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Understanding the Research Evaluating the Effectiveness of Batterers' Intervention Programs

By: Bill Woodward and Kristin Bechtel

The following document provides a brief summary of the research on batterers' intervention programs. Additional references are available upon request.

What are the more common batterers' intervention programs available?

The three most common batterer's intervention programs are:

- a) **DULUTH**: Developed by the Domestic Abuse Intervention Project in Duluth, MN
 - i) Follows a structured curriculum and emphasizes importance of community response
 - ii) Follows the power and control wheel—According to this model, the batterer maintains control over a partner through acts of coercion and intimidation, punctuated by periods of violence
 - iii) Implements critical thinking skills themes
 - (1) Non-violence and non-threatening behavior
 - (2) Respect (including sexual), support, and trust
 - (3) Honesty and accountability
 - (4) Partnership, negotiation, and fairness
 - iv) Receives common criticisms
 - (1) Failure to adhere to the curriculum
 - (2) Some facilitators have been noted as confrontational, which may reinforce that behavior for the offender
- b) **AMEND**: Established in Denver, CO
 - i) Exhibits themes following a feminist power and control theory of battering
 - (a) Violence is a crime and a choice
 - (b) Teaches skills and training that focus on behavior changes to stop violence
 - (c) Addresses that violence is the batterer's problem
 - ii) Implements variable period of intervention from 36 weeks to 5 years. Typically batterers are assigned to 36 weeks of treatment from courts
 - (a) Prefers longer treatment and takes a multimodal approach centered on group therapy
 - (b) May include individual and couples' counseling
 - (2) Receives common criticisms
 - (a) Length of programming and factors related to attrition
 - (b) Boundaries must be set for the offender since attachment issues with the group facilitator can occur
- c) **EMERGE**: Established in Quincy, MA
 - i) Exhibits themes
 - (1) Focuses on respectful communication (i.e., avoid victim blaming) and defining domestic violence (e.g., physical abuse, sexual abuse, psychological abuse, economic abuse, etc.)

- (2) Addresses impact of domestic violence on children
- ii) Implements 48-week program divided into 2 stages—8 weeks of orientation and 40 weeks of group work
 - (1) While program lasts 48 weeks, additional programming is recommended for 1/3 of the batterers
 - (2) The orientation phase includes a long and short check-in.
 - (a) Long check-in requires the clients to describe violence in detail and they can be asked probing questions about their actions
 - (b) Short check-in is reserved for clients who do not report or are not suspected of being violent since the previous session
 - (3) Stage 2 of the program is the group work which can involve group brainstorming about alternatives to behavior
 - (a) Group role playing may occur
 - (b) Clients are permitted to confront other clients about their behavior
- iii) Receives common criticisms
 - (1) Client-driven program
 - (2) Can be confrontational, which may model pro-criminal behavior

What research has been conducted on the effectiveness of batterers' intervention programs?

There have been three primary methodologies followed in evaluating the effectiveness of batterers' intervention programs.

- a) Experimental: considered the most rigorous of methodologies and has a randomly assigned treatment and control group
- b) Quasi-experimental: has a treatment and comparison group but the two groups were not randomly assigned
- c) Longitudinal: examines the outcome measure with a longer follow-up period and/or examines the outcome measure at various time points
- d) Meta-analysis: evaluates the overall effectiveness of batterers' intervention programs that have been presented in the research already

What does the research indicate regarding the effectiveness of batterers' intervention programs?

Overall, there is very little support regarding the long-term effectiveness of batterers' intervention programs.

- a) Experimental: almost uniformly report no significant differences in the recidivism rates of treatment and control groups.¹
- b) Quasi-experimental: inconclusive findings as there have been mixed results with this type of study.²

¹ Davis et al., (2000); Dunford (2000); Feder & Forde (2000); Forde & Regoli (1993); Palmer, Brown & Barrera (1992)

² Edelson & Grusznski (1998); Gondolf (2002); Harrel (1991); Chen, Bersani, Myers & Denton (1989); Hamberger & Hastings (1988); Gordon & Moriarity (2003);

- c) Longitudinal: recidivism rates of program graduates were similar to those who dropped out at intake.³
- d) Meta-analysis: have not demonstrated overwhelming support pertaining to the effectiveness of batterers' intervention programs.⁴

Have there been any studies to suggest that batterers' intervention is effective? If so, are there methodological limitations to these studies that may impact the conclusions?

Yes, there have been studies to suggest that there has been modest support for those who complete treatment, but with the methodological limitations of these studies, these findings may be inconclusive. Further, some studies produce opposite results:

- a) Gordon & Moriarity (2003) found that men who completed more group sessions were significantly less likely to recidivate than those who didn't complete any or only completed a few sessions.
- b) Dunford (2000) found that the number of sessions completed did not significantly impact the likelihood for recidivism.

There are methodological limitations to many of the studies. Some of these limitations include:

- a) Lack of random assignment or appropriate control groups
- b) Small sample size
- c) High program attrition rates and low victim response rates
- d) Short or unrepresentative program curriculums
- e) Short followup periods
- f) Unreliable or inadequate sources for followup data
 - i) Using only arrest data
 - ii) Using only offender self-report data
 - iii) Using only victim report data
- g) Failure to specify outcome measure(s) clearly⁵

Who should batterers' intervention programs target?

The research identifying a "type" of offender who is most appropriate for intervention has been mixed.

- a) Program dropout rates have been reported between 50%–75%.
- b) Further, in one study, 50% of men that contacted programs for an intake interview never appear.⁶ One study did suggest that intake interviews were more likely to be completed (64%–95%) if there was a 30-day followup with the court and the offender.⁷

³ Gondolf (2000)

⁴ Feder and Wilson (2005)

⁵ Feder and Wilson (2005); Healey, Smith, & O'Sullivan (1998)

⁶ Gondolf & Foster (2001)

⁷ Gondolf (2000)

- c) Several studies have been unable to demonstrate who will and will not attend or even complete treatment.⁸

Factors related to attrition rates include (though there is debate in the research regarding these variables):

- a) Low SES
- b) Low education completion level
- c) Age—more youthful offender
- d) Unemployed
- e) Prior criminal history
- f) Substance abuse
- g) High pathology⁹

Factors unrelated to attrition rates include (though there is debate in the research about these variables):

- a) Battering history
- b) Referral source (court referred or self-referral)
- c) Perceived sanction

Programs should be using standardized, validated, and normed risk and needs assessment tools. Programs should target offenders that are high risk and should attempt to avoid mixing the risk levels of offenders. Please refer to the frequently asked questions on domestic violence risk assessment.

Are there any variables that have been found to be correlated with a positive outcome?

Yes, there has been some empirical evidence to suggest that variables related to a stake in conformity have been correlated with lower rates of re-assault. These variables include:

- a) marital status
- b) residential stability
- c) employment¹⁰

Further, it is important to recognize that these measures relate to the attitudes, beliefs, and values of the individual. Those that are prosocial are more likely to have a higher stake in conformity.

Are there any quick summaries of the research on the characteristics of batterers and the state of the research on intervention programs?

Yes, two quick resources would be Cattaneo & Goodman (2005) and Stover (2005).

⁸ Brown, O'Leary & Feldbau, (1997); DeHart, Kennerly, Burke & Follingstad, (1999); Scott & Wolfe, (2003)

⁹ Daly & Pelowski (2000)

¹⁰ Jackson, Feder, Forde, Davis, Maxwell & Taylor (2003)

Are there any types of programs that have shown some effectiveness with domestic violence offenders?

Yes, some cognitive behavioral programs have shown some modest effects with domestic violence offenders.¹¹ As such, cognitive behavioral programs that operate with high integrity need to be maintained, and additional program assessments should be considered to evaluate the effectiveness of these programs.

However, as discussed earlier, the research methodologies for some program evaluations have been of lower quality, and in one meta-analysis, cognitive behavioral programs have shown a null effect.¹² Yet, the research on the fidelity of program curriculum and effectiveness of treatment delivery has yet to be rigorously examined.¹³

One of the primary recommendations concerning cognitive behavioral programming is that the programs that have shown the greatest effect in reducing recidivism have targeted the high-risk offenders and have avoided mixing the risk levels. In addition, effective cognitive behavioral programming that targets the attitudes, values, and beliefs of offenders has been shown to reduce recidivism significantly.¹⁴

¹¹ Wilson, Bouffard & MacKenzie (2005)

¹² Aos, Miller & Drake (2006)

¹³ Future research needs to address several issues: (1) whether or not treatment model curriculums are adequate in delivering cognitive behavioral programming for domestic violence offenders (e.g., consistently uses prosocial role playing and graduated rehearsal opportunities), (2) the treatment dosage and intensity is appropriate for domestic violence offenders, (3) and the curriculum is delivered with fidelity and adherence to the treatment model.

¹⁴ Andrews et al., 1990; Andrews & Dowden, 1999, 2006; Dowden & Andrews, 1999a, 1999b, 2000; Lipsey & Wilson, 1998; Lowenkamp, Latessa, & Holsinger, 2006

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