Current Research on Batterer Intervention Programs and Implications for Policy

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Introduction

Batterer intervention programs (BIPs) emerged in the United States in the late 1970s as one component of the social response to intimate partner violence (IPV). Initially, BIPs were based on an understanding of IPV derived from research and practice with women abused by their partners. They focused on holding batterers accountable and protecting victims from further harm. Early leaders in the field, including the Duluth Abuse Intervention Program (DAIP) and Emerge in Boston, crafted curricula that addressed patriarchal ideas of male supremacy and privilege. Leaders designed interventions to confront the excuses, rationalizations and minimizations observed among male abusers and challenge assumptions of men's right to control "their" women. Leaders in the battered women's movement worked within their states to develop guidelines and standards for BIPs consistent with these founding principles. They rejected interventions that diverted attention from men's use of power and control strategies and those suggesting couples' mutual responsibility for ending violence. All but four states have legal standards for BIPs and many continue to reflect these principles, including prohibitions on certain interventions, such as couples counseling and anger management, and requirements to include discussion of power and control.

Over the past decade, a growing number of practitioners and researchers have questioned the value of these standards. Many cite the lack of evidence that BIPs work, and more specifically, argue there is evidence that the Duluth model, pejoratively referred to as the "one size fits all" approach, is ineffective and should be replaced with less confrontational approaches tailored to the needs of batterers.

My goal in this paper is to review existing research, focusing on various research designs and their strengths and limitations. I begin with a discussion of definitions and the lack of uniformity in accepted usage. I move to assumptions about what causes IPV and how they're reflected in various models and curricula. This includes the contentious debate over whether men and women are equally abusive to their partners. Next, I review research findings and discuss the contradictory results different methodologies and definitions of success generate. I define meta-analyses and present their results. I then examine some current trends in designing BIPs, including arguments about whether IPV offenders are the same as other criminal offenders. A number of scholars have recommended approaches that have been successful with other criminal populations, including the Risk Needs Response (RNR) principle [sometimes referred to as Principles of Effective Intervention (PIE)], motivational interviewing, evaluating readiness to change, and supplementing BIPs with specialized treatment, such as mental health or substance abuse treatment. Others have recommended differentiating interventions based on risk assessment and batterer typologies. I review the research literature on these ideas. My primary goal is to present clearly what we know about whether BIPs work and which aspects of programs are most strongly supported by research evidence. However, I discuss how BIPs are situated within communities and society. Their success cannot be divorced from these social contexts. I also raise questions about "evidence based practice" and implementation. I conclude with a discussion of what we know and the dangers of simplistic answers to complicated questions. Significantly, I suggest models of social policy creation and implementation that include multiple perspectives and real-world pragmatism.

Language

Inconsistency in language complicates the discussion of BIPs. Although women are also referred to BIPs, men comprise the vast majority of participants. There is scant research on the effectiveness of BIPs for female offenders (for a discussion see Larance 2017 and Larance & Rousson 2016). I will refer to men in this discussion of BIPs. Beyond this gender designation, however, the research refers to participants as: batterers, offenders, perpetrators, abusers, clients and participants. Some research articles use several of these terms interchangeably. Most men in BIPs in the US are mandated as a consequence of arrest for a crime related to domestic violence. Thus, I deploy the term "offender" throughout. "Batterer" suggests a person who has committed repeat, serious violence against their partner and may not be an appropriate description for all BIP participants, despite the label of "batterer intervention." Many men mandated to BIPs are first-time arrestees and do not engage in systematic coercive control of their partner. I address the different types of offenders later in the paper.

Researchers often designate a program by its guiding philosophy, but fail to identify important components that influence their actual implementation. So, a "cognitive behavioral treatment" may include intake and assessment, outreach to victims, and mandatory educational and experience requirements for facilitators—or not. Programs also tend to morph and have personnel turnover affecting their quality and content. These variations in programs bearing the same label undermine confidence in broad pronouncements about the effectiveness of any particular model.

Researchers are also inconsistent in their definitions of success, program completers, and recidivism. Traditionally, people have defined success as increased safety for the victim, but this may mean many things not easily captured or uniformly measured. Safety includes the cessation of physical violence against the original victim, but also can involve support to the victim through safety planning, advocacy, education, and provision of resources, such as housing. Others include in their definition of success changes in offenders' acceptance of responsibility, beliefs about the appropriate use of violence, respect for the victim and ideas about women. Some measure recidivism through official arrest records for any criminal offense, while others limit it to domestic violence offenses. Studies often fail to mention whether the offense was charged as a misdemeanor or felony or the seriousness of the offense. Arrests related to domestic violence range from disorderly conduct to homicide. Some measure conviction rather than arrest, again for different types of offenses not clearly specified. Still others assess recidivism through victim reports of re-assault, which generally produces a much higher rate of alleged recidivism, or even offender reports, which tend to under-report violence and exaggerate improvements in beliefs and empathy. More confusing still, many studies report "risk of recidivism" extrapolated from risk assessment tools, known to have high rates of inaccuracy, rather than actual violent actions.

There is widespread agreement that many men do not complete their mandated participation in BIPs, that is, BIPs have high attrition rates, but there is not consistency in identifying the point of drop out, such as prior to or during treatment or reporting the number of sessions men miss before being defined as a "drop out" or non-completer. These language differences make it difficult to compare research results and represent one basis for caution in accepting global pronouncements of "what works".

Types of BIPs and Their Relationship to Theories of What Causes IPV

There is no accurate count of the number of BIPs currently operating in the US and no recent data depicting their content. The vast majority of states (47) have standards or guidelines regulating BIPs and these provide some suggestions about the nature of BIPs. The literature describes three major types of BIPs in the US: psychoeducational, often the descriptor for the Duluth model, cognitive behavioral therapy (CBT) and psychodynamic approaches. This classification, however, is not rigid or exhaustive and many programs combine elements of several models. Price and Rosenbaum (2009) identified 2,557 BIPs and gathered survey results from 276 programs. They asked programs to define their orientation and found about 59% described themselves as psychoeducational, 53% adhere primarily to the Duluth model, 49% endorsed CBT and 26% described themselves as therapeutic. Interestingly, despite over half of the programs defining themselves as adhering to the Duluth model, only 7% of programs described themselves as "pro-feminist," contradicting some critical depictions of the Duluth model as feminist dogma (p. 766-767). Cunha and Goncalves' (2014, p. 3) review of 36 research articles describing BIPs found the majority defined themselves as CBT (56.8%) or psychoeducational (18.9%, with 32.4% assumed to adopt a Duluth model) and only two programs (5%) describing themselves as feminist.

The three models of BIPs reflect the providers' theory of the root cause of IPV. I find two major theories of causation guiding BIPs, one focusing on the individual offender and the other focusing on society. Theories that focus on the individual argue men's psychological distress is the cause of violence toward their partner. Their focus is on internal, unconscious processes, rather than conscious decisions or thoughts enacted in interaction with a partner. This may include psychological disorders, such as borderline personality disorder, posttraumatic stress disorder, or intermittent explosive disorder. Psychological issues may also include symptoms of trauma, such as low self-esteem, shame, and inability to trust others or attachment disorders that limit men's ability to participate in successful relationships. Mental health practitioners often adhere to the individualistic model of IPV. They recommend treatment for men's psychological problems and adopt various psychodynamic approaches. Psychodynamic programs are founded on the perspective that violence is a symptom of an underlying problem within the violent person requiring therapeutic intervention. Contemporary psychodynamic programs usually combine elements of traditional psychological treatment with discussions of negative thought patterns, gender and power. Still, these programs are in the minority, largely as a result of practitioner and research critiques of their failure to hold men accountable for their abuse. There is no reason that programs that address men's psychological problems cannot also hold them accountable for their crimes.

Neuroscientific and genetic studies have recently added to the debate about what works to change violent men. New technologies have contributed to research on brain and genetic structures that influence violent behavior. For example, several studies have investigated links between genetic structure, alcoholism and violence and found reduced recidivism rates for men whose participation in a BIP was supplemented with treatment for alcohol addiction (see Stuart, McGeary, Shorey & Knopik 2016). Other research has identified links between traumatic brain injury (TBI) and perpetration of IPV, finding significantly higher rates of TBI among offenders than in the general population (Farrer, Frost, Hedges 2012). Such work adds to the individualistic model and suggests treatment needs that extend beyond any form of BIP. Again, there is no inherent incompatibility

between treating these biologically based issues and accountability for violence.

Proponents of the individualistic model take issue with a gendered explanation of IPV. Specifically, they point to survey research indicating the frequency of "bi-directional" violence in which both heterosexual partners perpetrate violence as well as the parity of women's and men's violence and controlling behaviors against their partners. Thus, they argue, BIPs that centralize the role of male dominance are misdirected and overlook women's violence. The debate over "gender symmetry," or the irrelevance of a gender analysis, began in the late 1970s and continues to generate acrimonious debate. Those adhering to the gender symmetry perspective (men and women are equally violent) argue that CBT and psychoeducational models, particularly the Duluth model, are too confrontational and alienate men, leading to high attrition and poor outcomes. Some research finds that men with less education and ability to understand didactic material are less likely to complete a feminist oriented psychoeducational model group while those with more education preferred it to CBT (Jewell and Wormworth 2010).

Those who adopt a societal perspective on the causes of IPV believe the individualistic approach excuses men's violence and underestimates their ability to change. Instead, they view men's historical subordination of women and the continuing legacy of patriarchal sexism as the cause of IPV. They reject the gender symmetry argument and maintain a gender informed perspective, pointing to other survey research, such as the Centers for Disease Control's (CDC) 2010 intimate partner and sexual violence survey indicating much higher rates of victimization and more serious consequences, for women (Black et al., 2011). They also note the consistent finding that police and victim service programs identify women as the primary victims in 80 to 90% of cases of IPV. Michael P. Johnson (2008) attempted to resolve the debate by arguing that the surveys and agencies measure different phenomena, surveys measuring situational violence absent the coercive control reflected in agency samples, thus producing gender symmetrical results. I address the typologies of batterers below, but note that neither the gender symmetrical nor the gender informed adherents have abandoned their positions.

Groups vary in the emphasis they place on societal sexism, with psychoeducational models focusing more on men's assumption of their right to hold power and control and cognitive behavioral treatment (CBT) addressing men's socialization into negative thought patterns.

I find no clear definition of psychoeducational BIPs in the literature, but rather references to the Duluth model. Some (eg. Gondolf 2004, 2012) refer to the Duluth model as a cognitive behavioral program. Again, I note the boundaries around types of BIPs are permeable. Generally, the emphasis in psychoeducational programs is education about domestic violence dynamics and men's responsibility for changing both their beliefs and behavior. The Duluth model is an educational intervention, deliberately not described as treatment, focusing on "exploring and understanding power relationships and the effects of violence and controlling behavior on domestic partners." (Paymar & Barnes 2013, p. 7). From the psychoeducational perspective, "treatment" implies a psychological condition that results in violence; an "intervention" assumes men are capable of stopping violence, regardless of past traumas or current psychological problems, and are responsible for doing so. Trained facilitators lead groups of ten to twelve men through a 26 or 52-week curriculum including didactic presentations, dialogic exchange of ideas, videos, role playing and homework assignments such as control logs. They also commonly include education on managing stress and effective communication. Most important, the Duluth model is based on a

coordinated community response of law enforcement, prosecution, and advocacy of which BIPs are only one component. The Duluth model is used in all 50 states and in seventeen foreign countries and is identified in nearly all state standards and guidelines (Gondolf 2012, p. 113).

Cognitive Behavioral Therapy (CBT) is similar to psychoeducational programs, but focuses more on changing negative thought patterns acquired through social learning, such as childhood exposure to parental violence and cultural scripts endorsing male violence. CBT is less focused on social-political issues and men's power over women than the Duluth model. Rather, they concentrate on "cognitive restructuring," or learning new ways to think about events they confront and building skills to respond more effectively and non-violently.

As mentioned above, these models are often comingled in the real world. Each has demonstrated effectiveness in some research, and each has been shown to be minimally effective or ineffective. I turn now to the results of research on the effectiveness of BIPs.

Studies Showing Positive Results of BIPs

A number of studies have found positive results for men completing BIPs, including reduced official reports of re-arrests, victim reports of reduced re-assaults, and self-reported improvements in women's lives (Dutton 1986; Chen et al., 1989; Hamberger and Hastings 1990; Palmer, Brown and Berrera 1992; Dobash & Dobash 1999; Gondolf 2004; Kelly & Westmarland 2015; Snow Jones, D'Aagostino, Gondolf & Heckert 2004; Bennett et al. 2007; Boots et al. 2016). Davis and Taylor (1999) conducted an analysis of six rigorous studies of batterer treatment and concluded the evidence supported a positive effect in reducing future violence. However, they criticized early studies from the 1980s and 1990s for failure to use control groups or random assignment, to measure only post-treatment violence, for using small samples, or relying on batterers for outcome information (see Davis, Taylor and Maxwell, 2000). They also noted failure to account for drop-outs, length of treatment and inadequate follow-up length. Their critique contributed to the development of more rigorous studies, described below.

Other recent studies have also found positive outcomes. In Chicago, Bennett, et al. (2007) examined re-arrest data for 899 men participating in 30 BIPs. At 2.4 years after initial intake, men who completed treatment were less than half as likely as men who did not to be rearrested for domestic violence (14.3% v 34.6%). Boots et al. (2016) found men sentenced to jail were significantly more likely to be arrested than those sentenced to BIPs (p. 1147). The authors argue that treatment is more effective than simply arresting and jailing men.

In Spain, Lila et al. (2014) measured changes in beliefs, including taking responsibility for violence and perceived severity of violence as well as recidivism and observed statistically significant improvements in beliefs and reductions in risk of recidivism for men attending BIPs. The British Project Mirabel used multiple sources of information about BIPs and expanded the definition of "success" to include men's, women's and children's perceptions of safety and the quality of their family relationships in addition to violence cessation (Kelly & Westmarland 2015). They report "steps toward change," or gradual but meaningful improvement, in men's respectful communications, reduced restrictions on women's liberty, safety and freedom from violence, shared parenting, awareness of self and others, and safer, healthier childhood. This is the only

research report I have found that included interviews with children (Alderson, Westmarland & Kelly 2013). Children reported much more positive relationships with their fathers, reduced fears, and feelings of safety after their fathers completed domestic abuse programs. The Mirabel Project will be discussed further in the section on how interventions achieve change.

The most comprehensive study demonstrating positive effects to date is Gondolf's (2004) four-city evaluation. He obtained a large sample size (618 men), included a four-year follow-up period, and gathered data from official records and men's original and new partners. The programs in the four sites all used a variation of a "gender-based, cognitive behavioral" program, with varying lengths of treatment, court monitoring, and referrals to supplemental treatment for alcohol abuse. After four years, 49% of men had re-assaulted their partners, based on partners' reports. Gondolf found that most repeat violence (3/4 of the incidents) occurred within the first six months following intake (p. 617). Two thirds of women reported their lives had improved and 85% felt very safe at both the 30 month and 48 month follow up interview. About 25% of men reassaulted their partners more than once and were responsible for 80% of injuries to women (p. 620). These men tended to have psychological problems as measured by scores on a standard personality inventory (MCMI-III), although they did not fit one particular psychological profile. The majority of men, 56%, showed no evidence of personality disorders or major psychological problems. The most frequently elevated score was for narcissism, which Gondolf suggests is more appropriately treated with cognitive behavioral rather than psychodynamic approaches (p. 623). Some research has shown that narcissism may be reinforced and intensified by counseling approaches that fail to hold men accountable for their violence (Gondolf p. 623).

Since the majority of men desisted from repeat violence after four years, Gondolf suggests that gender-based, cognitive behavioral programs are effective for most men, or that "one size fits most." (Gondolf 2012, p. 121-122). For that resistant, re-assaultive 20-25% of men arrested for IPV, these programs will probably not be effective. The challenge is in identifying these men and designing interventions that will deter their violence and keep their partners and the community safe.

Gondolf's study and most others finding positive effects of BIPs are limited due to their methodological approach. These studies look at the behavior of men who complete programs to see how often they re-offend, how safe victims feel, and, sometimes, how they compare to men who fail to attend or drop out. Since many other factors besides participation in BIPs can influence recidivism, such as substance abuse, generally violent tendencies, and lack of ties to family and community, it is not possible to sort out the unique value of BIPs based on these studies. Some researchers address the problems of sorting out the effects of BIPs from other influences by using sophisticated statistical techniques, such as propensity scores (see Gondolf 2012, pp. 65-71). Others find these techniques inadequate and argue that only true experimental designs can tease out the benefits of BIPs. As several people have pointed out, the more rigorous the research design, that is, the closer they approximate a true experiment, the less positive the results in terms of demonstrating the effectiveness of BIPs.

Studies That Fail to Demonstrate Positive Results of BIPS

There are consistent findings of high recidivism among all men arrested for domestic violence, including those who attend BIPs. Puffett and Gavin (2004) examined arrest data for 439 men arraigned in the Bronx Domestic Violence Court and court ordered to attend batterer intervention, batterer intervention plus substance abuse treatment, or substance abuse treatment only. They found little difference in recidivism among the three groups, and a very high rate overall. Two years after initial arrest, 62% of men were rearrested (p. 2), let alone determined through self-reports or victim reports to have re-assaulted partners. Similarly, Eckhardt (2004) reports that of 199 men court ordered to treatment in Dallas, 27% were rearrested and 62% self-reported repeat acts of violence against their partners (p. 2). Herman et al. (2014) found over one-third of batterers assigned to a Duluth model program eventually reoffended and there was no difference between completers and drop-outs on official arrest reports.

Since 2000, there have been a number of experimental studies that have failed to identify a difference in recidivism rates in groups of men undergoing any form of treatment. These include two studies on the San Diego Naval Base by Dunford (2000); a study of Broward County, Florida by Feder (2000); a study in Brooklyn, New York by Taylor, Davis and Maxwell (2001); a study by Gordon in Virginia (2003); a study in New Haven, Connecticut by Easton et al. (2007); a study in the Bronx by Labriola et al. (2008); and a Swedish study by Haggard et al. (2017). Easton et al.'s study is the only one of these to identify a decrease in repeat violence in the treated group. Easton et al. found men who completed domestic violence plus alcohol treatment (N=40) compared to men in a twelve-step program (N=38) had a lower rate of repeat violence, but their sample sizes were too small to calculate statistical significance. These experimental studies suggest that BIPs have no observable benefit in reducing future violence compared to no treatment.

There have also been several meta-analyses of the research on BIPs. A meta-analysis combines results of experimental and quasi-experimental studies to arrive at an average number representing the combined evidence of effectiveness from the individual studies. Only experimental and quasi-experimental studies that include control groups are reviewed. An experimental design, considered the "gold standard" of evaluation research, attempts to adhere to true random assignment of participants to a treatment group and no-treatment or alternative-treatment group and compare recidivism rates. These supposed "gold standard" analyses are apparently able to determine that any differences observed between groups are the result of the intervention rather than pre-existing differences among participants or other factors besides treatment. Experimental and quasi-experimental designs are very difficult to implement in real world settings, since there are often criminal justice and community safety reasons for assigning men to treatment and practical issues in implementing a study. Quasi-experimental designs do not include random assignment to groups, but employ statistical techniques to try to equalize the groups.

Results of recent meta-analyses show small or no benefits of BIPs (Babcock, Green & Robie 2004; Feder & Wilson 2005; Smedslund et al. 2007; Miller, Drake, and Nafziger 2013). These analyses all conclude that taken together, rigorous research fails to identify significant differences between male batterers who complete treatment and those who do not. Miller, Drake, and Nafziger, however, report that combining effects of five rigorous evaluations of non-Duluth model treatments indicates a 33% reduction in recidivism. Some of the studies included in this group had very small

sample sizes (29 and 30), one took place on a naval base where there was a high degree of control of the participants who had a great deal to lose from further violence, and one was for men with substance abuse issues. Dunford's naval base study concluded there were no differences in outcome between men who received cognitive behavioral treatment, couples therapy, intense monitoring without treatment, and no treatment (2000). Yet Dunford's study is included twice, once for the cognitive behavioral group and once for the conjoint therapy group, in the group of five evaluations Miller, Drake and Nafziger include in reporting a 33% reduction in programs using a non-Duluth model. The other three were very small studies, including Easton's study of alcohol treatment, Palmer et al.'s 1992 study of 30 men in Ontario and Waldo's 1988 study of 60 people in "relationship enhancement therapy." While they conclude that non-Duluth models are more effective in reducing recidivism, their inclusion of large studies finding no difference and studies with very small samples undermines my confidence in this conclusion. Most authors of meta-analyses caution against relying on the combined effect size due to variability in the quality of evaluations, presence of bias in the studies, low rates of monitoring program attendance or completion, and the loss of important impacts when averaging data across studies (Smedslund et al. 2007, pp. 11-12; Gondolf 2012 p. 63). All authors of meta-analyses conclude that we do not have sufficient evidence to know what kinds of treatment works, how it works, and with which people.

Richard Berk (2005) suggests the "gold standard" experimental designs are often more bronze than gold. Randomization, the hallmark of true experiments, is often violated in experiments due to the impracticality or ethical concerns about assigning violent men to a "no treatment" group. Notoriously high rates of attrition also raise questions about "intent to treat" versus treatment received. As Feder, Jolin and Feyerherm (2000) point out about the Broward County study and Labriola, Rempel and Cissner (2010) report about the Bronx study, real world implementation challenges often result in violation of the requirements of experimental design. Even the most rigorous designs have limitations and use different definitions of success, sample sizes, sources of data, and timeframes. So, meta-analyses that lump effect sizes together from these various studies may overstate the reliability of their conclusions. Most scholars, however, recommend caution in using the results of meta-analyses for public policy without consideration of other research and process issues.

Despite disappointing results from experimental and quasi-experimental evaluations, there are promising research results that have suggested fruitful avenues for innovation in batterer treatment. I now turn to some of these ideas.

Are Domestic Violence Offenders the Same as all Violent Offenders?

Radatz and Wright (2016) cite a growing body of research, as recent as 2013 and 2014, to suggest that the majority of male domestic violence offenders engage in other crimes. We know that about two-thirds of men arrested for domestic violence have prior arrests for other crimes and will continue to engage in violent and non-violent crimes in the future (Piquero 2006; Gover 2011; Richards et al. 2013). A number of scholars argue that domestic violence offenders are similar enough to other offenders, and that domestic violence "specialization" is rare enough, that the

principles of effective treatment (or evidence-based practices) successfully used with other populations should be transferrable to domestic violence offenders. In other words, what we know about preventing criminal recidivism with other types of offenders should be applied to BIPs. These principles include risk, need, responsivity, treatment, and fidelity, often referred to as the Principles of Effective Intervention (PIE). Taken together the principles of effective treatment speak to matching the offender's level of risk to the intensity of treatment; addressing the offender's criminogenic needs; delivering treatment to which the offender will respond (e.g. based on the type of offender); using treatment that is respectful and employs cognitive-behavioral and social learning methods; and maintaining fidelity to the program with well-trained staff and regular program evaluation. Stewart, Gabora, Kropp and Lee (2014) evaluated a domestic violence offender program based on RNR and found high levels of change in attitudes about violence against women, in pro-social beliefs and reductions in domestic violence and other violent crime. Scott et al. (2015) also found very positive reductions in repeat violence for men participating in a PIE focused second-responder program, with only 12% arrested for domestic violence in year two following treatment compared to 41.5% in an untreated comparison group. Jewell and Wormworth's 2010 meta-analysis of factors influencing attrition from BIPs emphasizes the connections between program completion and matching program type to offender characteristics, including age, income, education, marital status, referral source, prior criminal record, referral source, substance abuse and cognitive abilities (namely ability to understand program content). They also found the same variables that predicted attrition, such as young age, prior criminal offenses, unemployment, and substance abuse predicted recidivism. Specifically, they found more educated men who were court ordered were more likely to complete a feminist psychoeducational program and older men more likely to complete a cognitive behavioral program. Results from a Canadian study by Stewart, et al. (2014) also reported that RNR may be effective in reducing future violence. Scholars who have focused on the success of RNR in treating offenders argue for more attention to assigning treatment based on the characteristics of men attending BIPs rather than mandating a uniform treatment for all. One approach to tailoring treatment is to incorporate existing batterer typologies.

Batterer Typologies

Some scholars recommend assessing batterer type when assigning men to programs (Stoops, Bennet and Vincent 2010; Carbajosa et al. 2017). Holtzworth-Munroe's typology of family only, borderline/dysphoric, and generally violent men is useful and has received support from a number of studies (Holtzworth-Munroe & Stuart 1994). The family only batterer is mildly to moderately violent toward family members, but typically not to those outside the family, and is not psychopathic but may have low levels of social and communication skills. The borderline/dysphoric batterer is dependent on his partner and fears abandonment. He often exhibits explosive rage and may be extremely violent. The generally violent, antisocial type is violent to people outside and inside his family, is the most dangerous and most resistant to change. Programs that assess participants can identify offenders with greater needs for supervision and containment as well as those most likely to benefit from a BIP. A Spanish study found the typology accurately identified 210 batterers in treatment and predicted program attendance and completion and recidivism. Generally violent men had poorest attendance, highest drop out rates and highest recidivism. Indeed, this study found no recidivism in the family only group after nine months (Carbajosa et al. 2017).

Johnsons' (2008) typology of domestic violence is also relevant and comports with Holtzworth-Monroe's. People who are arrested for a one-time assault or disorderly conduct, who show no evidence of coercively controlling behavior may fit the category of situational couple violence and be similar to the family only type. While it may be very dangerous and reflect poor conflict management skills, situational couple violence does not have the same characteristics as coercively controlling violence or intimate terrorism. The latter include many non-physically violent behaviors that limit victims' freedom, autonomy and dignity and a pattern of conduct that occurs over time. Intimate terrorists or coercively controlling batterers share characteristics with the dysphoric/borderline and generally violent, antisocial types. Another type of domestic violence, violent resistance, is a self-protective action in response to abuse. These different types require interventions that address the issues involved, which clearly do not always involve male entitlement or intentional exertion of power and control. Even brief risk assessments can help sort out the type of domestic violence a person has committed and suggest the most relevant form of intervention.

Cultural Specificity

Scholars and practitioners also embrace insights from feminist intersectionality theory that emphasize differences among male offenders related to race/ethnicity, social class, and culture. The Duluth program has developed specialized programs for Native Americans, and many programs around the country have developed for African American and Latino men. Some studies have found that men value these programs and find them helpful (Parra-Cardona et al. 2013; Williams 1992). Aymer (2011) and Waller (2016) argue that most BIPs are not inclusive of the experiences and needs of African American men, resulting in higher attrition. However, Gondolf (2008) found no difference in recidivism rates for African American men in a culturally specific group compared to those in a general BIP.

Theories of Change

Others suggest the importance of offenders' "readiness to change" and recommend incorporating information on stages of change in treatment (Eckhardt et al. 2008). Evidence about cessation from other forms of problematic behavior, such as smoking and substance abuse, indicates that change is usually a lengthy process that is only successful when people recognize a problem and decide to change. Men mandated to BIPs often reject responsibility for their violence and have high levels of attrition. Researchers who support the stages of change approach recommend giving men multiple opportunities to complete treatment after dropping out. Scott et al. (2013) examined repeat chances for men who dropped out and found that although almost half of men failed to complete on their first attempt, 43.7% completed after repeat attempts. Costs for re-engaging men were quite high, involving repeat phone, letter and in person contacts, but were successful with a large proportion of drop-outs. Others have examined the use of motivational interviewing to encourage men's participation. Facilitators discuss men's ambivalence about change and encourage them to embrace the program as a way to reach their own goals. Crane and Eckhardt (2013) found that even brief sessions increased men's attendance and participation in BIPs, although it did not decrease recidivism.

Risk Assessment Tools

Experts agree about 20% of batterers do not benefit from treatment of any kind. These are the men least likely to complete treatment and most likely to continue their violent, abusive behavior (see Gondolf 2012, p. 169-170). Throughout the criminal justice system, risk assessment has been incorporated as a critical tool for identifying the minority of individuals requiring the most intensive response. There are several statistically validated risk assessment tools in use for identifying the levels of risk posed by offenders. Many BIPs are incorporating some form of risk assessment at intake to help determine the level of threat and thus the nature of treatment required. The most effective use of risk assessment involves close coordination between probation, victim services and BIPS and an ongoing assessment rather than a one-time checklist. Unlike most other crimes, IPV is a dynamic process involving the same offender and victim and cannot be captured with a snapshot assessment. Men who score as the most dangerous are mandated to more frequent and lengthier treatment and supervision in addition to BIPs. Risk assessments are one way to incorporate the RNR model discussed above and to differentiate treatment based on risk, need and responsivity. However, risk assessments are not stand-alone tools and cannot substitute for regular case updates, ongoing victim feedback, and professional judgment. Gondolf's four-city study found that victim perceptions were at least as good or better than the risk assessment instruments in predicting future assaults. Unfortunately, even victims' predictions were overly optimistic and often incorrectly predicted no future assault (Gondolf 2012, pp. 179 and 259). Practitioners should use risk assessment to guide decisions about treatment and support victims' safety planning rather than as a one-time definitive prediction of danger.

Individualized versus Group Therapy

Some scholars have argued that the needs of participants would be better met in individual sessions with a trained therapist rather than in a group context. Men in BIPs have also suggested that individual treatment would be preferable. Murphy, Eckhardt, Clifford, Lamotte and Meis (2017) conducted a randomized trial of individualized therapy compared to group cognitive behavioral therapy (CBT) for partner-violent men and found reduced physical and emotional abuse during and for six months following group CBT. Their preliminary conclusions support the benefits of group CBT and contradict calls for more tailored, individualized treatment (e.g., Dutton and Curvo 2007). Murphy et al. hypothesized that therapist difficulties in developing a case formulation plan, motivating engagement and completion of the plan, and delivering the intervention was more challenging in the individualized treatment (p. 17).

What Men in Programs and Their Partners Say

Weisburg, Farrington, and Gill (2017) in a review of experimental and quasi-experimental evaluations of correctional programming, argue for the inclusion of more qualitative, interview data. These senior scholars advocate rigorous designs to guide public policy, but note that answers to "what works" must be situated within qualitative studies of implementation. What men in treatment and their partners say provides important information. Holtrop, et al.'s (2017) interview based study supports the benefits of male peer groups in batterer intervention. The men they interviewed described how group members hold each other accountable, reject victim blaming, and provide

insight into their experiences. They also note the importance of rapport with the group facilitator and the facilitator's role in keeping the group on track, themes which emerged in other studies discussed below. Sullivan and Claes's (2015) analysis of men's narratives during BIP revealed counter-productive cohesion among group members, supporting minimization, sexist beliefs, and feelings of persecution. Group leaders' confrontations rarely succeeded in breaking through these defense mechanisms. McGinn et al. (2015) analyzed five qualitative studies of women's perceptions of change in their partners engaged with BIPs. Although women reported positive changes more often than not, they also reported continuing problems. Women said men's belief systems were more difficult to change than their behavior; explicit violence may have been reduced or ceased, but men continued to blame them for all problems and hold negative views of women. They specifically identified techniques for interruption of conflict, such as taking a time-out, and communication skills as benefitting their relationships. A minority of women also described negative outcomes of BIPs, such as resentment and men learning a new language of their own victimization. For example, one woman in Gregory and Erez's 2002 study said "It was just one more thing he resented doing" (p. 220). However, the majority of women reported an improvement in their relationships. They attributed this improvement to their own empowerment through education and support provided by advocates and to the threat of sanctions represented by the criminal justice system. Their views suggest the importance of linking evaluations of the efficacy of BIPs to support for victims and consistent justice system interventions for men who drop out or recidivate.

Project Mirabel

An increasing number of scholars identify the importance of framing the efficacy of batterer intervention within a broader community context. Project Mirabel (Westmoreland, Kelly and Chalder-Mills 2010) chronicled the success of a treatment program that included extensive support and resources for victims. Women were linked with integrated support services while men participated in treatment. This program differs from most US programs in excluding court ordered abusers. All men were self-referred and voluntarily entered treatment. The most dangerous men and those who continued to deny their abusive conduct were excluded from the project. Positive outcomes may reflect this selection bias. Other methodological problems, such as small sample sizes, also limit the generalizability of results. Nevertheless, the study is important due to its innovative design, including multiple sources of data and support for victims.

Women reported on a range of relationship and family measures after one year of the project and reported substantial improvement. They indicated no sexual violence or use of weapons against them, major reductions in other forms of violence, and a reduction of indirect forms of violence such as punching walls, smashing things and stamping feet. This project measured efficacy of treatment much more broadly than violent actions, however. Women described improvements in respectful communication, space for action, harassment and other abusive acts, feelings of safety, shared parenting, men's awareness of self and others, and a safer, healthier environment for their children.

Men reported on the process of change they experienced while in treatment. They emphasized that changing their violent behavior and abusive treatment was a gradual process that took time. They found the techniques of time-outs, positive self talk and counting to ten valuable. The men and

women both talked about the ways the traditional male breadwinner/female homemaker roles contributed to tension, resentment and men's expectations of deference and obedience within the home. Through group work and the support of women's workers for victims, both men and women developed an appreciation of the ways these gendered demands precipitated violence. Qualitative interviews give insight into the process of change BIPs can facilitate. Westmoreland, Kelly and Chalder-Mills challenge us to think more broadly about what "success" of batterer treatment means in terms of women's, children's, and men's sense of well-being and empowerment.

Coordinated Community Responses

Within the US, communities have long recognized the importance of coordinated community responses (CCRs) to domestic violence. However, scientists conducting experimental and quasi-experimental evaluations of batterer programs have neglected consideration of the role of the community in supporting participants and their partners. States are beginning to incorporate other system players in batterer treatment. For example, Colorado now requires Multidisciplinary Treatment Teams (MTT) including treatment providers, probation officers and Treatment Victim Advocates (TVAs) to work with victims whose partners are undergoing batterer treatment. TVAs assist victims with safety planning, protection orders and support and interact with the MTT to monitor offender progress and victim safety. Richards and Gover (2016) found that the majority of TVAs they interviewed felt respected and involved in decision-making, but also faced a lack of victim interest and involvement in their services. In many cases, victims are reticent to engage in criminal justice system responses to abuse in the US due to previous bad experiences and perceptions of punitiveness and negativity toward victims (Richards & Gover 2016, p. 11). The European approach to batterer intervention, which is overwhelmingly voluntary rather than court mandated, thus exists in a different context and it is possible victims perceive them as less punitive. Although one catalyst for the creation of BIPs was victims' desires for treatment rather than punishment for abusers, BIPs are still closely linked with the criminal justice system. Many victims who wish to remain with their partners or are otherwise wary of formal institutions are suspicious of BIPs and accompanying services. The tension between helping families and holding offenders accountable is unavoidable, but remains a barrier to fully coordinated interventions

Alternate Forms of BIPS

Some people argue that BIPs are too confrontational and fail to gain the buy-in needed for success. Some putatively less confrontational alternative forms of BIPs strive to incorporate principles of mindfulness and restorative justice. For example, the Mind-Body Bridging program assumes the participant needs to identify and manage the tension in their body and the thought processes that lead to violence. The program involves 16 one-hour sessions, that apparently help men identify their "Identity System", how it connects to their violence, and how to control it using mindfulness practices. Preliminary research suggests a lower attrition rate (9%) for participants and an increase in mental and physical health and mindfulness based on participant reports (Tollefson and Phillips 2014). Mind-Body Bridging has not yet been evaluated in terms of reductions in violence and abuse or victim safety, the principle goals of BIPs.

Acceptance and Commitment Therapy (ACT) is another program utilizing mindfulness techniques and designed to be less confrontational (Zarling, Bannon and Berta 2017). This program teaches men to recognize how they respond to thoughts and change their behavior to align better with their values. Adherents argue that it successfully engages men by appealing to their own values rather than those of facilitators and only requires they change their behavior, not their thoughts. An initial study comparing male domestic violence offenders non-randomly assigned to ACT to those in a Duluth plus CBT group found statistically significant greater reductions in violence, both toward partners and others, in men who completed ACT. These new mindfulness-based programs require further evaluation, but may offer one alternative for some types of men who abuse their partners, particularly those engaged in situational couple violence.

Other programs that identify as less confrontational than existing CBT or Duluth model programs include: Restorative justice programs, such as Circles of Peace (Mills, Barocas, Ariel 2013), a program based on restorative justice principles that brings a person charged with domestic violence together with a "Circle Keeper" and members of their family and community to restore what was harmed by their crime. The person is guided to identify how the crime occurred and what they need to change to prevent future crimes and restore their family. Initial studies of Circles of Peace found it was no better or worse than standard BIPs in preventing future violence.

Advocates and practitioners have long expressed concern and skepticism about the use of couples or conjoint therapy in cases of intimate partner violence. It is precluded by some state standards on the grounds that a relationship in which one partner is violent toward the other does not provide a safe, equal ground from which to pursue couples therapy. A meta-analysis by Armenti and Babcock (2016) analyzed evidence from eight evaluations of couples therapy for intimate partner violence and argue in favor of group based couples therapy for selected relationships coupled with a high level of monitoring by probation officers. While existing evaluations do not show differences in violence reduction between group couples counseling and men only BIPs, they do show increases in marital satisfaction and decreases in acceptance of male-to-female violence. Armenti and Babcock describe the Creating Healthy Relationships Program (CHRP) that uses the Situational Violence Screening Tool (Friend et al. 2011) to assess the type of violence in couples presenting for participation. Only those who are screened in as situational violence are eligible. Bradley et al. (2011) compared couples randomly assigned to CHRP or no treatment and found significant reductions in self-reported psychological abuse and increases in marital satisfaction up to six months following treatment for the CHRP group, but no differences in physical aggression between the two groups. Self-report data is not sufficient for assessing violent recidivism, so it is not possible to conclude this couples counseling did not have higher rates of violence than the untreated group.

Armenti and Babcock argue the results of evaluations of couples therapy recommend removal of blanket prohibitions in state standards and consideration of relationship enhancement couples therapy only for couples who want to stay together and are screened as situationally violent without presence of severe violence or coercively controlling behaviors. While certainly controversial, carefully screened and monitored couples who are not in coercively controlling relationships may be able to enhance their relationships and prevent future violence through group domestic violence couples therapy.

Critiques of the Evidence Informed Practice Movement

Beginning in the early 1990s in the medical field, health professionals have called for the systematic application of scientific evidence of efficacy to medical and health decisions. Since then, the movement for evidence informed practice (EIP) has expanded to a broad array of social policies, including criminal justice policy. Within the clinical services arena, EIP has three circles or data streams that should be incorporated into decision-making: research, client characteristics, and resource considerations, including practitioner knowledge and skills (Spring and Neville 2010). As EIP has been applied to BIPs, however, the focus has been on experimental and quasi-experimental research without much consideration of the other two data streams. As Gondolf notes (2012, p. 235): "Evidence-based practice…is intended to be an interactive process between practitioners and researchers that helps to develop practice. Evaluation methods need to fit the realities of intervention, and interpretation should draw on a variety of stakeholders and real-world circumstances." When policy-makers focus on the results of meta-analyses of experimental and quasi-experiment research, without consideration of perspectives from victims, treatment providers, criminal justice actors and batterers or the communities in which BIPs operate, there can be a counter-productive knee-jerk rejection of BIPs and resulting incivility in the debate regarding responses to IPV. Evidence can inform practice, but cannot replace the interactive process of creating sound social policy.

Conclusion: Implications for Policy

The research evidence on the effectiveness of BIPs is contradictory and should be considered within the broader context of community informed responses to intimate partner violence. I read many research articles that began with the some version of the statement "research shows there is no evidence that batterer intervention programs work." Yet, I have outlined many research articles that demonstrate the benefit of programs to participants, victims and their families. Thousands of men, and an increasing number of women, are arrested for domestic violence each year and we have a responsibility to provide effective interventions.

There is no clear "bottom line" we can use as a solid foundation to determine whether treatment works or what type works best. However, there are some things we can be quite certain of:

- Batterers are a diverse group. They vary tremendously in terms of the nature of their abusive conduct, criminal backgrounds, desire to change, other relevant problems (substance abuse, mental health), and socio-demographic characteristics. All these factors influence whether treatment is appropriate and what type of treatment would be most effective.
- A minority of batterers, around 20%, is intransigent and not likely to succeed in batterer intervention. Risk assessment tools can help identify these men, but are not perfect predictors of future harm to victims. Regular communication among probation officers, law enforcement, courts and victims can help create more intensive monitoring and treatment with incarceration as a consequence for failure to comply with supervisory requirements.
- There is no "one size." Batterer programs have a guiding philosophy that tends to focus on either individual psychological issues or societally created thoughts and behaviors. But

they draw from multiple approaches, change and adapt over time, have varying levels of resources and exist in communities with different issues and needs. State standards provide guidance, but on the ground, practitioners create programs based on knowledge of the research, their clinical expertise and what is available to them. The critique of the Duluth model as a "one size fits all" approach is built on a straw man.

- However, it is time to recognize the differences among men who abuse their partners in the assignment to treatment programs. Typologies of men who batter as well as of forms of domestic violence show promise, but are not yet consistently tested to insure validity in categorizing men for treatment. There are also resource considerations in the amount of time and the qualifications of providers available to conduct assessments. More research is needed on approaches to assessment that can safely guide treatment decisions.
- There is inconsistent evidence on what type of BIP is most effective and the barriers to conducting rigorous evaluations of various treatment types are significant. At this time, it is not possible to recommend one form of treatment over others based on research. It is appropriate, however, to maintain state standards that require adherence to general principles, such as holding batterers accountable and requiring they take responsibility for their crimes, explaining the dynamics and impact of domestic violence, and addressing issues of power and control where these are evident.

The impact of batterer intervention programs is linked to conditions in communities and the larger society. BIPs in communities with high rates of crime, unemployment, drug and alcohol abuse, and poverty face challenges in engaging participants and receiving adequate support from the criminal justice system. The most successful BIPs are embedded in communities with a highly functioning, well-resourced coordinated community response that holds men accountable and supports victim safety, autonomy and dignity. No single intervention, such as a BIP, can be appropriately evaluated without consideration of community and societal contexts, and, among other things, what those contexts mean to victims and perpetrators.

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