Batterers' Intervention Program Study

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Batterer's Intervention: Introduction

Abstract

As part of the Domestic Violence Strategic Plan for the City of Seattle, the Human Services Department contracted with Seattle Municipal Court to complete a study of Batterer's Intervention programs. In order to determine whether batterer's treatment intervention is implemented effectively, the purpose of the study was to analyze current agency practices, compare current program standards with national research in the field, analyze criminal behavior of defendants in the programs, and develop recommendations. In addition, the goals of this project are as follows:

- Define what makes a successful program
- Formulate new batterer intervention policy
- Change business practices, if needed
- Evaluate whether to seek change in state law for a DV deferred prosecution similar to DUI.

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Background

The literature on batterer's intervention treatment programs reports conflicting results regarding outcomes. These are summarized in the literature review. However, there is presently no comprehensive method of determining what works and what does not work in batterers' treatment. There also does not seem to be a universally agreed upon

definition of "what works" in batterer's intervention, although the cessation of battering behavior including both physical violence and psychological battering is a major focus. How to measure these outcomes is a complex issue. Measuring change within the context of participation in and completion of treatment is one way to ascertain change, but it is not complete. Another measure is future convictions as measured by recidivism rates; the difficulty with recidivism rates is that they do not capture behavior that is not reported to the police nor future arrests without convictions. Therefore, arrest rates are also included in this report. Successful completion of treatment, arrest and conviction rates are only one aspect of measuring change. Other measures, such as victim reports, that are an important part of measuring change in behavior were beyond the scope of this project. At present, neither the agencies nor the City of Seattle measures recidivism rates. Many of the agencies do measure rates of treatment completion. The recidivism data do not include any out-of-state convictions, so this is another piece that is missing from this study.

Change in attitude and control behavior is difficult to measure. We did not ask the agencies to share any information about individual defendants other than what was already in treatment reports. These reports varied significantly in terms of the type of information shared. Many provided dates of compliance or non-compliance with little if any qualitative information.

The City of Seattle Human Services Department has contracts with four state-certified Batterers' Treatment Programs to support the treatment of indigent domestic violence offenders who reside in Seattle. Family Services and Highline West Seattle Mental Health serve the general population. Asian Counseling and Referral Services and Consejo are the only state-approved providers for treatment to Asian/Pacific Islanders and Hispanic communities.

One of the major concerns about Batterers' Intervention has been the dropout rate. In 2003, the four agencies funded by the city had a combined dropout rate of 46%. There was concern that the one-size fits all model is problematic for the battering population.

Methodology

The purposes of this study were to:

I. Analyze current agency practices:

- Through the use of interviews with the 12 most used agencies and review of documents, assess current practice, variables of the programs, and what treatment providers think contributes to successful completion.
- Through interviews with probation counselors, determine what they think works with DV defendants and what services are the most effective.
- Evaluate the reasons that ethnic-specific programs have a lower dropout rate.
- Examine culturally relevant treatment practices.
- Analyze court records to measure and evaluate the following:

1. The percentage of DV defendants who are also in Chemical Dependency treatment, including but not limited to which program came first, and how long it took for defendants to complete each program.
2. Identify barriers to getting into and completing DV treatment (financial, transportation, medical issues, chemical dependency issues, mental health issues, etc.)
3. Measure the length of time to get into treatment, length of treatment, dropout rates and reasons, number of defendants who left treatment and later returned, number of and reasons that defendants switched agencies.

II. Through a literature review, compare agency practices with national practices

III. Analyze criminal behavior of defendants in programs:
- Variables of defendants: age, gender, ethnicity, employment status, socioeconomic status, present criminal charge
- Complete a criminal history of defendants in the defined treatment programs, tracking prior history and criminal behavior since the offense. Recidivism was tracked in the following categories: felony DV, misdemeanor DV, other felony, and other misdemeanor.
- Track new convictions and arrests per agency while defendant in treatment.
- Track new convictions and arrests per agency post treatment.

Methods used to collect information were a combination of interviews and analysis of existing data.

Interviews were conducted with Judge Rietschel, Judge Mamiya, Judge Hightower and Commissioner Eisenberg, probation counselors, and representatives from agencies that provide Batterer Intervention Treatment. In addition, there was a stakeholders group consisting of agency representatives, probation counselors, victim's advocates, and representatives from the defense bar. Their purpose was to provide input and make further recommendations for the study and its progress.

Data analysis was completed on existing data. Information was culled from the following sources:

Municipal Court Information System (MCIS)
Tracker (Probation Case Management Program)
Recidivism Data from the Washington State Institute of Public Policy
District Court Information Systems (DISCIS): All criminal history
Probation paper files

Defendant data: The database created for this study includes all 2356 defendants placed on probation by the Court for a domestic violence offense during the period of January 2000 through December 2002. The 2356 defendants were sorted into categories: defendants who were not ordered to Batterers' Intervention Treatment, defendants who

never went, defendants who dropped out, defendants who went to agencies other than the 12 most used, and defendants who completed treatment.

Agency information: Defendants chose the treatment agency from a list provided by the probation counselors. Neither the Court nor probation makes any recommendation for a specific agency with a few exceptions. If the defendant speaks primarily Spanish or an Asian language, the probation counselor would probably recommend Consejo or ACRS, as they provide treatment in different languages. Gay male batterers were usually referred to David Vandergrift.

The information in Tracker was then downloaded to pick the agencies that were used most by defendants. There were twelve agencies that were used most often, and they are all part of this study.

Data Difficulties:

There were a number of difficulties in collecting the data as described below:

1. The conviction data from the Washington State Institute of Public Policy listed many domestic violence assaults as assaults. This problem, which is being fixed, was due to a miscommunication between the Court and the Administrator of the Court. This necessitated the analyst to look up many individual cases in DISCIS (statewide criminal history database).
2. The probation files do not always have the agency reports. In the past few years, the information from the agency reports is recorded in Tracker and the reports themselves are filed in boxes. The probation counselors do not record exact dates of treatment in Tracker, only the date a report was received. For a number of cases, it was difficult to determine start and stop dates unless the probation counselor recorded these in their notes.
3. There were times when the information in Tracker did not match the information in the paper files. Of the 735 cases, 4.6% of the paper files could not be found. This did not adversely affect the data, as much of the information was in Tracker.

Introduction to Data

The database created for this study includes all defendants, 2356 in total, who started probation for a domestic violence offense between January 2000 and December 2002. This time period enabled us to track recidivism rates.

The study is limited to 734 defendants who were served by the 12 agencies that defendants from Seattle Municipal Court chose the most often to attend. These agencies were identified through Tracker, the probation case management program used by probation counselors. The analysis also included defendants who went to more than one treatment agency.

The following groups of defendants are beyond the scope of this study:

- Defendants not ordered to attend Batterers Intervention Treatment (n=816; 35%)
  These defendants were ordered to complete a variety of sanctions, such as drug/alcohol assessment and/or treatment, anger management, mental health assessment/treatment and parenting classes. Recidivism data on this group of defendants is available, but it has not been analyzed as part of this project

- Defendants who went to other than the 12 most used agencies (n=226; 10%)
  Recidivism data on this group of defendants is available but has not been analyzed as part of this project.

- Defendants ordered into Batterers Intervention Treatment, but never went (n=580; 25%)
  The only data collected on this group of defendants is recidivism data so it could be compared to defendants who went to treatment.

List of Variables

Name
Date of Birth
Gender
Race
Age at the start of probation period
Education categories
Income categories
Date of first probation appointment
Date of first treatment appointment
Time from first probation appointment to first treatment appointment
Categories of victims
Date of agency intake
Date of first treatment appointment
Time between agency intake and first treatment appointment
Date ended treatment
Time in treatment
Breaks in treatment
Whether ordered to chemical dependency treatment by the court or the agency
Whether chemical dependency treatment was completed
Barriers to treatment
Criminal history: juvenile, DV misdemeanors and felonies, non-DV misdemeanors and felonies
Date of last prior offense
Time between last prior offense and present offense
Recidivism: date of next offense, DV Misdemeanor and felonies, non-DV misdemeanors, and felonies
Prior bookings
Subsequent bookings by new DV offense, sentencing/other jail time for DV, new non-DV offense, and sentencing/other jail time for new DV offense
Status of probation: Closed as completed, closed due to substantial compliance, warrant, revoked, stricken for other reason, still open with DV treatment completed, and still open with DV treatment not completed; date probation ended

Listing of Agencies

The 12 agencies with the agency abbreviations, where appropriate, included in this study are:

Associated Behavioral Health Care (Associated)
Asian Counseling & Referral Service (ACRS)
Anger Control & Treatment Therapies (ACT&T)
Consejo
David Vandergrift
Family Services
Highline West Seattle Mental Health
Ina Maka
Morgan
Northwest Family Life (NWFL)
Options
Seattle Mental Health (SMH)

Demographic Information

There were 734 defendants who went to treatment at any of the 12 agencies.

Gender:

- 695 or 94.6% were male
- 39 or 5.3% were female

Age: The average age was 36.

Race/Ethnicity: The Court only has the following designations for race (Hispanics and Latinos are classified as Caucasian). A more complete explanation can be found in the section on the relationship between race and completion of treatment.

- Caucasians: 55.9%
- African Americans: 28.6%
- Asians: 11.0%
- American Indian: 1.4%
- Unknown: 2.8%

Education: A high school education or GED is the most common educational level for all defendants. The range is from no education to a Master's degree or higher.

Economic status is incomplete. The only income information available is the reported income from the defendant and does not include any other family income. This said, the following are reported income levels for all defendants:

- Income less than $10,000: 1.6%
- Income between $10,001 and $24,999: 25.9%
- Income between $25,000 and $49,999: 18.5%
- Income between $50,000 and $74,999: 2.3%
- Income over $75,000: .02%
- No income: 16.8%
- Income unknown: 34.1%

According to the Federal Poverty Guidelines from 2001, the poverty income level for a single person was $8590. For a family of two people, the poverty level was $11,610 and for a family of three it was $14,630. As we do not know how many people were living in the defendant's household when the income was reported, it is difficult to say how many more than the 1.6% who made under $10,000 were indigent. Many of the 25.9% of defendants who had incomes between $10,001 and $24,999 could very well fit into that category.

Treatment Completion And Time Frames

Of the 734 defendants who started Batterer's Intervention Treatment, 478 or 65.1% completed.

63.1% of males (n=695) completed treatment.
66.0% of females (n=39) completed treatment.

The first chart shows the numbers and percentages of defendants who completed treatment at each agency. Of the agencies in the study, David Vandergrift had the highest completion rate (85%). He works exclusively with gay male batterers. Seattle Mental Health had the lowest completion rate (34%). They work with a significant number of defendants with mental health issues. Family Services also has a low completion rate (45%). They sometimes require defendants to attend parenting classes before they are considered to have completed treatment, which may have an effect on their low completion rates.

Start and completion dates for treatment were culled from treatment reports and notes from the probation counselor in Tracker. Although these dates were difficult to determine in some cases, an overall picture is available.

The average amount of time it took to complete treatment was 14.6 months.

- 19.7% or 94 completed in less than a year. Of these, 73% completed in the 11-12 month range.
- 57.1% completed in more than a year, but under 1.5 years
- 16.3% completed in 1.5 years to 2 years
- 4.2% took over two years to complete
- The timeframe is unknown for 2.5% of defendants

Although this seems to indicate that 19.7% of defendants finished treatment in less than a year, for 73% of these cases treatment was completed in 11-12 months. For many of the cases, the treatment reports are not available. The information was gathered from notes in Tracker and many of the dates may not be accurate.

The second chart shows the average amount of time it took defendants to complete treatment per agency. (For defendants who went to multiple agencies, the time in the two agencies was added together). The third chart shows the number of defendants finishing treatment within different time periods.

Although the WAC requires a year in treatment, there are a number of reasons for data that show defendants finishing in under a year:

- Some of the data are inaccurate.
- Tracker indicates defendant finished treatment and case is closed, but there is no verification from the agency.
- Some are unknown.

There was a vast range in time for completion of treatment. Much of this is due to breaks in treatment. Typical reasons for breaks included financial difficulties, travel for work or personal reasons, and a need to get other types of treatment (chemical dependency, medical). Sometimes there were no stated reasons.

Of defendants who dropped out of treatment, the average amount of time spent in treatment before dropping out was 6.8 months. This might account for the fact that this group of defendants had a 16.5% Domestic violence recidivism rate vs. 30.5% for those who never went. This is another clear indication that some treatment is better than none.

	Total Defendants	# That Completed Treatment	% That Completed Treatment
David Vandergrift	27	23	85.2%
NWFL	69	55	79.7%
ACRS	34	27	79.4%
ACT&T	61	47	77.0%
Options	16	12	75.0%
Associated	112	80	71.4%
Consejo	54	37	68.5%
Ina Maka	17	11	64.7%
HWSMH	138	87	63.0%
Multiple	74	43	58.1%
Morgan	25	12	48.0%
Family Services	69	31	44.9%
SMH	38	13	34.2%
Totals	734	478	65.3%

Average And Range Of Time Spent In treatment

	Agency	Average Time In Treatment (in months)	Range of time to complete treatment (in months)
	ACT&T	18	10.5 - 45
	ACRS	14.3	9.0-27.4
	Associated	14	9.1-26.8
	Consejo	12.3	10.3-19.7
	David Vandergrift	13.6	10.1-20.3
	Family Services	21	9.8-40.1
	HWSMH	15	10.0-24.8
	Ina maka	10	10.1-21.5
	Morgan	13.5	11.0-17.5
	NWFL	17	11.8-30.6
	Options	11.7	11-23.7
	SMH	14.5	11.4-20.7
	Multiple Agencies	14.6	6.9-34.8
	Average	14.6	

Number And Percentage Of Defendants Completing Treatment Within Different Time Frames

	Totals	Under a year	% under a year	12-17.9 months	% from 12-17.9 months	18 -23.9 months	% from 18-23.9 months	over 2 years	% over 2 years	Unknown	% Unknown
ACT&T	47	1	2.1%	27	57.4%	15	31.9%	4	8.5%	0	0.0%
ACRS	27	1	3.7%	23	85.2%	1	3.7%	1	3.7%	0	0.0%
Associated	80	6	7.5%	64	80.0%	6	7.5%	1	1.3%	3	6.4%
Consejo	37	24	64.9%	11	29.7%	1	2.7%	0	0.0%	1	3.7%
David Vandergrift	23	7	30.4%	13	56.5%	3	13.0%	0	0.0%	0	0.0%
Family Services	31	2	6.5%	9	29.0%	14	45.2%	6	19.4%	0	0.0%
HWSMH	87	24	27.6%	43	49.4%	17	19.5%	1	1.1%	2	8.7%
Ina Maka	11	6	54.5%	4	36.4%	1	9.1%	0	0.0%	0	0.0%
Morgan	12	3	25.0%	9	75.0%	0	0.0%	0	0.0%	0	0.0%
NWFL	55	2	3.6%	33	60.0%	14	25.5%	4	7.3%	2	18.2%
Options	12	5	41.7%	5	41.7%	1	8.3%	0	0.0%	1	8.3%
SMH	13	3	23.1%	7	53.8%	2	15.4%	0	0.0%	1	1.8%
Multiple	43	10	23.3%	25	58.1%	3	7.0%	3	7.0%	2	16.7%
Totals	478	94	19.7%	273	57.1%	78	16.3%	20	4.2%	12	2.5%

	# under a year	# completed in 11-11.9 months
ACT&T	1	1
ACRS	1	0
Associated	6	4
Consejo	24	19
David Vandergrift	7	6
Family Services	2	1
HWSMH	24	23
Ina Maka	6	2
Morgan	3	3
NWFL	2	2
Options	5	5
SMH	3	3

Agency Report

Interviews were conducted with each agency for the purpose of gathering information about their programs. This information was compiled and sent to each agency for review. All agencies were invited to a meeting on August 31, 2005 to discuss preliminary findings.

These agencies provide Batterers' Intervention for defendants from a variety of courts. Their comments about courts and Judges are not, therefore, specific to Seattle Municipal Court. Their comments about the Seattle Municipal Court probation department were consistently very positive.

The agencies in the study are:
Anger Control and Treatment
Asian Counseling and Referral Service
Associated Behavioral Health Services
Consejo
David Vandergrift
Family Services
Highline West Seattle Mental Health
Ina Maka
Morgan
Northwest Family Life
Options
Seattle Mental Health

(note: Three phone calls and a letter were sent to Ina Maka with no response. Other than defendant data, no information is available from this agency.)

The types of information collected are as follows:

- Fees
- Attributes of the program and what works
- How the agency handles chemical dependency issues
- Barriers to treatment completion
- Victim contact and services
- Needs identified by the agencies
- Probation comments about the agency

An evaluation was then done to determine whether the information from the agencies is consistent with the data gathered on the defendants.

Please note that the defendant data was collected for defendants placed on probation from January 2000 through December 2002 and the information from the agencies was collected in 2005. Some of the agencies reported programmatic and/or staff changes during this period of time.

Following is a summary of information about the agencies. Individual defendants were not discussed, and direct observation was only done at the Seattle Mental Health program, which is located at the Seattle Municipal Court building.

1. Fees: Fees vary from $10 to $80 per session. All agencies have some sort of sliding scale fee, and all state that they work with defendants who are having financial difficulties if they are trying to pay and are participating in treatment. However, there are a number of defendants who were terminated for failure to pay. Among defendants who switched agencies, 20% were terminated from NWFL for failure to pay, 15 % were discharged from Family Services for failure to pay, and 33% discharged from Morgan for failure to pay. In addition, most agencies will not consider a defendant "completed" if they still owe the agency money. David Vandergrift has an unusual method of setting fees for those who cannot afford treatment: he lets the defendant set their own fee and holds them to it. This seems to work; the completion rate for participants in his program is very high and recidivism the recidivism rate is very low.

   Fees per agency: See addendum

2. Attributes of programs:

   - Intake Interviews: Family Services does the most extensive and lengthy intake interviews. They have a two-part intake process and will not accept a defendant into the program until they have received all pertinent information, including, but not limited to a substance abuse evaluation. Highline West Seattle Mental Health and Northwest Family Life also have a multi-phase interview process.

   - Waiting list: ACRS is the only agency that consistently has a waiting list. They would like to be able to provide some type of programming for defendants waiting to enter treatment, but do not have the resources to do this. In the past, Seattle Mental Health had a waiting list for some defendants. For most agencies, the sooner a defendant starts treatment, the more likely he is to complete, but this is not true for ACRS, possibly due to the language-specific programs.

   - Program attributes:

     The Washington Administrative Code (WAC 388-60-0235) requires that the treatment program must follow a specific educational curriculum for all participants in the program. The WAC lists the topics that must be included in the treatment program, including belief systems that allow violence against women, definitions of abuse, forms of abuse, impact of abuse on children, and techniques to be nonabusive, etc.

Most of the agencies use the Duluth Model, which is a cognitive-behavioral program that focuses on how power relationships and entitlement are reflected in individuals, families, communities, and different cultures. There is a curriculum designed to diminish the power of batterers over their victims and to explore with each abusive man the intent and source of his violence and the possibilities for change.

ACT&T uses detailed objectives in the individualized contracts with defendants and treatment plans. They use role-plays to enable the defendant to act out the victim's point of view. They do treatment plans and require homework from the defendants. They also work with gay, transgender, and transsexual defendants.

ACRS uses the Duluth model, closed groups and co-facilitators. Their program is 14-16 months, and they provide groups twice a month in the monthly phase. They offer batterers intervention treatment in a variety of Asian languages, using multilingual staff and contracted interpreters. They work with defendants' cultural issues, as many of their immigrant clients do not understand the legal and cultural differences in this country. They are collaborating with Family Services, providing a joint batterer's intervention and chemical dependency group.

Associated provides a balance between a highly confrontational and therapeutic intervention. They provide a variety of services including mental health and chemical dependency.

Consejo provides batterer's intervention treatment in Spanish. They also work with defendant's cultural issues and report that court terminology is an issue for many of their defendants. They have a women's batterers' group although it is small.

David Vandergrift works primarily with gay men. Most defendants in his program stay in weekly groups rather than move to a monthly schedule after six months. He thinks that Duluth does not go far enough in that it is primarily an educational program and defendants need a wider variety of therapeutic interventions.

Family Services uses the Duluth model with some changes and Emerge, which is a motivational enhancement program. They require a DV dad's group and respectful parenting group if there are children in the family They measure change through behavior change and partner information. They utilize role-play and videotape in their group sessions. They have recently started a lesbian group and a joint batterer's intervention and chemical dependency group in conjunction with ACRS.

Highline West Seattle Mental Health provides a cognitive/behavioral and developmental approach. They view Batterers' Intervention as a growth program and work on attachment issues. They believe in modeling an atmosphere that is non-violent, trusting, safe, and respectful

Morgan sees their providers as role models and the group as a safe place. They also provide a parenting program. They have five offices, and provide a manual for defendants as well as homework. They provide groups for women and one group in Spanish in Auburn.

Northwest Family Life describes themselves as a faith-based program. All of their staff are people of faith. They say that many of the defendants are not aware of this. They staff their cases and consult with each other. They also do a lot of training in the community, especially with pastors who want the families to stay together.

Options tries to work with defendant's shame and guilty. They present the same topic at groups each week, so if a defendant misses a group, they can attend another. They do not do many writing assignments.

Seattle Mental Health uses a relational, cognitive approach. They think Duluth needs to be supplemented with a more clinical approach. Their approach appears to work for mentally ill people if they are in mental health treatment and/or taking prescribed medications.

3. What works: Most agencies provided similar responses. They think that a combination of accountability for defendants by the courts and some motivation on the part of the defendant are critical to successful completion of treatment. In addition, good communication with probation is important.

- ACT&T thinks that their success with defendants is due to the relationships they establish with their clientele, their ability to listen, and their specific treatment programs. Their program is a clinically based treatment system offering therapy and education using the Duluth model.
- ACRS: They think what works is good communication with probation, and consequences for defendants. The staff does a lot of consultation with each other on individual defendants. They try to work with defendant's cultural needs
- Associated: They think that accountability and seeing the defendant often in order to know what is going on in their lives is important, as well as defendants who are motivated, open to the educational process, and feel comfortable with the program.
- Consejo reports that trust, compassion, and patience are important attributes of success along with working with defendant's cultural issues.
- David Vandergrift thinks that bonding with defendants without colluding, responding to people's needs, and more than just an educational approach

works with defendants. He also think that the courts need to hold defendants accountable in a timely manner.

- Family Services thinks that what works is a coordinated system response: sanctions from the Court and intensive probation monitoring because defendants need an external motivator.
- Highline West Seattle Mental Health thinks that a team approach and accountability from the court works.
- Morgan thinks that their work on values and choices along with accountability is what works for the defendants in their program.
- NWFL thinks that good relationships with probation, the defendant's relationship with the therapist and accountability works for defendants.
- Options thinks that a credible program with understandable language, accountability and respect for defendants works for defendants.
- Seattle Mental Health concentrates on choices the defendant makes.

4. Substance Abuse

All agencies report screening for substance abuse issues. Some agencies provide substance abuse treatment at the agency; others refer out. Agencies usually require defendants to complete most if not all of the intensive outpatient phase of substance abuse treatment prior to starting the Batterers' Intervention program. There are a few exceptions to this: ACRS and Family Services have just started a joint substance abuse/Batterers' Intervention program. ACT&T will have the defendant attend one or two Batterers' Intervention groups prior to starting substance abuse to allay their fears about the Batterers' Intervention Treatment. Consejo has some defendants do both simultaneously if the substance abuse issue is not severe.

5. Barriers to Treatment:

All of the agency responses to this question were somewhat similar. The most common barriers reported by agencies are financial, lack of accountability for defendants by the courts, defendants who blame the system and do not want to change and cultural values that say that domestic violence is acceptable.

6. Victim contact:

The Washington Administrative Code has specific requirements agencies must follow to address victim safety (WAC 388-60-0065). These include notification to the victim of participant enrollment or rejection by the agency, informing victims about services offered in the community, documenting efforts to notify victims and giving victims information about the program. All agencies appear to follow the WAC requirements. Although it is not required by the WAC, the agencies attempt to notify victims when a defendant has either completed or absconded from treatment.

The agencies also all say that making contact with the victim can be difficult, as many times the victim will move. Some courts do not readily provide victim contact information. The agencies approach to victim contact varies. Associated Behavioral contracts with an outside provider of domestic violence victim services to make victim contact. ACRS, Morgan and Options make the required contacts, but refer out for services and support. ACT&T does safety planning and makes referrals; they will not allow a defendant to graduate until they have checked with the victim. Northwest Family life provides support groups for victims in a separate location. Seattle Mental Health has a liaison for victim contact and Highline West Seattle Mental Health has a victim advocate on staff; both feel they put a lot of resources into working with victims. David Vandergrift makes his own contacts and invites victims to meet with him at no charge. Family Services makes their own contacts with victims and claims they have more contact than other agencies.

7. <u>What the system and/or the agency needs</u>: Representatives from all the agencies were very vocal about needed changes.

ACT&T:

- More accountability and communication with courts
- Longer probation or quicker enrollment
- Immediate consequences for failure to attend treatment
- One domestic violence court for the county
- No Anger Management or Domestic Violence Victims' Panels for batterers
- Peer group review of agencies
- Need a task force where the entire community comes to the table

ACRS:

- Extension of probation for three years
- Response from probation when a defendant goes to court for non-compliance
- More resources to provide defendants with services while on a wait list
- More education for court personnel
- Working consortium and coordinated community response
- An alternative for defendants where treatment is not workable or they can't find an interpreter

Associated Behavioral:

- More coordination between providers, especially when defendants switch agencies
- Better information from probation departments (police reports, etc.)
- More communication between defense, probation, victim advocates
- Fast track prosecution of cases
- No Stipulated Orders of Continuances for domestic violence cases
- Change the WAC to weekly groups for a longer period of time and do away with monthly meetings

- Create sentencing standards: sanctions are the same for the 2nd and 3rd time offenders
- Domestic violence education in high schools
- Judges should not order domestic violence evaluations

Consejo:

- More sessions: should be nine-month groups, then twice a month
- Defendants need to start treatment earlier
- Closer monitoring the first 90 days
- Court needs better follow up for violations
- More Domestic Violence education/prevention, for example in schools
- Aftercare by qualified people: support group, mentoring, or peer-to-peer
- Treatment recommendations from agency should be taken seriously
- Comprehensive system of care
- Housing
- More work from advocates
- Better legal services for indigent immigrants, especially in divorce cases

David Vandergrift:

- Two year long program: one year of group and one year of monitoring
- Aggressive domestic violence campaign: churches, public speaking by batterers who "get it"; presence in the workplace
- Community task force to coordinate services
- Accountability for how programs are run; need independent body to scrutinize
- More accountability in courts
- More financial resources
- Not enough gay men in batterer's intervention treatment

Family Services:

- More resources
- Early intervention/education in Junior and High Schools
- Education for attorneys
- Another alternative for some defendants

Highline West Seattle Mental Health:

- Domestic violence education in schools
- More education about domestic violence issues for everyone in the criminal justice system.
- Not enough financial support for indigent batterers
- Caseload too high
- Domestic violence treatment for people in prison
- More time on probation, especially if need substance abuse treatment first
- Cultural change: There is no consensus in our culture that violence is bad

Morgan:

- Longer program
- Aftercare
- More resources for treatment, housing, jobs and for children
- Need equitable way to transfer cases between programs; some programs give credit for time in an earlier program and some do not.
- Need a local certification board with accountability
- Courts should not do bench probation
- More accountability
- Need a coordinated community response; no one goes to the task forces

NW Family Life:

- More education especially for Guardian Ad Litems, attorneys and in schools
- Problem getting victim phone numbers and addresses
- Would like probation standards of contact with defendants made available to agency
- Probation ends too soon
- Need better police response

Options:

- Time frame a little pressed
- Difficulty getting police reports
- JIS (criminal history information on each defendant)
- Better coordination from each court
- Wants response from the Court when a defendant goes to court for noncompliance to know what court does.

Seattle Mental Health:

- Likes six months of individual sessions after weekly groups rather than monthly groups; it gives people tools to work with
- Change the WAC: It is not in line with best practices; family/couples therapy is appropriate in some situations.
- Length of time on probation does not matter; what happens in the sessions is more important

Agency Evaluations:

The following information ties the agency interviews, feedback from probation, and data.

ACT&T:
Probation Comments: this agency does a good job keeping contact with victims and with probation, especially if the defendant fails to appear. The reports from ACT&T gave attendance dates, but minimal information about the person.

ACT&T ranked fourth in completion rates at 77.05%. The re-offense rates for those who completed treatment was 8.5%, slightly higher than average. Dropouts from ACT&T had a 7.1% recidivism rate, considerably lower than the average of 16.7%. 51% completed treatment in a 12 - 18 eighteen month time frame.

ACRS:
Probation Comments: The comments about ACRS were positive, but not specific. The reports did not always have specific treatment dates.

ACRS ranks third in treatment completion at 79.41%. The re-offense rates for those who completed treatment was 3.7%, one of the lowest of the agencies. Dropouts from ACRS had a 0% re-offense rate. ACRS provides treatment in different Asian languages and works with cultural issues. This seems to make a difference.

Associated:

Probation Comments: This agency is accessible for defendants, but sometimes their offices do not communicate with each other and it is hard to track down the counselors. Their reports are improving. In the past, they did not provide all dates of attendance.

At 71.43% Associated ranks sixth in completion rates. The re-offense rates for those who completed treatment was 5.0%, a little lower than average. Dropouts from Associated had a 24.1% re-offense rate.

Consejo:

Probation Comments: This agency is very accessible and defendants report they get something out of the groups. The reports are in a letter format with dates of attendance and defendant information.

Consejo ranks 7th in completion rates, at 68.52%. The re-offense rates for those who completed treatment was 8.1%, a little higher than average. Dropouts from Consejo had a 5.9% reoffense rate, considerably lower than average. It is difficult to determine why the reoffense rates were higher at Consejo.

David Vandergrift:

Probation Comments: David works well with defendants. He also communicates with probation, making suggestions for probation on defendant issues.

At 85.19%, David had the highest completion rate. No defendant who saw David for treatment re-offended. He works almost exclusively with gay male batterers. He has a unique way of handling defendants who cannot pay, and it may be that the comfort level that defendants have with him have something to do with the results.

Family Services:

Probation comments: Family Services does a lengthy, but very thorough intake process. They look at how domestic violence impacts the whole family. Probation thinks their fees are higher, but they provide more services than other agencies.

At 44.93%, Family Services ranks 11th out of 12th in completion rates. This may be due to the additional requirements that Family Services has, for example, the Dad's Group. The low completion rate does not correspond to the reoffense rate. 6.5% of defendants who completed treatment and 5.4 % of dropouts out reoffended.

Highline West Seattle Mental Health:

Probation reports that Highline includes significant information in their reports and provides excellent information when called.

At 63.04%, Highline ranks 9th in completion rates. 9.2% of the defendants who completed treatment and 22.4% of the dropouts reoffended. Many of their defendant population have mental health issues, which may affect their completion rate.

Ina Maka:

There were only 17 defendants in this study who went to Ina Maka. It is difficult to draw conclusions with such low numbers. Ina Maka works primarily with women. 16 out of the 17 defendants in this study were women. They provided a lot of one-on-one treatment.

At 62.71% Ina Maka ranks 8th in completion rates. Of the defendants who completed treatment, none re-offended. 40% of the dropouts reoffended.

Morgan:

Probation Comments: They do not receive the treatment reports in a timely manner and the communication with the agency could improve.

At 48%, Morgan ranks 11th in completion rates. 8.3% of the defendants who completed treatment and 30.8% of the dropouts reoffended.

Northwest Family Life:

Probation Comments: There is good communication with this agency. They try to keep defendants in treatment for a longer period of time and try to keep the door open with defendants. The written reports were complete, including comments about the defendant's progress.

At 79.71%, Northwest ranks second in completion rates. 5.5% of the defendants who completed treatment and 16.7% of the dropouts reoffended.

Options:

Probation Comments: Defendants say they learn a lot at this agency. The treatment reports are sent in a timely manner, have dates of attendance and good information about the defendant. There were only 16 defendants in this study who went to Options. It is difficult to draw conclusions with such low numbers.

At 75%, Options ranks 5th in completion rates. None of the defendants who completed treatment or dropped out reoffended.

Seattle Mental Health:

Probation Comments: The comments about Seattle Mental Health are positive. Defendants report liking the agency. Seattle Mental Health provides treatment groups in the Seattle Municipal Court building, which is convenient for defendants who also need to see their probation counselor. Their reports provided both dates of attendance and comments about defendants' progress.

At 33.3%, Seattle Mental health ranks last in completion rates, which may be attributed to mental health issues of many of their clients. 7.7% of defendants who completed treatment and 17.4% of the dropouts reoffended. Mental health issues could be the factor for the low completion rates.

Conclusions

It is very difficult to determine qualitative differences between the agency's approach to Batterers' Intervention based solely on one interview. All of the agencies appear to comply with the rules of the Washington Administrative Code. Occasionally there would be a defendant who completed treatment in less than a year, but this data is not 100% reliable due to data difficulties mentioned earlier in this report.

The agencies all have different reporting formats they use to provide probation with defendant compliance and non-compliance. They also report to a number of courts. It would be simpler for probation if all agencies used the same format, particularly considering the numbers of defendants who are in treatment.

Agencies that provide culturally specific treatment modalities overall are more successful if one measures success by completion and recidivism rates. David Vandergrift who works with gay defendants had the highest completion and lowest recidivism rates. ACRS also had very low recidivism rates. Consejo's recidivism rate was a little higher than average, but still under 10%.

The two agencies that provide batterer's intervention treatment with more defendants with mental health issues, Seattle Mental Health and Highline West Seattle Mental Health have lower recidivism and completion rates, possibly due to the mental health issues.

Other than Seattle Mental Health, the other agencies report needing more time on probation for defendants to successfully complete treatment. The data does not support this perceived need. The amount of time in treatment has no relationship to recidivism rates. For defendants who completed treatment and reoffended after treatment started, the average amount of time they were in treatment was 16.5 months.

The agencies agreed that there are certain characteristics of defendants that made them not good candidates for batterer's intervention. Most agreed that batterer's intervention is not appropriate for defendants with serious violent offenses in their backgrounds. This is supported by the data. 67% of defendants with prior felonies did not complete treatment. Some of the agencies reported that batterer's intervention is not appropriate for defendants who are sociopathic, extremely narcissistic, psychotic or aggressive and threatening.

Characteristics Of Defendants Who Did Not Complete Batterers' Intervention Treatment

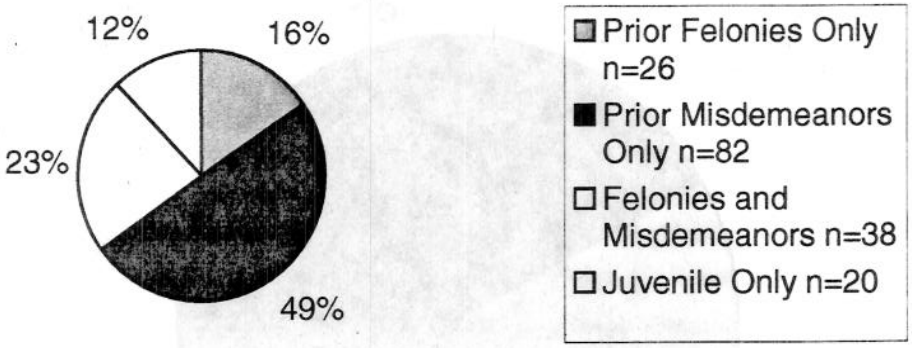
Characteristics examined in this study included criminal history, age, education and race. The only identifiable characteristic of defendants that was correlated to treatment completion is criminal history, particularly felony offenses.

Criminal History:

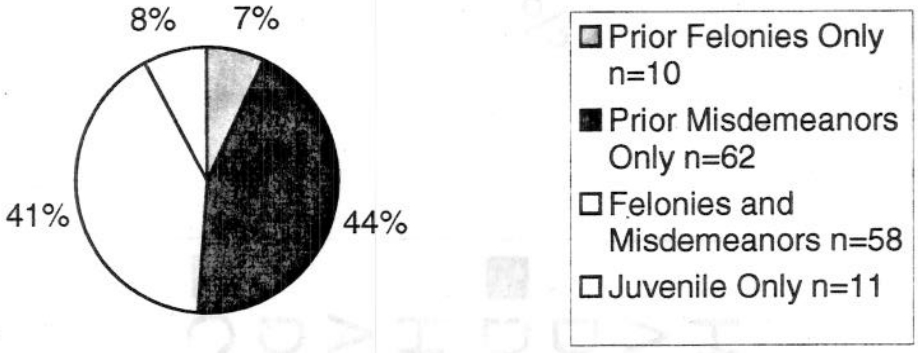
There were a total of 734 defendants ordered to a Batterer's Intervention Program who started at one of the 12 agencies included in this study. 478 defendants completed treatment. Of these, 166 or 35% had some criminal history. 240 did not complete treatment. Among the non-completers, 141 or 58.7% had some criminal history. The differences are quite significant. Defendants with criminal history are 36.1% more likely not to complete treatment. Defendants who did not complete treatment had 9% more felonies in their history than defendants who completed treatment. Drop outs had 16% fewer domestic violence offenses in their history than did defendants who completed treatment.

Among the 70 defendants with two or more felonies in their history, 67% of them did not complete treatment.

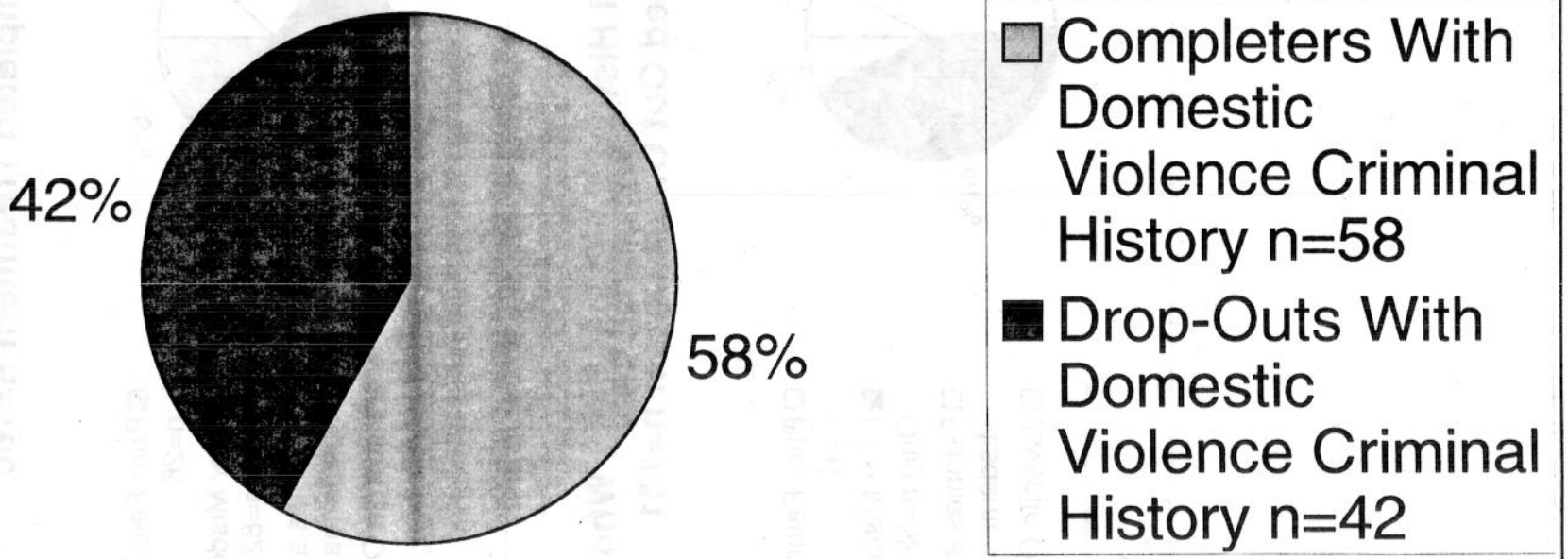
Criminal History For Defendants Who Completed Treatment n=166



Criminal History for Defendants Who Dropped Out Of Treatment n=141



Domestic Violence Criminal History For Completers And Drop-Outs n=100



Correlation of Age to Treatment Completion

Ages of defendants were broken down into the following categories:

18-30
31-40
41-50
51+

Age Range	Completion Rate
18-30	63%
31-40	67%
41-50	66%
51+	76%

There were some slight differences in completion rates per category, with the exception of the 51+ age range. This group had the highest completion rate, 10% higher than the lower age range.

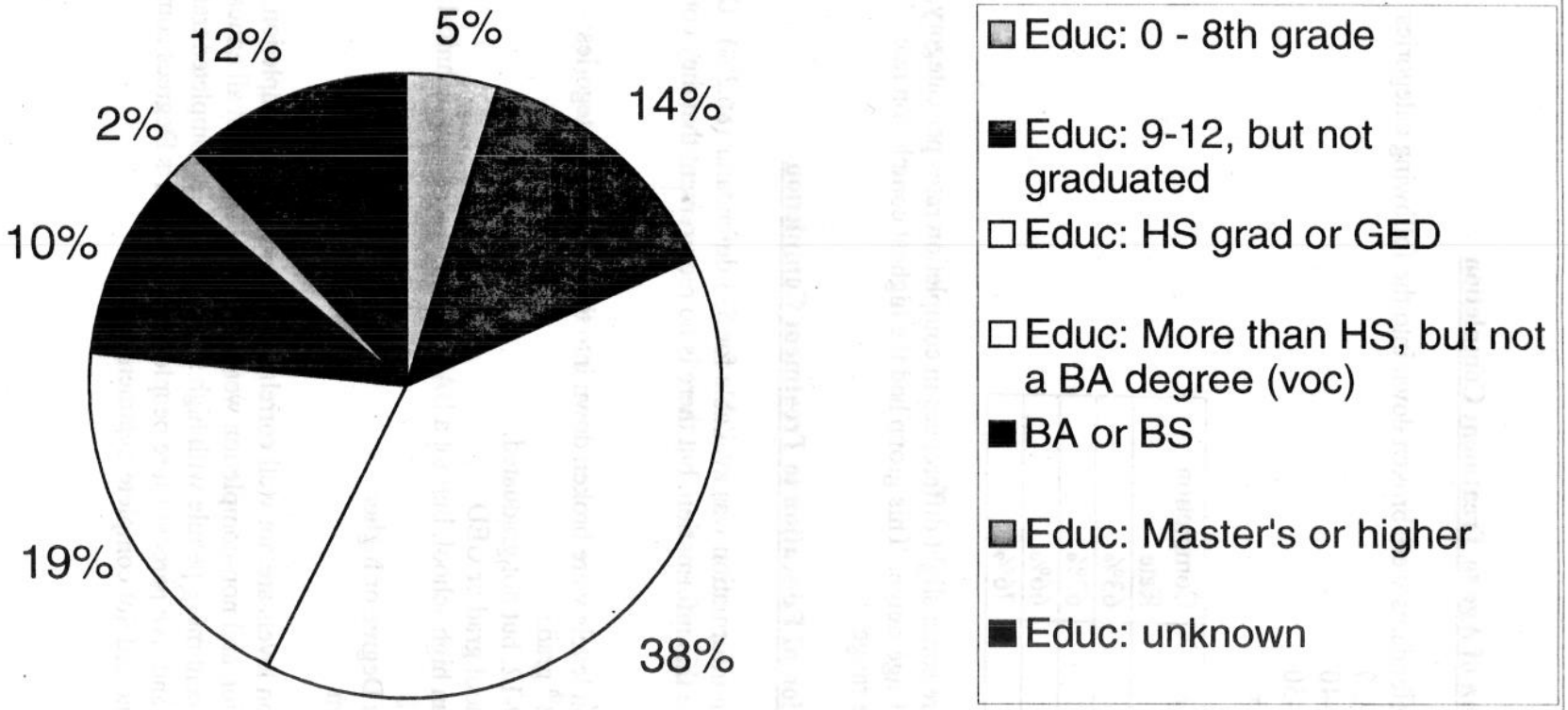
Correlation of Education to Treatment Completion

Education information was available for 633 defendants (86.2%). Defendants are asked to provide this information, but there is no requirement that they comply with this request.

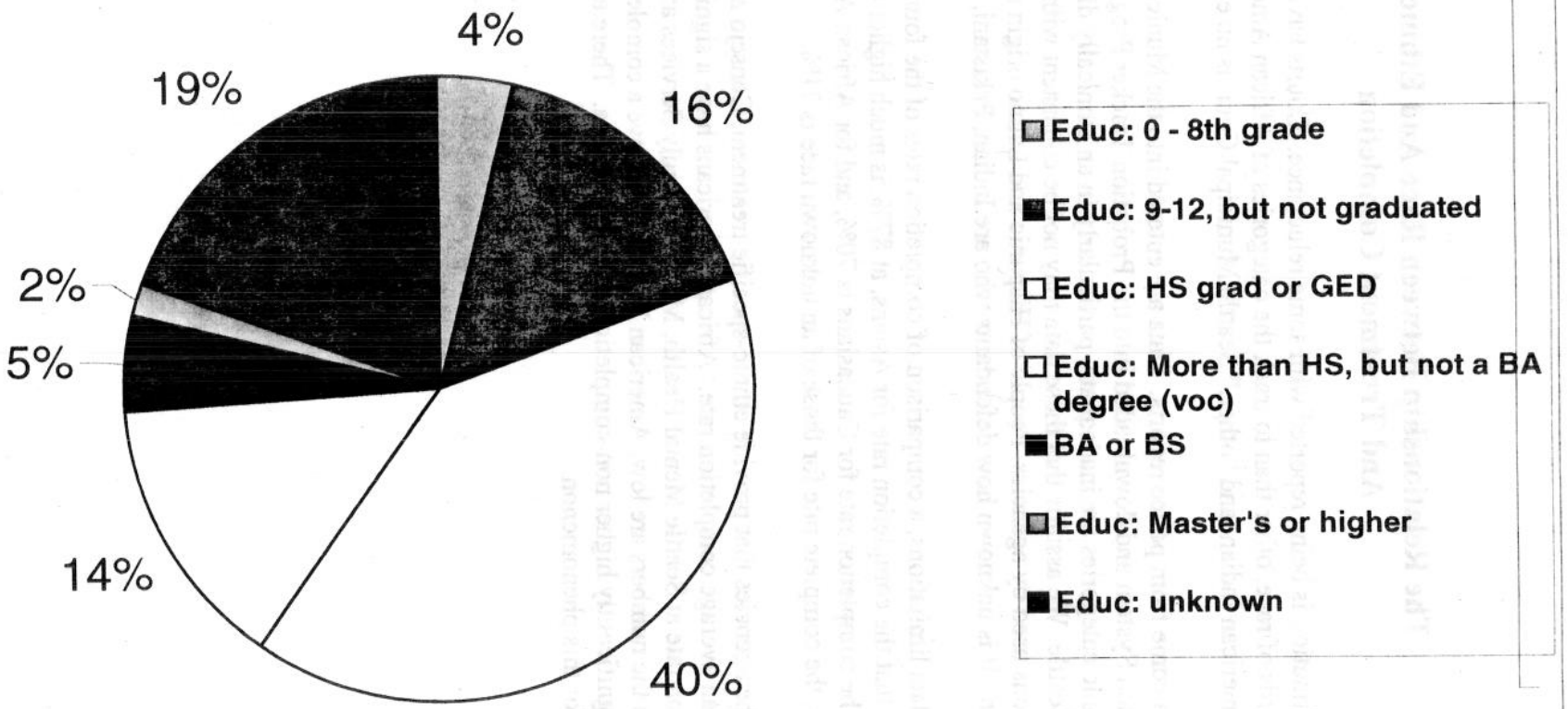
Education levels were broken down into the following categories:
None – 8th grade
Grades 9-12, but not graduated
High school grad or GED
More than high school, but not a BA (includes vocational/technical education)
BA or BS
Master's Degree or higher
Unknown

Education levels are not well correlated with treatment completion. The rates of completion and non-completion were very close in almost all educational categories. Five percent more people with high school diplomas completed treatment than those that did not, and five percent more people with Bachelor's Degrees completed treatment than those who did not complete treatment.

Defendants Who Completed Treatment: Educational Levels



Defendants Who Did Not Complete Treatment: Educational Levels



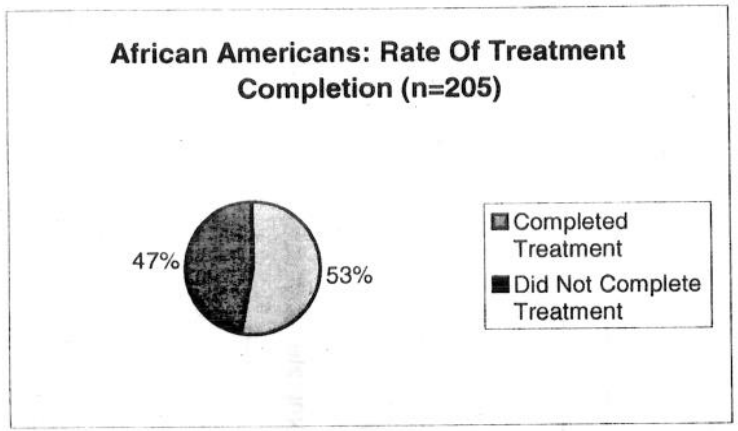
The Relationship Between Race And Ethnicity And Treatment Completion

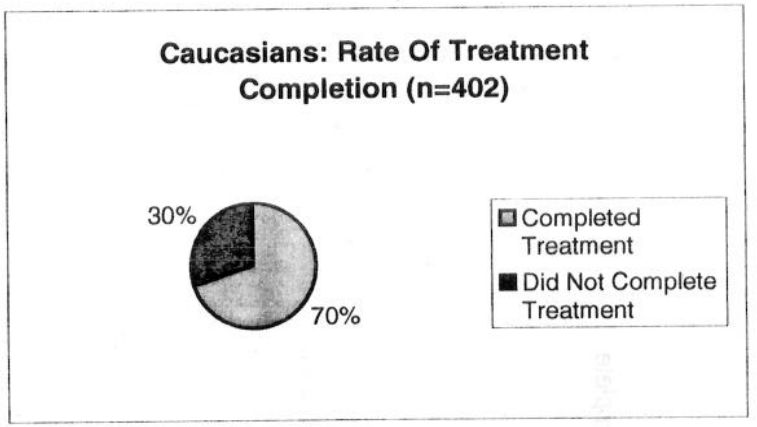
This information is being reported with some reluctance. Courts have traditionally not kept records of race, other than to track the categories of African American, Caucasian, Asian, American Indian, and "other." Seattle Municipal Court is no exception.

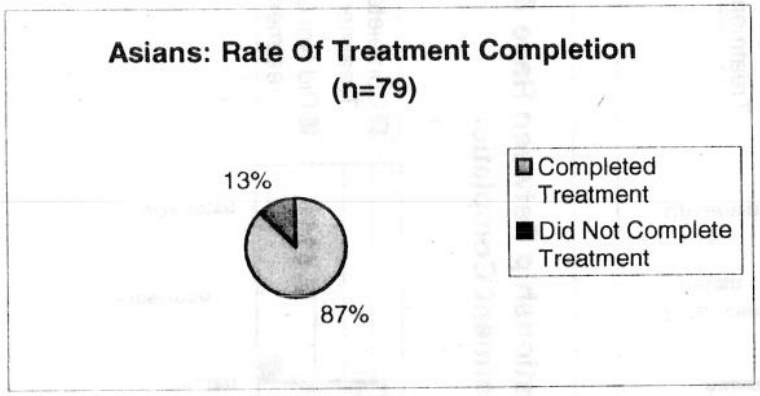
Race data come from police reports. Data are entered into the Municipal Court Information System and downloaded into the Probation Tracker Program. The racial/ethnic categories are inadequate, particularly in an ethnically diverse community such as Seattle. We assume that these data may not be consistent with racial/ethnic designations used by agencies. People of Hispanic and Latino origin are classified as Caucasian. It is unknown how defendants who are Indian, Pakistani, etc. are classified.

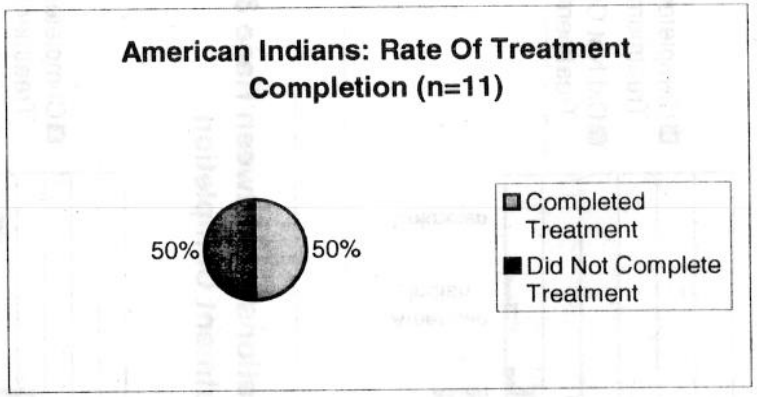
Despite data limitations, a comparison of completion rates of the four ethnic groups indicates that the completion rate for Asians, at 87%, is much higher than for any other group. The completion rate for Caucasians is 70%, and for African Americans it is 53%. However, the complete rate for those of an unknown race is 71%.

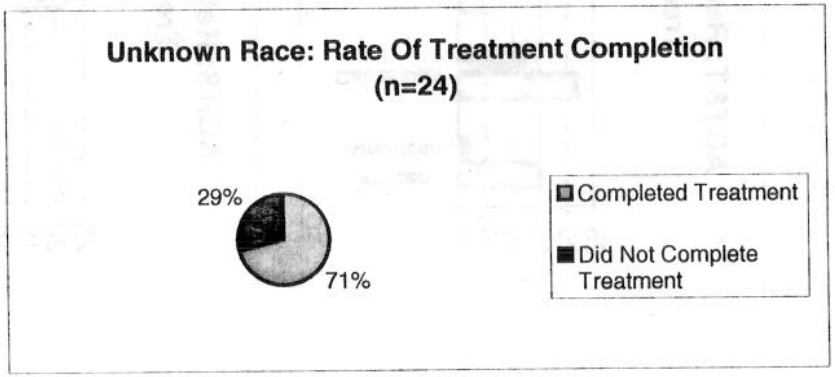
Two of the agencies that provide ethnic-specific treatment, Consejo and ACRS have a higher than average completion rate. African Americans have a significantly higher non-completion rate at Seattle Mental Health, Morgan, Family Services and Ina Maka. Although the numbers are low, American Indians who have a completion rate of 50% have a significantly higher non-completion rate at Ina Maka. There are no known reasons for this phenomenon.

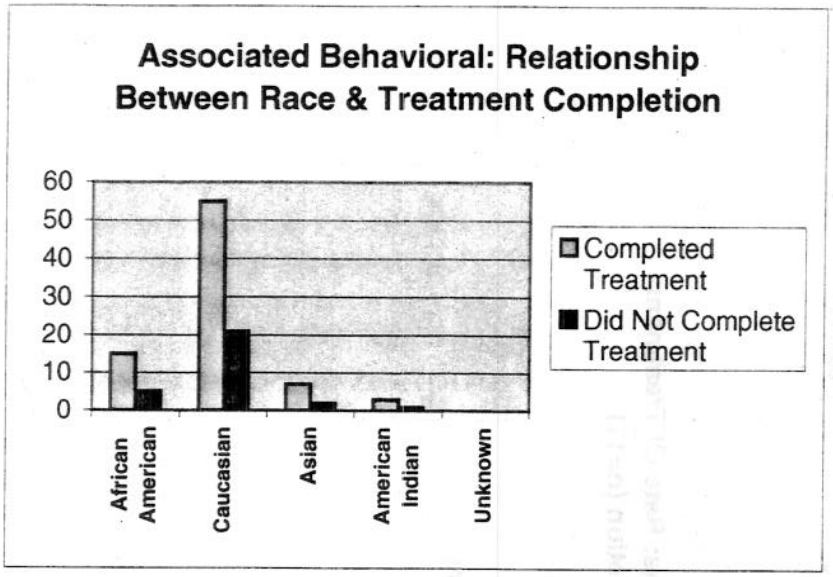

African Americans: Rate Of Treatment Completion (n=205)
47%
53%
Completed Treatment
Did Not Complete Treatment

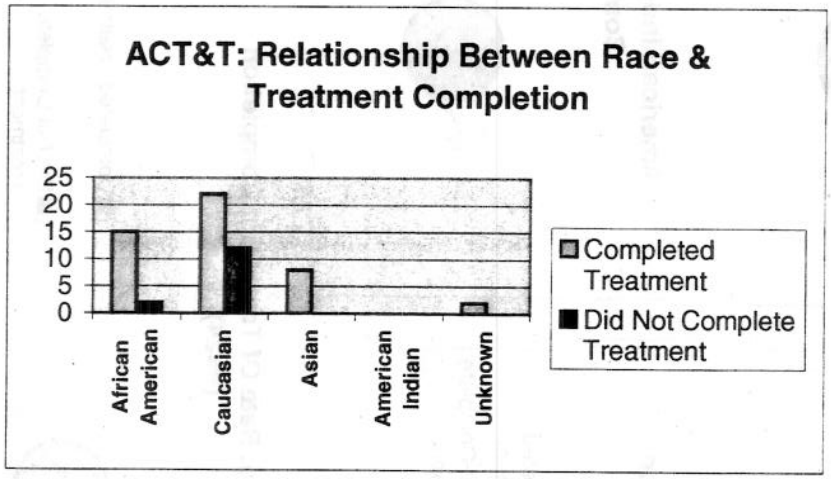

Caucasians: Rate Of Treatment Completion (n=402)
30%
70%
Completed Treatment
Did Not Complete Treatment

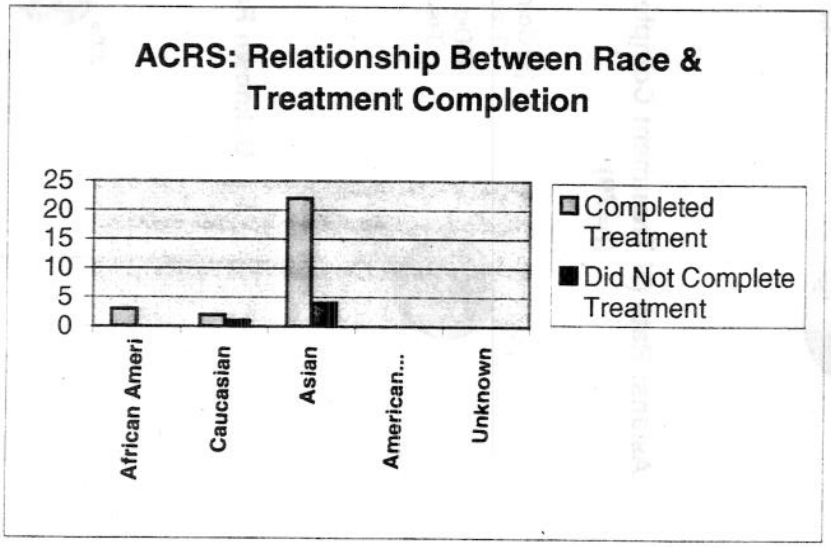

Asians: Rate Of Treatment Completion (n=79)
13%
87%
Completed Treatment
Did Not Complete Treatment


American Indians: Rate Of Treatment Completion (n=11)
50%
50%
Completed Treatment
Did Not Complete Treatment

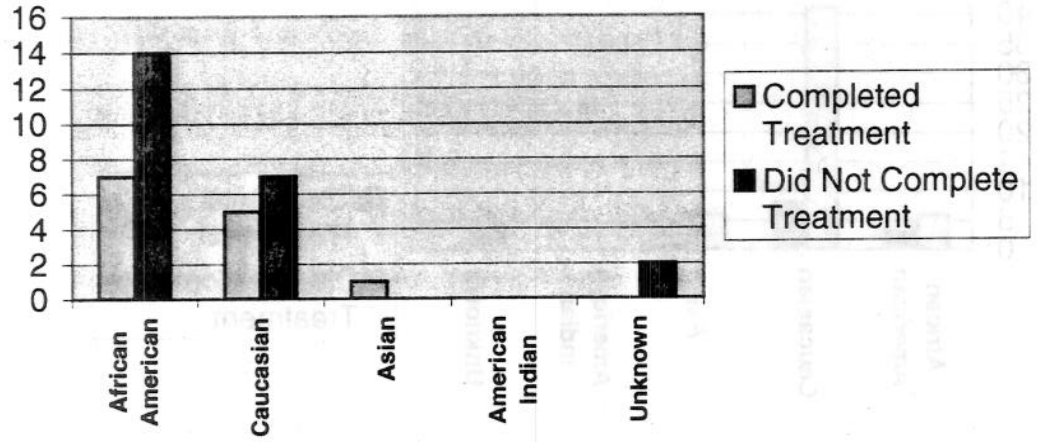

Unknown Race: Rate Of Treatment Completion (n=24)
29%
71%
Completed Treatment
Did Not Complete Treatment


Associated Behavioral: Relationship Between Race & Treatment Completion
60
50
40
30
20
10
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment

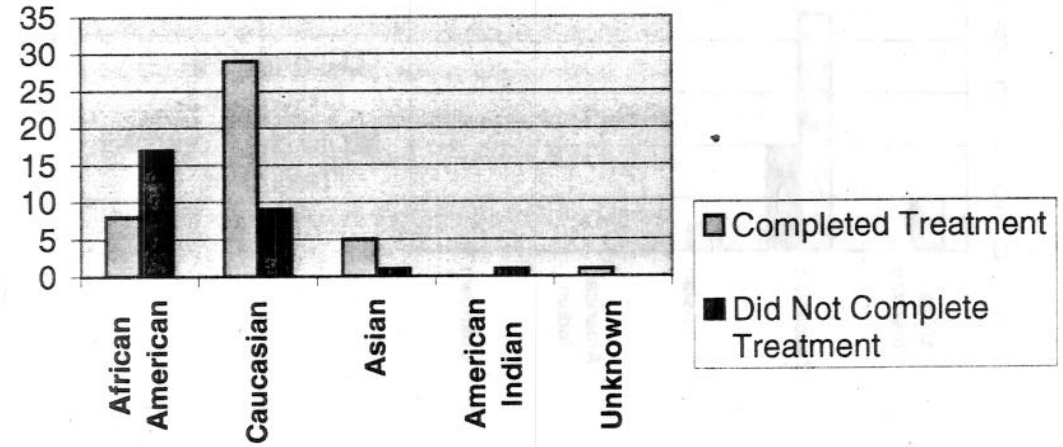

ACT&T: Relationship Between Race & Treatment Completion
25
20
15
10
5
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment

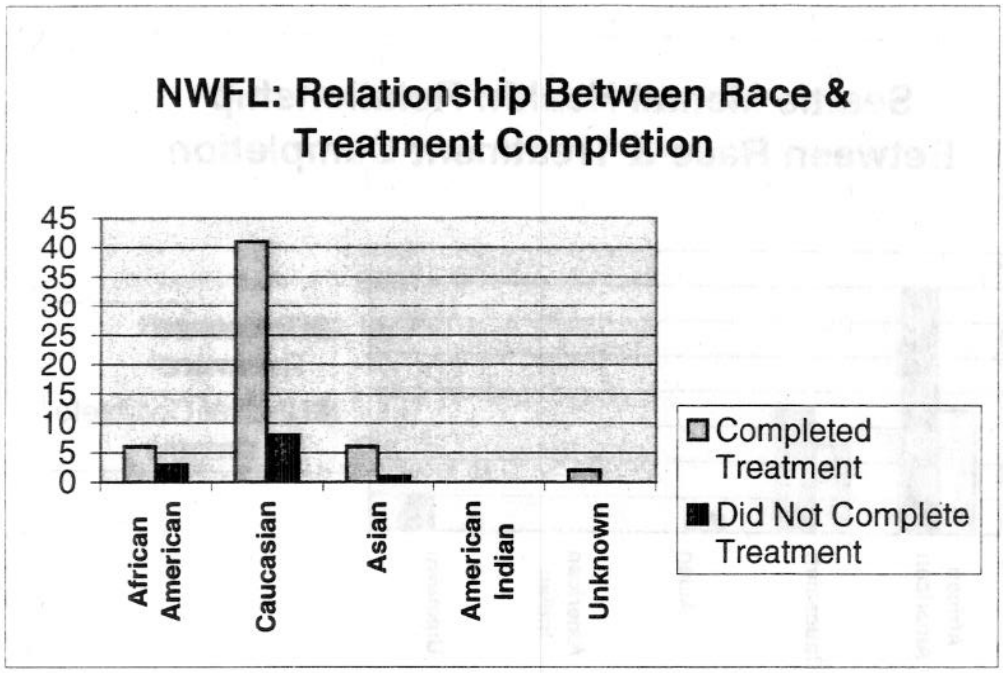

ACRS: Relationship Between Race & Treatment Completion
25
20
15
10
5
0
African Ameri
Caucasian
Asian
American...
Unknown
Completed Treatment
Did Not Complete Treatment

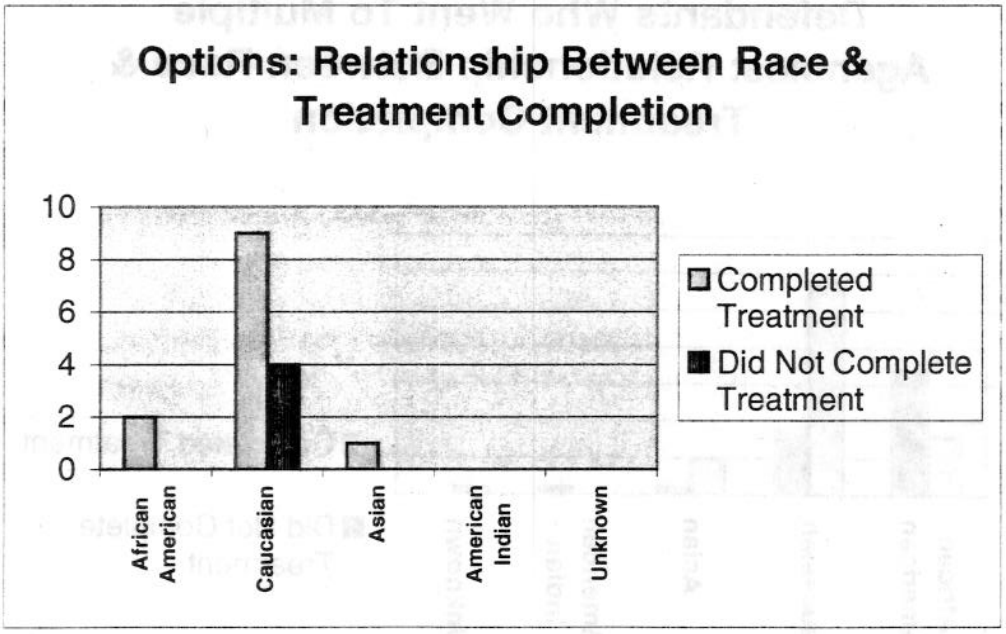
Seattle Mental Health: Relationship Between Race & Treatment Completion

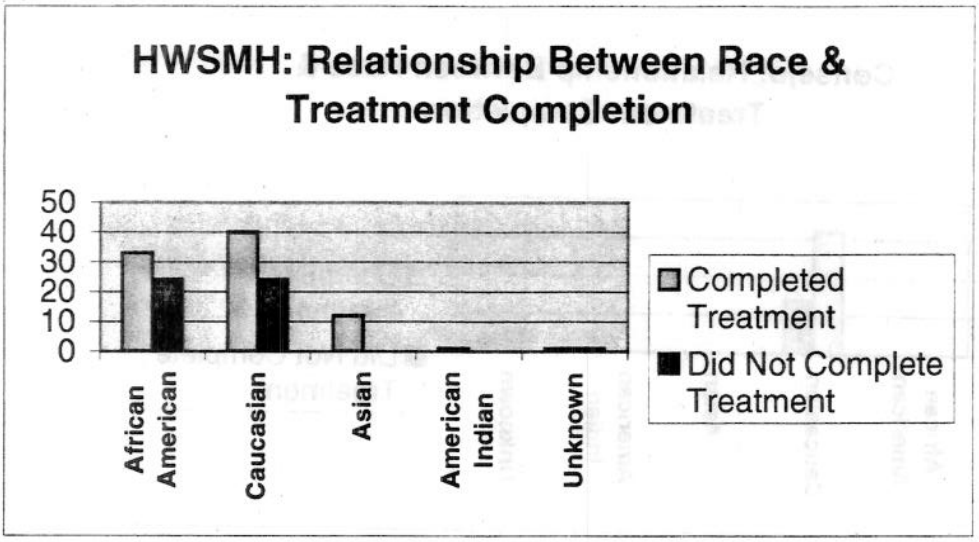


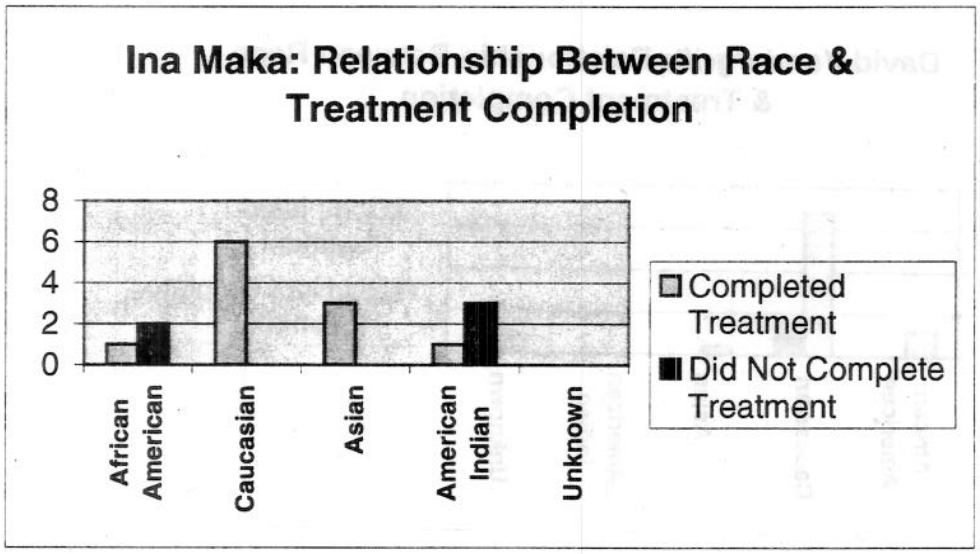
Defendants Who Went To Multiple Agencies: Relationship Between Race & Treatment Completion

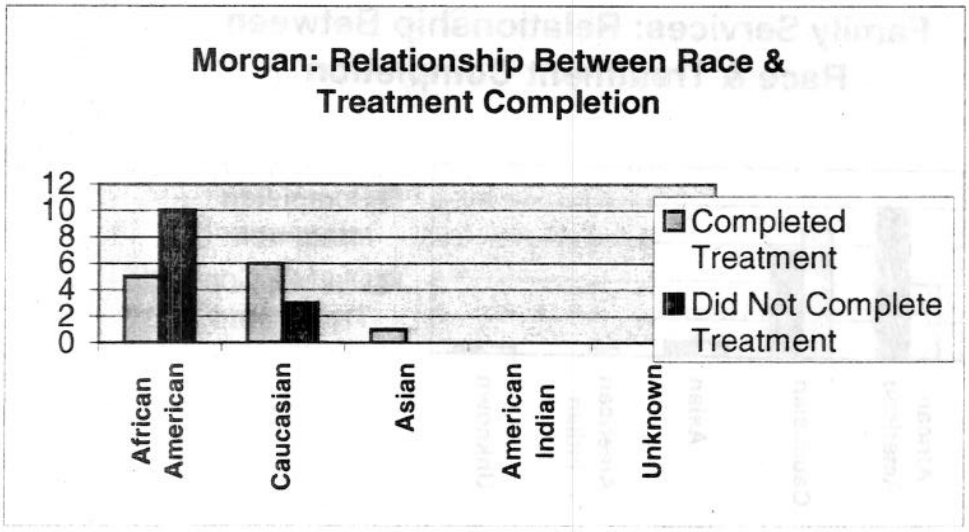


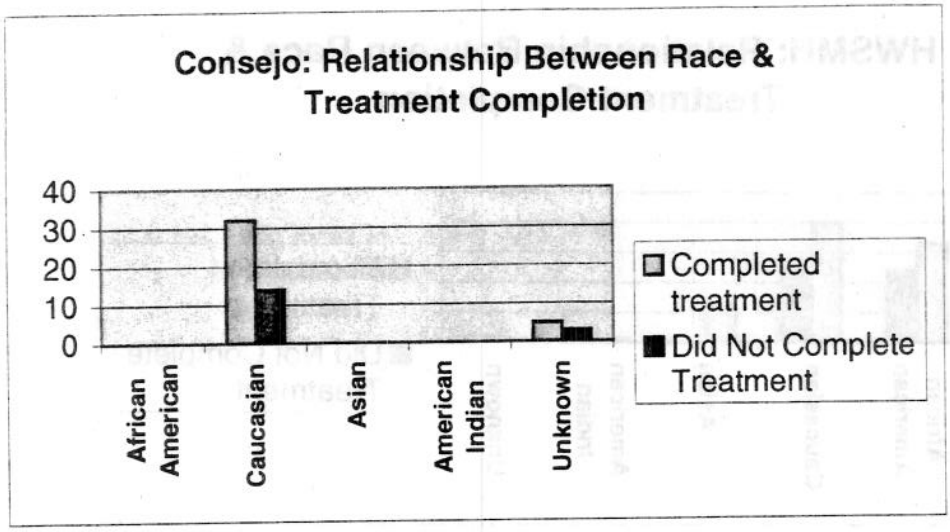

NWFL: Relationship Between Race & Treatment Completion
45
40
35
30
25
20
15
10
5
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment

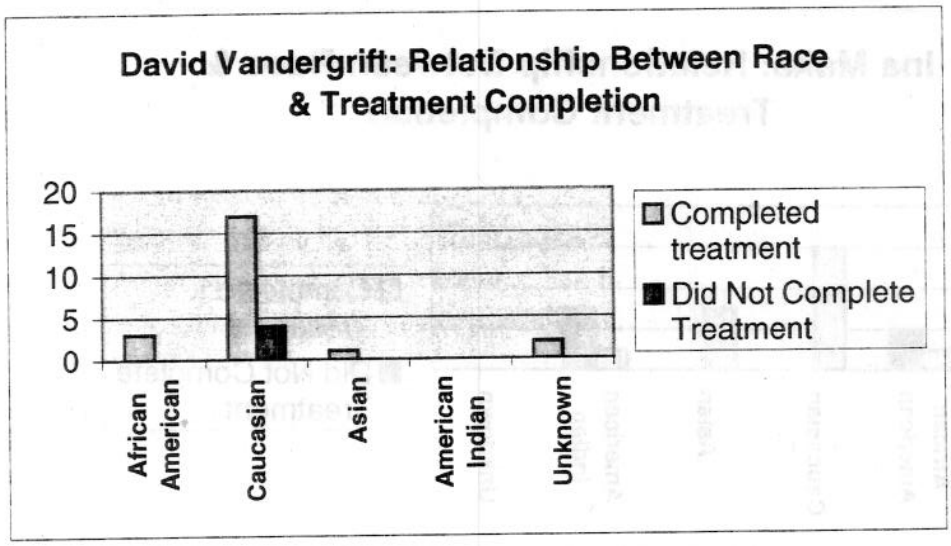

Options: Relationship Between Race & Treatment Completion
10
8
6
4
2
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment

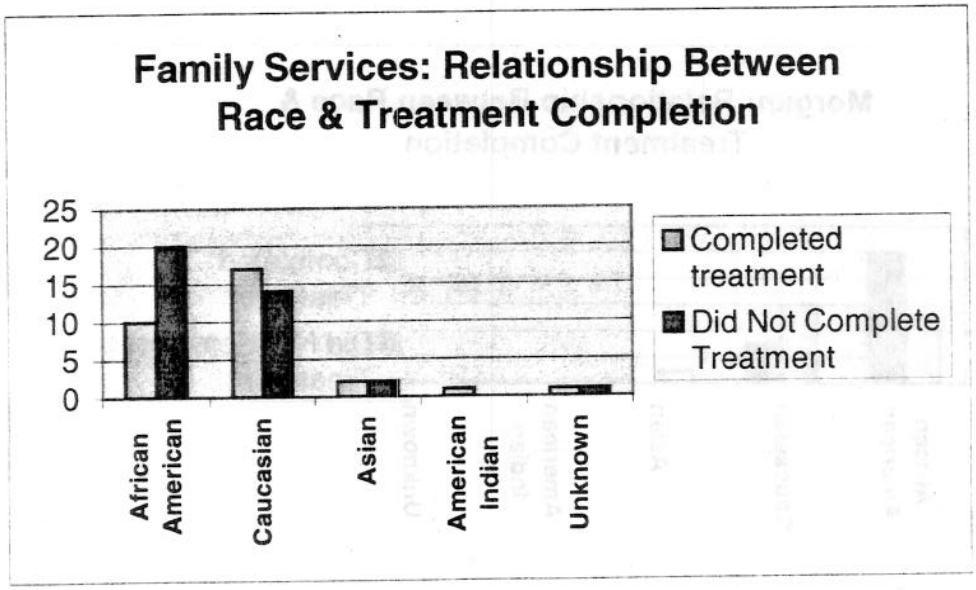

HWSMH: Relationship Between Race & Treatment Completion
50
40
30
20
10
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment


Ina Maka: Relationship Between Race & Treatment Completion
8
6
4
2
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment


Morgan: Relationship Between Race & Treatment Completion
12
10
8
6
4
2
0
African American
Caucasian
Asian
American Indian
Unknown
Completed Treatment
Did Not Complete Treatment


Consejo: Relationship Between Race & Treatment Completion
40
30
20
10
0
African American
Caucasian
Asian
American Indian
Unknown
Completed treatment
Did Not Complete Treatment


David Vandergrift: Relationship Between Race & Treatment Completion
20
15
10
5
0
African American
Caucasian
Asian
American Indian
Unknown
Completed treatment
Did Not Complete Treatment


Family Services: Relationship Between Race & Treatment Completion
25
20
15
10
5
0
African American
Caucasian
Asian
American Indian
Unknown
Completed treatment
Did Not Complete Treatment