

# Does Court-Mandated Domestic Violence Treatment Work?

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Before the 1980's little interest was shown in treating perpetrators of domestic violence, as it was thought that domestic violence was a family issue that should not be addressed by the police or the courts. With the development of mandatory arrest policies and court-mandated treatment of spousal abusers, interventions have become a combination of punishment and rehabilitation.

Most jurisdictions view the perpetrator as the person solely responsible for the problem, and therefore the one who should be punished and/or treated. Group treatment is the preferred form of treatment in 90 percent of jurisdictions, as individual and couples therapy is usually deemed to be inappropriate.<sup>1</sup> Standards for treatment of spousal abusers have mostly been developed without reference to results of outcome research.

Indeed, in a 1992 review of the research that had been done at that time, Rosenfeld<sup>2</sup> concluded that men who are arrested and complete a course of court-mandated treatment had only slightly lower re-offense rates than men who are arrested but refuse treatment, drop out of treatment, or are not treated. In other words, there was little evidence that batterers' therapy had much additional beneficial effect over and above the effect of being arrested, charged, and punished. Rosenfeld reported that recidivism rates for men receiving only legal interventions but no treatment were about

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<sup>1</sup> See Austin, J.B. & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, 14, 152-168.

<sup>2</sup>Rosenfeld, B.D. (1992). Court-ordered treatment of spouse abuse. *Clinical Psychology Review* 12, 205-226.

39 percent, whereas recidivism rates for men receiving legal intervention who also completed treatment were around 36 percent.

Since Rosenfeld's paper, several researchers have reported the results of recent well-designed studies on the effectiveness of batterers' treatment. In a recently published "meta-analysis", Julia Babcock and her colleagues have analyzed the impact of the type of treatment on re-offense rates and on the amount of battering reported by the battered spouse.<sup>3</sup> In a "meta-analysis" all available well-designed research on a given subject is analyzed, so that the findings of all the research can be continued, resulting in overall findings based on all the available studies.

The study, done by Babcock and her associates is the first such "meta-analysis" done to date on the subject of the effectiveness of domestic violence treatment. They were careful to select only those research studies that compared those who received legal interventions (arrest, incarceration, conviction) but **no** treatment with those who received such legal interventions **and** treatment so that the effects of "getting caught" would not be included in their measures of treatment effectiveness. Only studies using "control groups" (e.g. treatment dropouts, or those randomly assigned to a no-treatment condition) who received legal interventions but no treatment were included for analysis. They were able to find such studies for feminist psycho-educational men's groups, for cognitive-behavior men's groups, and for a few other types of treatment.

The most commonly used method for intervening with batterers, the feminist psycho-educational approach, was originated by the Duluth Domestic Abuse Intervention project in Duluth, Minnesota, and is commonly referred to as the Duluth Model. This

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<sup>3</sup> Babcock, J.C.; Green, C.E., & Robie, C. (2004). Does batterer's treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, 23, 1023-1053.

program was developed on a social work approach, and does not consider itself to be a “therapy”—rather, it is an educational approach in which group facilitators use consciousness enhancing exercises to challenge men’s beliefs that they have the right to dominate and control their spouses. Facilitators use the “power and control wheel”, which suggests that interpersonal violence is an example of authoritarian behaviors such as intimidation, isolation, and economic abuse, rather than being the release of pent-up anger. Men are encouraged to use behaviors on the “equality wheel” instead of resorting to behaviors on the “power and control wheel”. This model remains the unchallenged treatment of choice in most jurisdictions.<sup>4</sup>

The cognitive-behavioral therapy (CBT) model was developed mostly by psychologists. It views violence as a learned behavior, and believes that non-violent behavior can be learned as well. CBT therapists use methods such as skills training and anger management techniques to promote alternatives to domestic violence.

Distinctions between the two models can be fuzzy, as CBT approaches often address batterer’s attitudes towards women, and Duluth model facilitators often discuss learned aspects of violence.

Babcock and her associates divided the published research studies used in their meta-analysis into two groups: “quasi-experimental” studies and “true experiments”. The seventeen quasi-experimental studies analyzed those who received legal sanctions and completed domestic violence treatment to those who also received legal sanctions but dropped out of treatment or refused treatment. The quasi-experimental studies tend to exaggerate treatment effectiveness, since men who choose to complete treatment are

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<sup>4</sup> Healey, K.; Smith, C., & O’Sullivan, C. (1998). Batterer intervention: Program approaches and criminal justice strategies. Report to the National Institute of Justice, Washington, D.C.

known to be on average more educated, more likely to be employed, more likely to be married, and less likely to have a serious criminal record, all factors which would tend to decrease their re-offense rate.<sup>5</sup> The “true experiments”, in which offenders were randomly assigned to either the treatment or no-treatment condition (but were treated in every other way the same by the criminal justice system), are considered to be much better methodologically, although it is more difficult to do such studies since it is difficult to persuade judges to give up their discretion regarding whether to assign offenders to treatment. Babcock and her associates analyzed five such “true experiment” studies.

Babcock and her associates used a statistic called “effect size” to quantify the amount of reduction of re-offending reported to the police and amount of reduction in spousal report of domestic violence that could be attributed to the effects of treatment. Effect sizes of 0.20 were considered “small”, 0.50 was considered to be “medium”, and effect sizes of 0.80 and above were thought to be “large”. The effect size is in units of standard deviations; for example, an effect size of 0.50 would represent an improvement of one half of a standard deviation compared to no treatment.

The results of the meta-analysis showed that the effect size due to group battering intervention on recidivism is in the “small” range. The effect sizes for the “true experiments” due to treatment was 0.09 and 0.12, based on victim report and police records, respectively. There were no significant differences between Duluth type and CBT programs using either police records or victim reports as the index of recidivism. While quasi-experimental studies tended to have slightly higher effect sizes than true experiments, these differences were not statistically significant. Putting the statistics into

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<sup>5</sup> Babcock, J.C. & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle’s coordinated community response to domestic violence. *Journal of Family Psychology*, 13, 46-59.

more useful terms for lay persons, based on partner report, treated batterers have a 40 percent chance of being successfully non-violent, and without treatment, batterers have a 35 percent chance of maintaining non-violence. Thus, there is a 5 percent increase in success rate that is attributable to treatment—a woman is 5 percent less likely to be re-assaulted by a man who was arrested, sanctioned, and went to a batterers' program than by a man who was simply arrested and sanctioned.

These effect sizes are relatively small when compared to the effect size for psychotherapy in general, which is approximately 0.85,<sup>6</sup> which means that psychotherapy leads to improvement in 70 percent of cases. In fairness, however, aggression is difficult to treat, particularly since most if not all batterers are not in treatment voluntarily. Society needs to employ a cost-benefit analysis, weighing the costs of treatment versus the benefits of slightly less domestic violence. Results of this meta-analysis do not demonstrate any evidence that one form of domestic violence treatment is superior to any other, suggesting that rules mandating a particular type of treatment may be premature.

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<sup>6</sup> Smith, Glass & Mill, 1980, reported in Babcock, et al