

**Promising Practices with Men Who Batter**

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## Promising Practices with Men Who Batter

### Executive Summary

Group interventions with men who batter have developed over the past three decades. Increased arrests and mandated treatment by courts have greatly increased the number of men who participate in these groups. While controversy exists, over 70 studies of group treatment for men who batter provide some important insights. In short, there are six key findings about BIPs that can be drawn from this extensive research literature:

- 1. BIPs have a modest but positive impact on ending violence across studies with some studies showing them to have a much larger impact on participants when compared to men not participating;*
- 2. BIPs help the majority of men end their violence over a period of time;*
- 3. It is not yet clear what components of BIPs help create these changes;*
- 4. It appears that BIPs incorporating motivational enhancement components help more men change;*
- 5. Typologies of men based on personality traits and variation among men based on racial/ethnic group membership do not appear to predict different outcomes.; and*
- 6. Men who participate in BIPs that are part of coordinated responses with the criminal justice system achieve better outcomes.*

These research studies also raise four additional issues:

- 1. Reaching men early in the development of domestic violence is of critical importance;*

2. *Attrition from programs is high and presents a major challenge to BIP effectiveness;*
3. *Most recidivism by men who batter appears in the first 15 months after enrollment, a period longer than most BIP programs; and*
4. *A small number of men appear to be the most dangerous and may require additional attention.*

### **Emerging Practices and Recommendations in Batterer Intervention**

Finally, the literature reviewed in this section points to several gaps in current services and to other innovations that may make sense given current evaluations. These include: (1) interventions to address attrition from services; (2) the need for follow-up by service providers to show meaningful program outcomes balanced with concerns over reporting expectations; (3) increased coordination with and accountability to courts and the criminal justice system; and (4) other emerging areas of practice focused on both teen offenders and violent men who are fathers.

## **Promising Practices with Men Who Batter**

### **Historical Underpinnings of Current Approaches**

There have been many efforts to help battered women and their families throughout history. Domestic violence has long been recognized as a problem in historical texts (Davidson, 1977; Dobash & Dobash, 1978), was discussed in the popular press for more than a century (Killoran, 1984) and has historically been the subject of social intervention efforts (Edleson, 1991; Gordon, 1988; Pleck, 1987).

Specific intervention with men who batter is a more recent development. It was only in the late 1970s that the first group treatment programs for men who batter were founded. Early innovators in group treatment programs included EMERGE in Boston and AMEND in Denver. Interventions with men who batter have dramatically expanded over the past three decades. With this expansion came efforts to coordinate these services with other necessary community programs to best provide safety to victims and accountability for perpetrators. Early efforts to coordinate interventions were created in Colorado (Domestic Violence Manual Task Force, 1988), California (Soler & Martin, 1983) and elsewhere (see Brygger & Edleson, 1987; Goolkasian, 1986). One of the earliest and best known coordinated responses was established in 1980 in the small city of Duluth in northern Minnesota. Ellen Pence and other activists in Duluth developed the Domestic Abuse Intervention Project (DAIP; see Pence & Shepard, 1999) that sought to coordinate the efforts of various systems. As Pence (2005) recently recalled:

“Many things that we did were new and groundbreaking...We built on the work of previous projects that held individual agencies responsible to

protect women and proposed a fairly bold notion of linking agencies together and forming a community-based advocacy program” (p. 388).

At first, DAIP was focused solely on coordinating the responses of these existing services. Over a nine month period in 1980 to 1981 a series of agreements were reached among nine participating agencies to coordinate their responses to victims and perpetrators of domestic violence. Each agency in Duluth, from police to prosecuting attorneys to criminal court officers to social services agreed to a specific new role as part of a larger, coordinated effort to support safety for women and children while holding perpetrators of violence accountable for their behavior. Unveiled at a press conference on March 1, 1981, the new policies and practices went into immediate effect (Pence & Shepard, 1999). DAIP expanded over time to also fill gaps in direct services to both victims and perpetrators while continuing to help coordinate and monitor other systems. DAIP has also provided extensive national and international trainings to disseminate what is now commonly called “the Duluth Model.”

These new coordinated responses emerged within a context of change in policies and practices regarding domestic violence. Throughout the 1970s and into the early 1980s, police responses to domestic disputes were guided primarily by a crisis intervention orientation to family conflict. Police officers’ roles began to overlap with those of other helping professions and officers often received training in family mediation (see Bard, 1970, 1977; Bard & Berkowitz, 1967). Specialized crisis intervention units that paired police officers and social workers were also created during this period.

In the early 1980s new pressures began to build on police departments. Pressures from women’s organizations and victim rights groups grew and their agendas converged

to bring about a major shift in police and judicial responses to battering. These activists' influence was reinforced by successful law suits against police inaction brought by several battered women around the country (e.g., *Thurman v. City of Torrington*, 1984). Victim rights advocates pushed for more severe punishment of offenders by courts while women's groups advocated for a consistent police and judicial response to crime regardless of where it occurred. Police who arrested perpetrators of violence on the street but did not arrest them for violence in the home were seen by women's groups as perpetuating domestic violence and the unequal treatment of women. At the same time new research showing the greater effectiveness of deterrence (arrest) when intervening with violent men was also being widely disseminated (e.g., Sherman & Berk, 1984).

Increased public pressures, landmark cases and research showing the effectiveness of arrest combined to dramatically increase the arrests by police of domestically violent offenders. Sherman and Cohn (1990) found in a survey of 146 police departments in the U.S. that over a period of three years (1984 to 1986) police pro-arrest policies increased from 10% to 46%. As a result of these increased arrests, the number of offenders entering the court system for arraignment, trial and sentencing expanded dramatically. For the first time, many prosecutors and judges were forced to deal directly with large numbers of battering cases. This in turn has led to an increasing influx of men to group treatment programs for men who batter.

In short, changing public attitudes, the outcomes of several landmark cases, pressure from women activists and new research results led to a greater readiness among police, prosecutors, judges and social service professionals to work more closely within a

coordinated community response to identify and prosecute men who batter their intimate partners and then mandate the men into treatment programs.

### **Current Practice with Men Who Batter**

There is great controversy surrounding current practices both in use of the criminal justice system to mandate treatment as well as the effectiveness of group treatment programs to which men are sent. Several authors (see Dutton & Corvo, 2006; Mills, 2003) argue that current approaches don't work and that there is an over-reliance on both the criminal justice system and on treatment focused groups for men.

Despite these voices of opposition, the research literature on group treatment approaches is promising but clearly in need of more refined studies. The research findings and unanswered issues will be explored in great detail in the following sections.

### **Group Treatment for Men Who Batter**

Treatment programs for men who batter, often called “batterer intervention programs” or “BIPs”, are generally offered by one to two professionally-trained facilitators working with a group of about eight to 10 men. These programs vary in length from as short as an intensive weekend retreat to 52 weekly meetings lasting from one and a half to two hours. For example, both Washington state and California require that court-mandated men be engaged with treatment programs for 52 weeks.

The predominant model for most BIPs across North America is some type of combination of both didactic teaching along with psychosocial or therapeutic processing among group members. Many programs draw heavily on cognitive-behavioral and learning models of intervention and on a gendered lens for analyzing power relationships

in violence between intimates (see Edleson & Tolman, 1992; Gondolf, 2002; Russell, 1995; Pence & Paymar, 1993).

BIPs have been studied intensively over the past several decades. But the results have been interpreted in vastly differing ways. An article in one popular magazine summarized the findings as follows: “Batterer programs simply aren’t working. They are failing... Domestic violence is the only field in which you can fail for 25 years and wind up being considered an expert” (Esquire Magazine, as cited in Gondolf, 2002, p. 28). In addition, a Washington State Institute for Public Policy (2006) report reviewing nine studies of batterer intervention programs concluded “domestic violence treatment programs have yet, on average, to demonstrate reductions in recidivism” (p. 5). Others have, however, drawn much more positive conclusions such as: “Arrest and treatment of batterers are not a complete solution to the problem of wife assault, but they are probably the best solution we currently have.” (from a leading academic book on domestic violence, as cited in Gondolf, 2002, p. 27).

We do have, with over 70 evaluations now published, some ideas about how BIPs work to end violence and threats but these evaluations have left many questions unanswered. Two recent reviews of this empirical literature (Bennett & Williams, 2001; Gondolf, 2004) and two additional meta-analyses of selected studies (Babcock, Green & Robie, 2004; Feder & Willson, 2005) have all drawn positive but circumspect conclusions about the success of these programs.

### **Key Findings from the Research on Batterer Intervention**

In short, here are six key findings about BIPs that can be drawn from the extensive research literature:

***1. BIPs have a modest but positive impact on ending violence across studies with some studies showing them to have a much larger impact on participants when compared to men not participating.***

The major reviews of BIPs over this decade have all concluded that these programs have a positive impact on ending and reducing violence among men who participate in them. Meta-analyses, a statistical technique to summarize and average the effect of programs across numerous studies, show small to moderate decreases in recidivism among men who participate in programs when compared to either program drop-outs or those randomly placed in a control group. The strongest results are found among studies using official records of subsequent police arrests and comparing program completers to those who drop out of the program (see Babcock, Green & Robie, 2004; Feder & Willson, 2005). In program evaluations where victim reports of the man's behavior were monitored and the program completers were compared to men who were randomly assigned to a no-treatment condition, the results were still positive but less powerful. One caution when interpreting these studies is that men who either dropped out or were assigned to a no-treatment condition may have sought and received help elsewhere, thus shrinking the differences found between BIPs and these groups of men.

***2. BIPs help the majority of men end their violence over a period of time.***

Perhaps the most comprehensive study of BIPs is one funded by the US Centers for Disease Control & Prevention and directed by Dr. Edward Gondolf. This four-city study has tracked 840 men participating in group programs and their partners over a four year period (see Gondolf, 2002, 2004). Gondolf has found that the great majority of men who

batter re-assault their partners within 15 months after their intake into a treatment program. After 30 months from program intake, Gondolf (2004) found that only 20% of the men who participated in these programs had reassaulted a partner in the past 12 months and at 48 months after program intake only 10% of the men had reassaulted their partners in the past 12 months. Thus, by four years after intake approximately 90% of the men had **not** reassaulted their partner in the past year. Gondolf suggests that this increasingly low recidivism rate points to the success of BIPs.

**3. *It is not yet clear what components of BIPs help create these changes.***

Ironically, despite these somewhat positive results of BIPs, the research does not provide a clear answer to what makes a difference. Review after review makes clear that while these programs have positive impacts on ending and lowering levels of violence among program completers, studies to date have not provided much insight into what component parts of batterer programs or what program lengths lead to change among participants (see Babcock, Green & Robie, 2004; Bennett & Williams, 2001; Gondolf, 2004). Most programs include some type of cognitive-behavioral educational process and many address attitudes among men about their relationships with women. It is not clear, however, if it is these program components, simply the regular monitoring that occurs by participation in a group process or something else such as enhanced motivation to change that is causing these better outcomes among participants.

**4. *It appears that BIPs incorporating motivational enhancement components help more men change.***

One finding that is supported by a few studies indicates that when programs include methods designed to enhance men's motivation to make change, retention and outcomes are improved (see Babcock, Green & Robie, 2004). Many of these procedures are based on the widely disseminated motivational interviewing procedures of Miller and Rollnick (1991). These procedures have been found to be successful with substance abusers (see Miller & Wilbourne, 2002) and are only recently being utilized in BIPs (see, for example Roffman et al., in press).

***5. Typologies of men based on personality traits and variation among men based on racial/ethnic group membership do not appear to predict different outcomes.***

One approach that has been given a lot of attention is to differentiate types of men who batter so that treatment may be better matched to specific men. The typologies vary but often categorize men into generally-violent, partner-violent and pathological groups (see Cavanaugh & Gelles, 2005 and Holtzworth-Munro & Meehan, 2004 for reviews). While researchers have been able to distinguish different types of men, the utility of these typologies to predict differential success in batterer intervention programs has been questioned. White and Gondolf (2000) have found that men of differing personality types appear to behave similarly in terms of program completion and outcome. This led them to conclude that "one size appears to fit most" (White & Gondolf, 2000, p. 486).

Despite White and Gondolf's (2000) findings, we have not yet carefully tested the promise behind typologies, that programs tailored to batterer types may be more effective. Most BIPs do not at present differentiate among the types of men who are admitted their programs or offer differential programming tracts. Many communities

have such limited resources that at most they offer a very limited provision of services to men in their community who need these services. Many BIP facilitators would claim, however, that intervention is already differentiated or individualized to the extent that group facilitators provide differential attention to men during and between BIP sessions.

Rough grouping of men by typologies may not be the preferred direction in any case. Holtzworth-Munro and Meehan (2004) have argued that we shouldn't be categorizing men into one type or another but perhaps seeing these men as multi-dimensional with variation among several factors. Eckhardt, Babcock, and Homack (2004) suggest that perhaps matching treatment to the level of motivation for change that a man expresses may better achieve the original goals of developing typologies, an idea that will be discussed later in this report.

Much less information is available on the differential impact of BIPs on men of color. There is a small but growing literature that focuses on different types of groups for men of color, particularly African-American men. Williams (1994; Gondolf & Williams, 2001) has described three types of treatment for African-American men who batter: (1) "color blind" where differences in race or ethnicity don't seem to matter; (2) "culturally-specific" where there is a critical mass of men of one race or ethnicity and attention to their community's unique history is implicitly given attention; and (3) "culturally-centered" where the focus of the program design is on a particularly racial or ethnic group that makes up most of the men in the group. Unfortunately, in tests comparing these programs it doesn't appear that any one type of treatment is better able to achieve positive outcomes than another (see Butell & Carney, 2005; Gondolf, 2007).

***6. Men who participate in BIPs that are part of coordinated responses with the criminal justice system achieve better outcomes.***

Lastly, an important finding of these studies is that BIPs that are embedded as part of a coordinated community intervention to identify, treat and hold accountable men who batter appear to provide the most positive outcomes in terms of reassault prevention. Specifically, Gondolf (2004) found that, “Under the pretrial referral, the men entered the program in an average of 2 1/2 weeks after arrest, as opposed to several months at the post-conviction systems, and they had to reappear in court periodically to confirm their program attendance. This system dramatically reduced no-shows (from 30% to 5%) and sustained a high completion rate of 70% despite the coerced attendance.” (p. 619).

In short, men dropped-out the least and achieved the best outcomes in systems where (1) men were moved quickly into treatment within two to two and half weeks of arrest, (2) there was ongoing monitoring of men’s compliance with mandates to treatment by the courts and (3) the courts responded swiftly with consequences for men who violated their mandates.

These findings argue strongly for close coordination between BIPs and court officers, particularly probation officers. In some locales, specific domestic violence probation units have been established to create this close liaison with BIPs.

While close coordination is desirable, such efforts raise concerns about the type of information that BIP providers should supply to court officers or others, such as custody evaluators, guardians ad litem (GALs) and court appointed special advocates (CASAs). At the same time, this raises questions about what types of information should be provided by BIP providers to court officers. A man’s behavior in a weekly BIP meeting may mask

much more severe and dangerous behavior outside the walls of the social service agency. Many BIP providers only feel comfortable providing basic information such as (a) attendance, (b) compliance with program rules and (c) occasionally information on the man's past abusive behavior. Providing an estimate of the level of change men have achieved based on their in-group behavior is potentially dangerous and often inaccurate. It is only through long-term follow-up with current partners that men's behavior can be assessed over time.

### **Remaining Concerns about Batterer Intervention**

The body of literature on BIPs raises several additional concerns not yet covered:

***1. Reaching men early in the development of domestic violence is of critical importance.***

Many men seek or are mandated to treatment after repeated contacts with police, courts and social services. Some efforts have been made to reach violent men early, prior to their contact with police or social services. In an experiment at the University of Washington's School of Social Work, a social marketing campaign successfully motivated 348 men to call a confidential, telephone-based program, 124 to enroll in the program and 99 to complete it. The social marketing program (see Mbilinyi et al., in press) included extensive radio advertisements (see <http://www.menscheckup.org>) and a telephone-based intervention using motivational enhancement strategies to move men to seek formal services for both battering and substance abuse (see Roffman et al., in press).

***2. Attrition from programs is high and presents a major challenge to BIP effectiveness.***

Many men who batter drop out of BIPs. For example, Daly and Pelowski's (2000) review of 16 studies of batterer intervention showed that "dropout rates are consistently high, ranging from 22% to 99%" (p. 138). Interestingly, two of these studies examined participant motivation and both found more motivated men to be significantly more likely to remain in treatment. Gondolf (2004) found that those men who participated in two or more months of a BIP showed 50% greater overall reduction in recidivism compared to program drop-outs (Participants=36%; Drop-outs=55%) and an even greater reduction among men living with their partners (Participants=40%; Drop-outs=67%).

These findings point to a gap in current programs. Many programs experience very high attrition rates from first contact to first group meeting and then again once the group programs begin and before program end. There is a dire need to develop methods to recruit and then retain men in BIPs. In part, this is an issue of system coordination. As Gondolf's (2002, 2004) study has shown, when men are held accountable for their lack of attendance by the courts they appear less likely to drop-out of the program.

***3. Most recidivism by men who batter appears in the first 15 months after enrollment, a period longer than most BIP programs.***

As stated earlier, Gondolf (2004) has reported that the great majority of men who batter re-assault their partners within 15 months after their intake into a treatment program. This finding is parallel to findings in a nationally replicated study of police intervention called the Spouse Assault Replication Program (see Weisz, 2001).

Unfortunately most BIPs last only 12 months in their longest form. These data argue for regular monitoring of men who batter by program staff, probation and/or court officers over a longer period of time than is common.

***4. A small number of men appear to be the most dangerous and may require additional attention.***

Last and certainly not least, a disturbing finding of Gondolf's (2004) four-city study is that a small group of 20% of the reassaulters in his study accounted for 80% of the injuries to victims after intake to the BIPs. This finding raises practice questions that are as yet unanswered. Perhaps this small group of more severely violent men requires a more careful assessment and additional or different intervention than a traditional BIP in order to more successfully control their behavior. Using data from Gondolf's CDC-sponsored study, Heckert and Gondolf's (2004) found that battered women's assessments of their own danger outperformed all other assessment tools except when women's assessments were combined with self-report data gathered using the Danger Assessment developed by Campbell (1995). Two other areas – substance use and mental health – warrant consideration for specific assessments based on the literature showing a high co-occurrence between substance abuse and domestic violence (Brown, Werk, Caplan, & Seraganian, 1999; Fals-Stewart, 2003; Fals-Stewart, Leonard and Birchler, 2005) and serious mental-health problems among some batterers (Cavanaugh & Gelles, 2005; Holtzworth-Munroe & Meehan, 2004).

### **Emerging Practices and Recommendations in Batterer Intervention**

The literature reviewed in this paper points to several gaps in current services and points to other innovations that may make sense given current evaluations. These include: (1) attrition from services; (2) the need for follow-up by service providers to show meaningful program outcomes balanced with concerns over reporting expectations; (3) increased coordination with and accountability to courts and the criminal justice system; and (4) other emerging areas such as programs for teen offenders and for violent men who are also fathers.

**Attrition:** Early drop-out from BIPs is clearly a problem that is widely documented earlier in this review. Many men contact BIP providers but in some programs half to three-quarters of the men never complete the assigned intervention. Efforts to reduce the number of drop-outs include: (1) swift movement of men into treatment (see Gondolf, 2004); (2) pre-program orientations aimed at enhancing the motivation of men to enter and complete treatment (Kistenmacher & Weiss; in press); the use of motivational enhancement components in BIPs (Easton, Swan & Sinha, 2000; Taft, Murphy, Elliot & Morrel, 2001; Waldo, 1988); specialized domestic violence probation units that closely monitor men court mandated to BIPs and regular court review of adherence to mandates (see Gondolf, 2004).

**Balanced Reporting of Information by BIPs:** Another lesson learned from this review is that both program attrition and outcomes vary greatly by program. BIPs operate under the assumption that they alone, or even more so in coordination with other services, create positive outcomes for men receiving their services. Regular reporting of aggregate data on program participation, attrition, and outcome should be expected from BIP

providers. As part of their reporting on outcomes, recidivism data must include longer follow-ups – based on the research they should be from 15 to 18 months – and include reports not just from the participating men but also from their current partners. Achieving this type of accountability will require support from funders so that staff and agency resources may be devoted to this effort.

While program accountability is important, reporting on individual men's progress in BIPs raises concerns, as expressed earlier in this review. A BIP provider's report of a man's individual behavioral progress as a result of program participation is of questionable value. Men may behave differently in sessions and report more positive behavior than their partners report about them (see Armstrong, Wernke, Medina & Schafer, 2002, for review on report discrepancies). BIP information provided to others should be limited to aggregate program data and individual data on program attendance, compliance and violations of the law or court orders.

**Increased Coordination With and Accountability to Courts:** Another clear lesson from this review is that BIPs cannot operate in a vacuum. They must be closely coordinated with courts and the criminal justice system. Such coordination is associated with both reduced attrition and better outcomes for men who participate in these programs (Gondolf, 2004). As noted above, coordination can occur through reporting by BIP programs, oversight by specialized probation units and regular reviews by the courts of men's compliance with mandates.

**Emerging Efforts: Teens and Fathers:** Finally, perhaps unrelated to the review data here but worthy of mention are programs for two underserved populations: teens and fathers. The great majority of men who enter BIPs report having been abused or exposed

to domestic violence as children. This is also evident among populations of teen offenders who have engaged in courtship violence. Offender programs for this population cannot just mimic adult programming but rather integrate the best practices of programs for children exposed to domestic violence and BIPs (see O’Keefe, 2005). This integration recognizes the likely recent victimization a teen may have experienced combined with offending against a teen partner.

Another area of emerging practice is focused on abusive men and their parenting behaviors (see Edleson & Williams, 2007). Many state guidelines for BIPs include an expectation that men receive information on the impact of their adult-to-adult violence on their children and include some parenting content. This has led some, such as the Family Violence Prevention Fund (see <http://www.endabuse.org>) to develop specific materials on fathering for use in BIP groups. In addition, specialized fathering programs designed specifically for men who are violent toward their intimate partners are emerging worldwide, including some that are being carefully evaluated across multiple sites (see Edleson & Williams, 2007).

Some have argued that addressing men’s relationships with their children may be an avenue for generating more interest and motivation for the men to change (Donovan & Vlasis, 2005; Arian & Davis, 2007). This has yet to be empirically proven and there is some concern that fathering programs may be substituted for BIPs rather than being supplemental to them. These programs are not designed to replace but rather supplement the core content of BIPs. In addition, state guidelines – including Washington’s - do not permit such substitutions.

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