE compared to those who did not; Wilks' $\lambda = 0.81, F(4, 10) = .57; p = .69$. Means and standard deviations are presented in Table 2. Effect size calculations (Cohen's *d*) show that AVE-reporters made less internal locus and higher globality ratings than those who did not report an AVE, although the two groups did not differ significantly on stability and controllability Only the globality result supported H3.

Table 1. Number of participants experiencing AVEs at Segments 3 and 4 by AVE type

PHASE	Type	
	Lapse	Relapse
AVE(Marlatt): high attributions, high negative affect, low positive affect	1	3
AVE (Pithers): high attributions, high negative affect and high positive affect	4	3
EAVE (emotional AVE): low attributions, high negative affect, low positive affect	2	1
NAVE (opp. of AVE): low negative affect and high positive affect	3	4
OTHER: not classifiable into any of the above #	5	4
Totals	15	15

typically high on both positive and negative emotions and low on attributions, or low on attributions and emotions, or high on attributions and low on emotions.

Table 2. Attributional dimension ratings at relapse across the presence or absence of an AVE

	Group				
	any AVE (n = 10)		no AVE (n = 5)		
	m	*sd*	*m*	*sd*	*d*
stability	8.70	3.43	8.20	3.42	.15
controllability	13.70	1.94	13.60	3.64	.03
locus	14.90	2.88	16.60	2.30	.65
globality	9.90	4.77	7.80	3.56	.50

Emotions across the presence or absence of an AVE

We predicted that those who reported an AVE would make higher ratings on the individual negative emotions at relapse than those who did not (H4). Means and standard deviations were calculated for emotions across the presence or absence of an AVE at segment four of the offence chain. These are summarised in Table 3.

No significant multivariate effects were found at segment four ; Wilks' $\lambda = .018$, $F(12, 2) = 8.83$; $p = .10$. Again, however, effect size statistics suggest some differences may exist. For example, those who were identified as experiencing an AVE reported more sadness, anger, hostility, fear, shame and shyness. Relatively, both groups had much lower ratings for interest and joy compared to the negative emotions, and both were high for surprise. Whereas we would have expected higher ratings for guilt in the AVE-reporters, this was apparently not the case. Therefore only partial support was found for H4.

Relationships between emotions and attributional pairs

Finally, specific hypothesised relationships between pairs of attributional dimensions and negative emotions were examined. For the whole sample, we identified whether participants were high or low on locus and controllability. We had intended to examine all four attributional combination pairs but there was only one participant in each of the external/uncontrollable and external/controllable cells. Therefore H5 and H6 could not be examined. Table 4 shows affect ratings only for the two internal locus pairs (H7 and H8).

Means and standard deviations were calculated for the DES emotions according to these two pairs, at segment four of the offence chain. This analysis revealed a significant effect for hostility in the internal controllable attributional dimension; $F(1,11) = 4.94$ $p < .04$. No other significant effects were found. However medium effect sizes were

found for joy, anger, shyness and guilt, and large effect sizes for disgust, contempt, hostility, and shame. Those who experienced relapse as being caused by internal and controllable factors made higher ratings for disgust, hostility and guilt, and lower ratings for joy, anger, contempt, shyness and shame, than those whose attributions were internal and uncontrollable at relapse. The specific predictions, that internal/controllable ratings would be associated with higher guilt ratings (H7), and that internal/uncontrollable ratings would coincide with higher ratings of shame (H8) were supported.

Discussion

There are a number of interesting implications from the results of this study. Firstly, using an inclusive definition of the AVE, we found that two-thirds of the sample reported experiencing an AVE at either the lapse or relapse point. We also found evidence of a variety of different types of AVE, with the Pithers version (high attributions, high negative and high positive affect) being the most common. This finding suggests that the PIG is a phenomenon relevant to those batterers who experience an AVE, and that this portion of the RP model can be found in the offence processes of batterers.

In contrast to our sample, Ward et al. (1994) found the Marlatt AVE to be more common than the Pithers one. According to Pithers, the PIG enhances the impact of the AVE on relapse. However, whether the AVE occurs at lapse or relapse, it has the potential to provide momentum to the offence process. At lapse it may propel the offender into violence. Even at relapse it may exacerbate the severity of the offensive behaviour (Ward et al.).

With respect to when the AVE was experienced, we found it to be equally common at the lapse point as at relapse. By contrast, Ward et al. found that most child sex offenders experienced it at relapse rather than lapse. In other words most of their sex offender sample did not feel that their ability to avoid offending was threatened at the point where they were involved in offending precursors such as using pornography or having nonsexual contact with children. Rather, the majority didn't recognise that they had "blown it" until they had already committed an offence.

There are several possible explanations for why half of the men in this domestic violence sample experience an AVE *before* offending. Recall that the occurrence of an AVE suggests that the offender recognises that he has already failed at some avoidance goal he has set himself. In this study, that goal is likely to take the form "I am not going to hit my partner (again)". Perhaps these results indicate that domestic violence offenders already recognised that merely thinking about offending is a serious transgression in itself. However, we think a more likely explanation has to do with observed differences in the temporal elements of offence processes for child sex offenders and men who hit their partners.

Sexual offences against children often occur at the end of a relatively lengthy build-up. The offender may spend days or weeks overcoming internal and external constraints to

Table 3. Specific emotion ratings at relapse across the presence or absence of an AVE

	any AVE (n = 10)		no AVE (n = 5)	
	m	*sd*	*m*	*sd*
interest	4.70	2.40	5.40	1.51
joy $^{+}$	3.20	0.63	3.00	0.00
surprise	11.60	3.09	11.40	3.04
sadness	11.90	2.64	10.00	3.70
anger $^{+}$	11.80	4.15	8.00	3.31
disgust $^{++}$	11.50	2.95	10.80	2.28
contempt $^{++}$	9.90	4.30	8.40	4.50
hostility $^{++}$	6.30	3.36	4.60	2.60
fear	9.90	4.80	4.90	1.78
shame $^{++}$	7.00	3.85	4.20	2.16
shyness $^{+}$	10.00	4.85	5.00	3.93
guilt $^{+}$	12.00	2.44	11.00	4.69

$^{+}$ medium effect size ($d \geq 0.5$); $^{++}$ large effect size ($d \geq 0.8$)

Table 4. DES emotion scores for internal locus of control attributional pairs

	int/cont (n = 8)		int/uncont (n = 5)	
	m	*sd*	*m*	*sd*
interest	5.12	1.95	4.60	2.60
joy $^{+}$	3.00	0.00	3.40	0.89
surprise	11.12	2.90	11.60	3.57
sadness	10.62	3.42	11.80	3.11
anger $^{+}$	10.12	4.58	12.80	3.19
disgust $^{++}$	12.25	1.83	9.60	3.57
contempt $^{++}$	0.75	3.69	7.20	5.01
hostility $^{*++}$	7.50	3.29	4.00	1.41
fear	7.75	4.13	8.40	6.14
shame $^{++}$	4.87	2.35	8.80	4.49
shyness $^{+}$	6.37	4.13	9.40	6.06
guilt $^{+}$	12.37	2.97	9.80	3.70

Note $^{*}p < .05$. $^{+}$ medium effect size ($d \geq 0.5$) $^{++}$ large effect size ($d \geq 0.8$)
int/cont = internal locus and controllable.
int/uncont = internal locus and uncontrollable.

offending, developing a relationship with the child and so on. Thus there may be a significant temporal gap between lapse and relapse. For men who hit their partners the time between these two events is often seconds to minutes, and only occasionally hours or days. If lapse and relapse are very close together, then (a) offenders may not easily distinguish the attributional and affective processes of each phase, especially in a retrospective study, or (b) offenders have learned from experience that once they enter a lapse, they are unlikely or unable to regain self-control, and that a relapse is virtually inevitable. Either or both of these speculations would explain why some men experienced an AVE at both lapse and relapse.

The presence of the NAVE, characterised by low negative and high positive affect at the lapse and relapse points is consistent with the Ward (1992; Ward et al. 1994) findings. They concluded that the NAVE may reflect some compulsive process, where for some offenders, attribution independent emotions associated with sexual assault may play an important role in re-offending (Ward, 1992). Alternatively, there may be a small number of highly antisocial offenders in the sample for whom assaulting their partner is seen simply as a positive, even satisfying experience.

Almost a third of the participants, at both lapse and relapse points, obtained scores in the "other" or unclassifiable category. One explanation for these results is that there are attribution - emotion pathways related to the offence chain that are not accommodated within the RP model. It is now well established with other types of offending that multiple pathway models are necessary to more adequately account for the most common offence pathways (see Polaschek et al., 2001; Ward, et al., 1995). It follows that there are combinations of attributions and affect that differ from those suggested by the RP model. To give just one example, imagine that a man attributes his offending to external, unstable, specific sources, such as the presence of his partner's former partner who has since gone to jail. Such a man may not have strong emotional responses to such attributions, particularly if he also doesn't view his violence as serious.

Attributional dimension and emotion ratings

We predicted, based on the Ward et al. (1994) findings, that participants experiencing an AVE in comparison to those not experiencing an AVE, would make ratings consistent with internal, uncontrollable, stable, and global attributions. This hypothesis was unsupported. We found medium effect sizes for locus of control and globality, such that those experiencing an AVE had a *less* internal locus of control and higher globality ratings than those who did not. Ratings for the other two dimensions were very similar for both groups. So, with the exception of globality, we did not find support for H3.

However, the internal locus findings are particularly interesting and unexpected. As can be inferred from Table 4, at the point of relapse 13 of the 15 participants were attributing their behaviour to internal causes. This is markedly higher than we would expect, particularly given that a number were not experiencing an AVE at this point. This finding is in striking contrast to Ward et al., where more than half of the sex offenders were making external attributions at this point, even though they were at the beginning of a voluntary treatment programme. By contrast most of the offenders in the present study had not been provided with intervention.

The finding is also higher than would be expected from other New Zealand research on men's partner abuse. Leibrich, Paulin, and Ransom, (1995) found that a third of men in this community survey reported internal factors as one of the top three causes of partner assault, of which the most common was loss of control over anger. External victim and situational factors were far more common. This difference is not easily explained without further research. However, research in progress on modelling the offence processes of men who assault their partners suggests that they tend to already have an abstinence rule about hitting their partners prior to offending, and regardless of whether they have been treated. This rule is based not on some abstract moral stance, but on their experiences of the impact on their relationships of hitting their partners. These men are clearly blaming themselves (e.g., "I lost control of my anger", "my jealousy got the better of me") at the point of relapse, even though early in the offence process they may blame their partners, family members or other external causes (Polaschek and Murdoch, 2003).

We also expected in H4 that participants experiencing an AVE would report higher negative emotions than those who did not experience this phenomenon. There was partial support for this hypothesis, with higher ratings for sadness, anger, hostility, fear, shame and shyness. However, disgust, contempt and guilt were no different, contrary to predictions. Visual comparison with data reported by Ward et al. (1994) suggests that there may be significant differences in levels of reported affect between this sample and their child sex offenders. We found apparently higher ratings for most of the negative emotions for the AVE-offenders compared to their sample.

Finally, in a direct test of the usefulness of the Weiner (1986) reformulation (Hudson et al., 1992), we examined whether those making internal and controllable attributions reported more guilt, and those making internal and uncontrollable attributions experienced more shame than those who did not. Our findings were consistent with the Weiner predictions. Thus H7 and H8 were supported.

Clinical implications

The degree of variation found in the attributions and emotions across these 15 men supports the importance of thorough assessment with individual offenders, rather than the wholesale imposition of a single offence chain template, as has been the tradition with RP. The results imply that there are likely to be distinct offence pathways for men's partner assaults.

It is often assumed that untreated violent offenders will not be motivated to avoid violent behaviour. The evidence here indicates that for domestic assaults, this assumption may

often be wrong; two-thirds of this sample experienced some form of AVE, indicating that they were attempting to restrain themselves from carrying out the very actions that followed. At the same time, a number of offenders reported high positive emotions at lapse and relapse, sometimes alongside their high negative emotions. Positive emotion ratings suggest that some offenders may have had approach goals (i.e., they were actively seeking the opportunity to hit their partners), at some point in the process. However, more confidence about the exact shape of the offence pathways of domestically violent men awaits the development of a descriptive model of this type of offending. This work is currently underway.

Limitations and suggestions for future research

Clearly these findings are suggestive rather than definitive. It proved difficult to obtain an adequate sample size. As a result, a number of compromises were necessary in the analyses. We used effect sizes because lack of statistical power made the likelihood of a Type II error unreasonably high. However, effect sizes do have associated confidence intervals and we have chosen not to report these because of the exploratory nature of the investigation. We also made no attempt to correct for the number of tests conducted. Therefore replication with a much larger sample would be an important first step before firm conclusions can be drawn.

There are a number of other limitations with this study. These are difficult phenomena to operationalise and measure, and the procedure for participants was lengthy and exacting. It required them to retrospectively make distinctions across a small interval of time (i.e., the duration of the offence) for events that were sometimes a year or more in the past. The DES-4 only includes two positive emotions; emotions relevant to offending such as excitement are omitted. Furthermore, in violent offenders anger can be experienced as a positive or negative emotion, suggesting that separating anger out from other negative affect in analyses with a larger sample would be worthwhile. Replication of the high internal locus finding will also be important; offenders have often been assumed to have a relatively external locus of control although evidence is sparse (Ross & Fabiano, 1985). If our findings are typical of domestically violent offenders, they suggest they may be less entrenched in blaming external causes than child molesters. However, self-blame can also be a barrier to avoiding re-offending; without intervention, shame in particular, with its association with uncontrollable causes can undermine motivation to attempt self-regulation.

We believe despite these limitations, that these findings enhance understanding of the relevance of the RP model to other types of offending than child sexual abuse. We have established that attribution-emotion rating combinations consistent with a variety of theoretical definitions of the AVE can be found in male batterers. We also found that a significant proportion of the sample showed other attribution-emotion patterns that imply the need to develop multiple pathway models rather than relying too heavily on RP as a model of the offence process.

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