

Assessing the Efficacy of Batterer Intervention Programs in Context¹

Etiony Aldarondo, Ph.D.

This paper was prepared to facilitate an informed group discussion about the efficacy of batter intervention programs (BIPs). As it would become obvious from the structure of the paper, I am of the opinion that BIPs should be viewed as part of a broader systemic response designed to curb and eliminate men's use of violence against their female partners. With this in mind, I review data from studies on the effectiveness of court orders of protection for abuse victims, pro-arrest policies, "no-drop" prosecution policies, educational programs for men who batter, and coordinated community response initiatives. A systemic view on the effectiveness of interventions for men who batter is presented here as an antidote to what I consider to be a misguided proclivity by some IPV researchers to approach interventions with men who batter as discrete medical procedures rather than as social policies and practices intended to respond to individual, domestic, and social needs.

Before going ahead two caveats should be mentioned. First, the BIPs literature focuses primarily on "presumably" heterosexual men's physical violence toward their female partners. The quotations are used here because even while a growing number of researchers are now focusing on domestic violence in same-gender relationships (Cameron, 2003; McClennen, 2005), most researchers and service agencies do not collect sexual orientation data from men and their partners. Second, although other manifestations of intimate partner violence such as sexual and psychological violence are emerging as important areas of study, the integration of these works with the literature on physical violence in intimate relationships remains a work in progress (Tolan, Gorman-Smith, & Henry, 2006). Thus, the information shared here favors works done on physical violence by men against their female partners. By no means do I wish to perpetuate the myth that IPV is exclusively a heterosexual phenomenon or that other forms of IPV do not have devastating effects on victims.

LEGAL SANCTIONS AGAINST MEN WHO BATTER

To date, no single statutory code on domestic violence has been adopted through the United States. Instead, "the states have adopted widely variant statutory models that in some instances reflect strong legislative intent to protect domestic violence victims, while other states' laws perhaps reflect more compromise than fervor" (Miller, 1997, p.2). The most commonly used legal interventions with men who batter are court order protection against domestic violence and mandated arrest and pro-arrest policies. Both types of interventions are based on the assumption that domestic violence can be stopped through legal sanctions and that legal sanctions are effective in reducing violence.

¹ (Aldarondo, E. (2009, November). Discussion paper presented at *Batterer Intervention: Doing the work and measuring the progress*, National Institute of Justice, U.S Department of Justice and the Family Violence Prevention Fund with the support of "The Woods" Charitable Foundation, Bethesda, MD). Adapted from Aldarondo & Castro-Fernandez (2008).

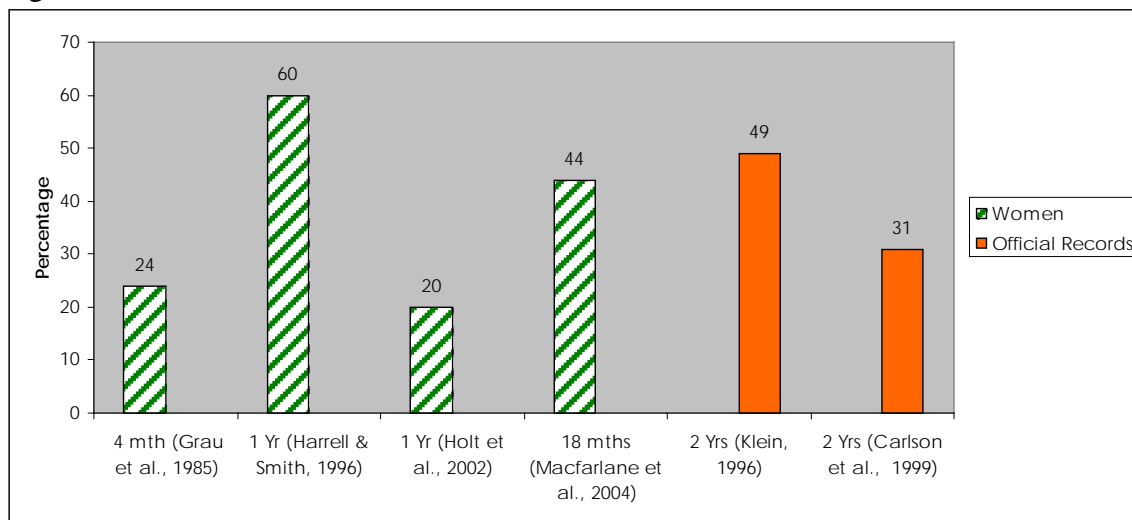
Court Protection Orders as a Deterrent

Prior to the adoption of Pennsylvania's 1976 Protection From Abuse Act, only two states had protective order legislation specifically for domestic violence victims. Since then all fifty states, the District of Columbia, and Puerto Rico have enacted protective order laws. These laws grant the courts authority to use a wide range of injunctions against perpetrators of domestic violence, such as staying away from the abuse victim's residence or place of employment, not committing additional acts of violence, not harassing or threatening family members, and enrolling in counseling and educational programs.

Orders of shorter duration are called temporary restraining orders. Typically, on completion of a temporary order, the person requesting the order has to attend a court hearing in which the judge decides whether to issue a permanent order. This order remains active until the person who requested the order asks for it to be cancelled. Violation of a protective order is punishable by contempt of court. In most states, violation of a restraining order is now punishable by arrest and incarceration (Miller, 1997; Buzawa & Buzawa, 1996).

Figure 3 shows the sample size, data source, follow-up time, and recidivism rate of studies on the effects of protective orders in the reoccurrence of violence. These studies rely on a combination of reports by female victims and court and criminal records. The follow-up times range from four months to two years. The rates of recidivism range from 20 percent to 60 percent. Approximately one man out of four is found to reassault his female partner within four months of the protective order. In the ensuing two years, this figure may increase to approximately two out of five men.

Figure 3. Protective order recidivism studies



In comparing men who received temporary orders and men who received permanent orders, both Harrell and Smith (1996) and Keilitz and colleagues (1997) failed to find significant differences in violence recidivism between these groups, while Carlson et al. (1999) found that a significantly lower proportion of men who received permanent orders reassaulted their partners within a year. According to Carlson et al.'s (1999) data, the

deterrent effect of permanent orders was most noticeable among men with limited socioeconomic resources.

Few victim characteristics have been related to IPV recidivism by men following a protective order. Carlson et al. (1999) found that black women and those with low socioeconomic status (SES) were more likely to report reassault than were Hispanic women and those with higher SES, respectively. Carlson et al. (1999) and Harrell and Smith (1996) found that victims who were mothers were more likely to report reabuse than women without children.

Reassault following a protective order does appear to be strongly associated with the man's history of violent and contentious behavior. When compared to men who cease or interrupt the violence, men who reabuse their partners tend to be younger (Klein 1996), have prior criminal records (Keilitz et al., 1997; Klein, 1996), have a history of persistent and severe violence against their female partners, and to have voiced strong objections to restraining orders at the time hearing (Harrell & Smith, 1996).

Concerning factors associated with the success of protective orders in stopping or reducing reabuse, Harrell and Smith found that arresting the abuser during the incident that led to the protective order significantly reduced the likelihood of severe violence but not other types of abuse. Carlson et al. found that arresting men before a protective order was issued significantly reduced reabuse for low-SES women. On the other hand, Klein failed to find a significant effect of arrest at the time of the protective order in the reabuse rate.

Female victims report that protective orders are helpful in documenting the abuse (Harrell & Smith, 1996) and in promoting a greater sense of security and safety in their life (Keilitz et al., 1997). Consistent with women's experiences, these studies suggest that protective orders are an effective form of violence deterrence for many men. In particular, it seems that these orders work better for men without criminal record. However, regardless of prior history of violence and crime, research shows that a very large number--30 to 40 percent--of men violate their restraining orders and reabuse their partners (Harrell & Smith, 1996; Klein, 1996; Keilitz et al., 1997). Although arresting men who batter their female partners appears to enhance the deterrent effect of protective orders in some cases, the data on this issue is far from conclusive.

Arrest as a Deterrent

One of the most substantial changes in the criminal justice response to men who batter in the last three years has been the change of "arrest as a last resort" to mandatory arrest laws and pro-arrest state policies. These laws and policies either mandate or authorize police officers to arrest domestic violence offenders based solely on a probable cause determination that an offense has occurred and that the person arrested committed the offense. In this section we review both quasi-experimental and experimental studies about the effects of arrest in the behavior of men who batter.

Quasi-Experimental Arrest Studies. Quasi-experimental designs are used to tell us how domestic violence arrest policies and procedures work within the realities of particular communities. Jaffe and colleagues (1986) did just this when they evaluated the experiences of female victims before and after the implementation of a domestic violence arrest policy in London, Ontario. Women whose partners had been arrested reported significantly lower levels of reassault than women whose partners were not arrested; they reported reductions of 66 percent of the pre-arrest total. In another study, Fagan et al. (Sherman et al., 1992a, citing Sherman et al. 1984) asked 270 women seeking domestic violence services in Florida, North Carolina, Ohio, and Vermont to talk about their experiences and found that those whose male partners had been arrested reported lower recidivism rates than women whose partners were not arrested.

Domestic Violence Arrest Experiments. Experimental designs are considered to be an improvement over quasi-experimental designs because they afford investigators better control over the effects of unspecified contextual factors and potential selection bias in the construction of groups. Seven social experiments have been conducted to test the effectiveness of arrest in reducing domestic violence.

In the early 1980s, Sherman and Berk (1984) completed the first domestic violence arrest experiment in Minneapolis, Minnesota. They found that

[A]rrest was the most effective of three standard methods police use to reduce domestic violence. The other police methods--attempting to counsel both parties or sending the assailants away from home for several hours--were found to be considerably less effective in deterring future violence. (1992, p. 269)

And while expressing the need for "other experiments in other settings," they stated that "the preponderance of evidence in the Minneapolis study strongly suggests that the police should use arrest in most domestic violence cases" (1992, p. 269).

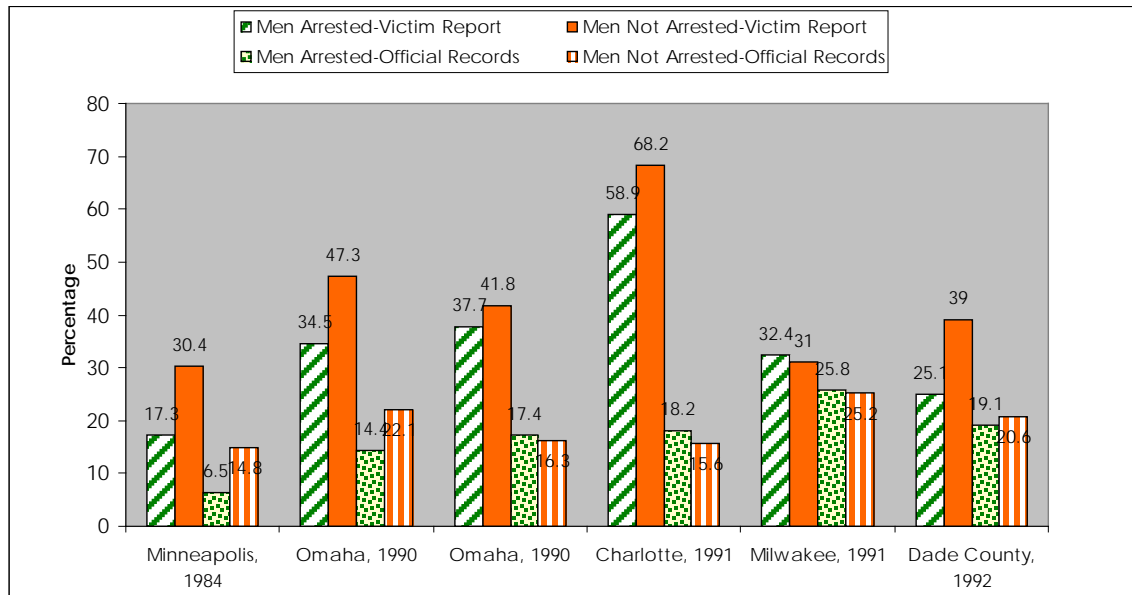
In the mid 1980s and early 1990s, the National Institute of Justice sponsored six domestic violence experiments to evaluate and elaborate on the findings of the Minneapolis experiment. Collectively, these experiments came to be known as the Spousal Assault Replication Program, or SARP. Unfortunately, the published reports of these experiments vary in their analytical approach and choice of comparisons (Garner et al., 1995). Not surprisingly, the authors also varied in their conclusions. Both Hirschel et al. (1992) and Dunford et al. (1990) concluded that arrest was not more effective in reducing reabuse of victims than non-arrest practices. Berk et al. (1992) indicated that arrest was effective according to abuse victim's reports but not according to official records. For Sherman et al. (1991) there were short-term gains to arrest, which over time dissipated and gave way to violence escalation. Pate and Hamilton (1992) reported that arrest significantly reduced the prevalence of violence and the time it took for repeat offenders to reabuse their female partners.

Garner et al. (1995) reported the raw data of these experiments in order to provide a more consistent form of comparison. Figure 4 includes the six-month recidivism rates and

outcome for the evaluations according to official police records and abuse victims' reports. Considering the evaluation of official records, the six-month recidivism rate across experiments ranged from 6.5 to 25.8 percent and from 14.8 to 25.2 percent for arrested and nonarrested men, respectively. The average reabuse rate for arrested men across experiments was 17.2 percent. In other words, according to official records approximately one out of six men arrested for domestic violence reoffended within six months of the initial arrest. Closer to one out of five men (19.1 percent) who were not arrested reassaulted within the same time period. Only the Minneapolis experiment found statistically significant differences in the rates of reabuse among arrested and nonarrested men. Looking beyond the criteria of statistical significance, the remaining experiments were evenly split between reduction and escalation of violence following arrests (Aldarondo, 2002).

With respect to violence recidivism data obtained from women's reports, Figure 4 shows that in all but one of the experiments women whose partners were arrested reported lower recidivism rates than women whose partners were not arrested. However, this difference was statistically significant only for women in the Minneapolis and Dade experiments. The rates of reabuse ranged from 17.3 to 58.9 percent and from 30.4 to 62.8 percent for arrested and nonarrested men, respectively. The average six-month recidivism rate reported by abuse victims across experiments was 34.3 percent and 42.1 percent for arrested and nonarrested men, in that order.

Figure 4. Six month recidivism rates in arrest studies by source of data



Significance for Female Victims of Domestic Violence. There are no theoretical or empirical estimates on the deterrent effects of arrest in men who batter that can be used as benchmarks in the evaluation of the findings presented above. In the absence of such criteria, prudence dictates that we take into account the clinical and human significance of these findings for victims of domestic violence. According to both official records and abuse victims reports, compared with nonarrested men, a smaller number of men who are arrested reassaulted their partner in the ensuing six months. Specifically, women's report a reduction

of almost 8 percent in the recidivism rate for arrested men compared with men who are not arrested. This means that without arresting men who batter, 180 additional women of the 2,245 included in Table 3.3 would have been reassaulted by their partners. Having said this, however, it is important to recognize that approximately one-third of all women whose male partner is arrested will be reassaulted within six months. Thus although the positive effects of arrest should not be trivialized, the limitations of arrest as the primary way to change the behavior of men who batter should be obvious.

Effect of Employment and Marital Status. Although arrest is associated with important reductions in violence recidivism, the effects of arrest are known to vary with the men's employment status (Berk et al., 1992; Sherman et al., 1992a; Pate & Hamilton, 1992) and marital status (Sherman et al., 1992b). Arrested men who are employed and married appear to be less likely to reabuse than their counterparts who are not arrested. On the other hand, among men who lack a "stake in conformity" or commitment, arrest is associated with higher rates of violence recidivism. Thus, the effectiveness of arrest in reducing domestic violence appears to be associated with the presence of informal social controls in the life of men who batter.

Batterer Intervention Programs

Intervention programs for men who batter, commonly known as batterer intervention programs (BIPs), are now a standard sanction for the criminal justice system in cases involving domestic violence. Legitimized and supported by the courts BIPs have proliferated at a remarkably high rate across the country (Adams, 2009; Mederos, 2002).

There is a great deal of variability among BIPs in terms of theoretical orientation, duration of program, number and structure of sessions, counselors' training experiences, sponsoring agency, referral sources, sources of funding, and ethnic composition of the men in the program. Typically, men attending a BIP are asked to join other men in orientation and psychoeducational groups led by one or more group counselors. From a pragmatic point of view, groups are an affordable form of intervention for poor or financially strapped men, and a cost-effective operation for agencies relying on a small number of trained professionals to serve a large number of men needing intervention. From a clinical point of view, groups are also presumed to reduce men's social isolation, provide a safe environment in which they can deal with potentially volatile issues and challenge fellow groups members who directly or indirectly engage in abusive behavior, and expose men to alternative, nonviolent coping models and strategies.

Many BIPs are informed both by pro-feminist values and concerns and social learning theory principles of behavior. From a social learning perspective, violence is viewed as a pattern of behavior familiar to men in part because they have witnessed such behaviors in their families of origin. Moreover, the men's use of violence against their female partners is presumed to have a functional significance for the men and becomes a regular part of their interpersonal relationships. In accordance with feminists' ideas about the social construction of gender and power in intimate relationships, many education programs for men who batter also understand violence against women as one of several forms of controlling behaviors

men use against women, which is learned during childhood and is maintained into adulthood through a myriad of cultural messages and practices that legitimize male violence against women.

This conceptualization of men's violence against women as learned, functional, and maintained by interpersonal and cultural dynamics has favored the development of highly structured educational intervention strategies focused on the cessation of violent behaviors over unstructured growth-oriented approaches. These programs try to educate men about the causes, dynamics, and consequences of violence; teach them how to recognize and deal with anger without resorting to violence; reduce their general level of arousal through relaxation and self-control techniques; teach them to use time-out techniques to avoid emotionally arousing situations and promote rational problem solving; change views and attitudes about intimate relationships that men have used to justify their abusive behaviors, including sexist attitudes; and teach them appropriate conflict resolution skills.

Despite these multiple goals, the effectiveness of education programs for men who batter is typically judged by the reduction in the number of men who reassault their partners following program completion. However, accurate estimates of IPV recidivism are difficult to obtain. Moral reproach for violent behavior and possible negative social and legal consequences of disclosure can heighten men's tendency to underreport violence. Official records, although not affected by the men's self-report biases, have their own limitations and are thought to produce much lower recidivism figures than evaluations using partner reports (Bennett & Williams, 2001).

Unfortunately, outcome studies have shown follow-up contact with abuse victims to be problematic (e.g., Taylor et al., 2001) and that women may underreport their abuse out of shame, fear, or repression of traumatic events (Saunders, 1996). Other reasons why unbiased estimates of recidivism are difficult to obtain include that outcome studies tend to report data only for men who complete intervention programs and are available at follow-up time; that there is a low response rate to all follow-up data gathering techniques; that respondents to follow-up assessments often compare favorably with those who do not in important risk markers for IPV such as economic resources, alcohol problems, violence in the family of origin, and severity of violence against women; and that many BIPs include men with different psychological and social needs in the same groups while excluding the most difficult or inappropriate men. For all these reasons, we think it is prudent to assume that the available data may underestimate the rate of violence recidivism following group intervention.

Evaluations of BIPs

Evaluations of BIPs have consistently appeared in the literature since the early 1980s. Today there are close to forty published evaluations of BIPs in professional journals, most of which assess recidivism following participation in a specific intervention program (individual outcome studies). Others compare men who complete the intervention program with either dropouts or to a matched group of men (i.e., quasi-experimental studies). A third group of

studies compares violence rates among men who are randomly assigned to different intervention condition (i.e., BIP experiments.)

Individual Outcome Studies. In the typical BIP, violent behavior is assessed before and after the provision of services. Some programs also conduct follow-up assessments months and even years after termination. This information provides a rough measure of how intervention programs affect the violent behavior of their participants.

Feazell and colleagues' (1984) survey of ninety intervention programs for men who batter revealed that between 25 percent and 34 percent of men reabused their partners within a year. Another survey of sixteen intervention programs (Pirog-Good & Stets-Kealey, 1985) found a four-month average recidivism rate of 16 percent. However, as Edleson (1990) points out, neither of these studies indicates how the follow-up data was collected, who provided the information, and how the programs computed reassault.

Davis and Taylor (1999) identified twenty-two individual batterer intervention evaluations. Two-thirds of the follow-up assessments relied exclusively on reports given by men. Four evaluations were based on reports by men and their abuse victims. Three evaluations used only victim's reports. One evaluation presented data obtained from men and police records. The follow-up time ranged from seven weeks to three years, with two-thirds of the programs completing follow-up assessments of at least six months. Recidivism rates ranged from 7 to 47 percent, with an average of 26 percent across evaluations. Abuse victims and men who batter reported average recidivism rates of 24 and 24 percent, respectively. One evaluation including police records reported 15 percent recidivism. Considering follow-up time the combined average recidivism rate for follow-up evaluations of up to five months was 14 percent, while recidivism for evaluations with follow-up time of six months was more than 32 percent.

According to data from individual outcome studies, most men cease or interrupt the use of violence following completion of a BIP; however, about one-third of program completers go on to reabuse their female partners. Consistent with both protective orders and arrest studies, women report considerably higher rates of reabuse than police records and men's reports.

Quasi-Experimental Studies. In judging the effectiveness of BIPs, it is important to know not just that program completers reduce their use of violence, but also the extent to which they are more likely to do so than men who either drop out of programs or do not attend them. This is what quasi-experimental studies are designed to do.

Figure 5 presents violence recidivism and outcome of quasi-experimental evaluations of BIPs based on police records. Only evaluations that have been published in professional journals are included here. All seven studies report lower recidivism rates among men following BIP completion than for men who did not complete a program. Three studies report this difference to be statistically significant. Recidivism rates for program completers ranged from 0 to 18 percent. Recidivism rates for dropouts ranged from 10 to 40 percent. Considering follow-up time, evaluations of up to one year's duration showed combined

reabuse rates of 4 percent and 13 percent for men who completed BIPs and men who did not, respectively. The combined average recidivism rates for follow-up evaluations of more than one year was 9 percent and 26 percent for program completers and dropouts, in that order.

Figure 5 Quasi-experiments of BIP recidivism based on police records

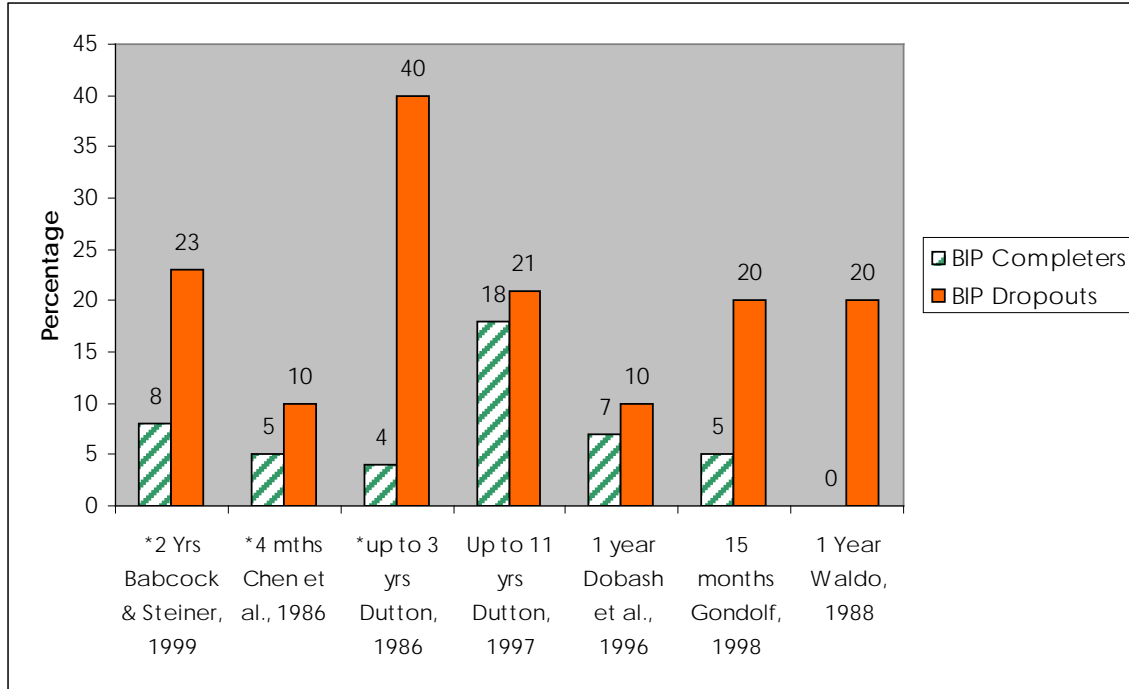


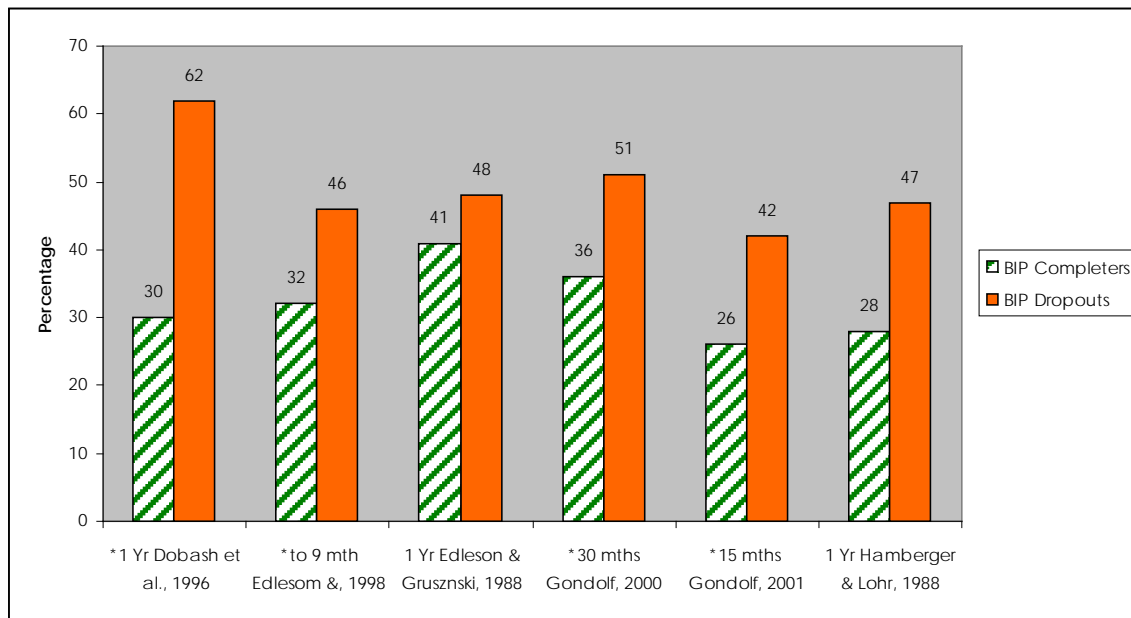
Figure 6 shows recidivism data from quasi-experimental evaluations of BIPs obtained from abuse victims. Again, all six studies found that men who complete BIPs were reported to reabuse their female partners less than men who did not. In four studies, the differences between groups were statistically significant. Women whose partners completed BIPs reported recidivism rates from 26 to 41 percent (mean 32 percent). In contrast, between 40 percent and 62 percent (mean 46 percent) of women whose partners did not complete BIPs indicated that they had been reassaulted.

Quasi-experimental evaluations of intervention programs for men who batter indicate that men who complete the programs reassult their partners considerably less than those who do not. Consistent with data obtained from individual outcome studies, close to one-third of female partners of program completers reported being reassaulted by their partners. Again, recidivism rates based on police reports were approximately one-half the rate obtained from women's reports.

Keep in mind that program completers and dropouts have both experienced the same type of legal sanctions for abusing their partners. Thus, the lower recidivism rates among program completers suggest that there is a program effect beyond the effect of legal sanctions such as protection orders and arrest. In an analysis of BIP program effect Gondolf (2001b) argues that completing a program reduces the likelihood of reassault by 44 to 64 percent. To put this in perspective, treatment completion by all dropouts

included in figure 6 would reduce the average recidivism rate as reported by abuse victims from 46 percent to a minimum of 17 percent and a maximum of 26 percent. Also keep in mind that difference in recidivism rates between program completers and dropouts may be accounted for by other contextual and individual differences between these groups. Studies of attrition in BIP completers suggest that they are more likely than program dropouts to be employed, married, have children, be more educated, perceive the program as important, and to admit violence at intake (Daly & Pelowski, 2000). They also tend to be less likely than dropouts to have criminal records and substance abuse problems. Thus, as in the case of arrest, BIPs appear to be more effective with men who have a stake in conformity.

Figure 6 Quasi-experiments of BIP IPV recidivism based on female victims reports

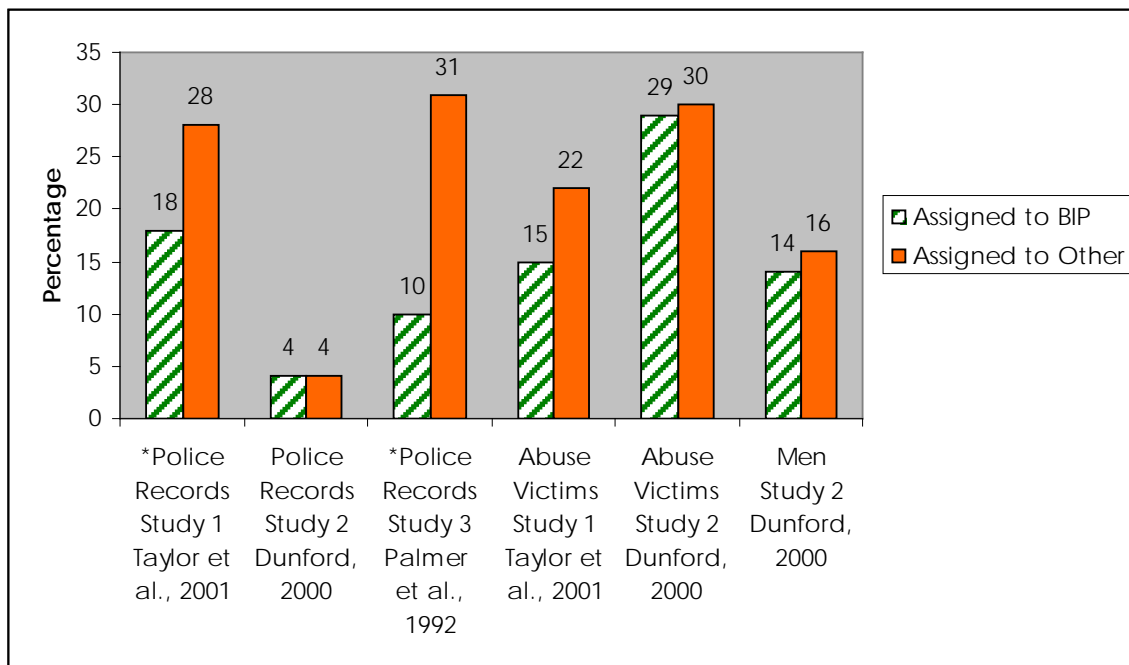


BIP Experiments. Although the effect of pre-existing differences between program completers and dropouts in recidivism rates can be assessed through various statistical procedures, it cannot be completely eliminated. In theory, unbiased estimates of violence recidivism can only be achieved through random assignment of participants to experimental and control groups.

Four batterer intervention program experiments have been published in professional journals. The recidivism rates, data source, and direction of outcome reported in the first three experiments are presented in figure 7. The most recent experiment conducted by Feder and her colleagues (Feder & Wilson, 2005) is not included here because methodological limitations make comparison with the remaining studies difficult. Evaluation of police records show one-year recidivism rates for men assigned to BIPs ranging from 4 to 18 percent, with an average of 11 percent across experiments. Further, both Taylor et al. (2001) and Palmer et al. (1992) found men assigned to BIPs to have significantly lower levels of reassault in their police records than men assigned to other experimental conditions.

In terms of abuse victims' reports, both Taylor et al. (2001) and Dunford (2000) report lower levels of reassault among men assigned to BIPs than among men assigned to other experimental conditions; however, this difference was not statistically significant. Overall, BIP experiments suggest that men assigned to group programs have lower rates of reassault than men assigned to control conditions. That this is the case is somewhat surprising given that for methodological and practical reasons, experiments calculate recidivism rates based on the number of men assigned to conditions and not on actual number of men completing programs (Gondolf, 2001a). Thus, there is evidence of a program effect even after mixing together data from program completers, dropouts, and untreated men in the same group.

Figure 7. One year IPV recidivism in 3 BIP experiments



Coordinated Community Responses

Coordinated community responses have been heralded by some as "the best hope for improving the social responses to domestic violence" (Worden, 2000) and as "the guiding principle shaping policy for the [year] 2000 and beyond" (Ford et al., 1996, p. 243). This type of response involves integrating the activities of multiple organizations and services such as BIPs, the criminal justice system, shelters for battered women, social service agencies, and health services into a communitywide violence intervention and prevention network. These initiatives are, by definition, shaped by the characteristics and resources of each community, and are thus relatively unique.

Although the specific form of these responses may vary across communities, all coordinated community responses assume that each part of the community network of interventions contributes something to the reduction of violence; that coordination of

activities enhances the efficacy of the separate parts; and that the combined effects of coordinated community responses are greater than the individual effects of its parts. Our review of criminal justice interventions and BIPs provides evidence in support of the first assumption above. Evaluations of coordinated community responses are beginning to document the effects of these initiatives in other parts of the network and in violence recidivism.

Gamache and colleagues (1988) used a multiple baseline design to evaluate the impact of three community intervention projects created by the Domestic Abuse Project (DAP) of Minneapolis. These initiatives included the participation of police, volunteer women and men advocates to support and advise female victims and assailants, city attorneys, probation officers, judges, and BIPs. The DAP's staff maintained communication between the agencies, kept track of the cases, collected outcome evaluation data, provided community education and training, and recruited and supervised volunteer advocates. They found that each community experienced significant increases in the number of arrests, successful prosecutions, and referrals to BIPs following the implementation of the community intervention projects. The authors concluded that the community responses "had a significant impact upon both the police and judicial responses to woman battering" (Gamache et al., 1988, p. 205).

Babcock and Steiner (1999) examined recidivism of domestic violence following a coordinated community response involving the courts, probation officers, and BIPs in Seattle (n = 387). In this system, individuals who are found guilty or receive a deferred sentence can be court-mandated to attend a BIP and are assigned a probation officer with whom they meet once a month for two years. Babcock and Steiner (1999) found significantly lower rates of rearrest during a two-year follow-up period among men who completed court mandated intervention programs (8 %) than among men who were court-ordered into the programs but who did not complete them (40%). Among the men in the programs, 14 percent completed treatment only after one or more bench warrants for their arrest had been issued, suggesting that court and probation involvement increases compliance with domestic violence treatment. The coordinated legal response appears to be a significant component in the intervention of domestic violence.

Tolman and Weisz (1995) evaluated the effectiveness of the pro-arrest and prosecution aspects of a coordinated community response in DuPage County, Illinois (n=341). This system includes procedures for law enforcement, prosecutors, and advocates that are designed to ensure that most domestic violence cases are not dismissed. It also provides sentencing disposition guidelines for men who plead guilty or are found guilty, taking into consideration the men's history of domestic violence offenses. Following the evaluation of police reports for an eighteen-month period, these authors found lower rates of recidivism (25 percent) when the intervention prescribed by the protocol was exercised than when it was not (35 percent) and concluded that this system "appears to be an effective strategy for deterring subsequent domestic violence" (p. 491).

Sheppard, Falk, and Elliot (2002) evaluated the effects of an enhanced coordinated community response in Duluth, Minnesota. The "enhanced" model included methods for

criminal justice practitioners and advocates to collect and share risk assessment data used to determine the level of legal sanctions recommended for men who batter. They found significantly lower 6 and 12 months recidivism rates during the second (28% and 39%) and third intervention years when compared with the pilot year (36% and 46%), suggesting “that improved coordination through the sharing of risk assessment information among criminal justice professionals can reduce recidivism among men who abuse their partners” (p. 568).

Murphy et al. (1998) examined the effects of a coordinated community response in Baltimore, Maryland (n = 235). Using official criminal justice data for a period of twelve to eighteen months, they found that men who had been court ordered to BIPs were 56 percent less likely than other men to generate a new charge. In addition, the combined effects of successful prosecution, probation monitoring, and participation in a BIP was associated with significant reductions in violence recidivism. To illustrate this point, the recidivism rates of men not successfully prosecuted, men found guilty, men also ordered to attend BIPs, and finally those men who completed BIPs were 19 percent, 13 percent, 9 percent, and 0 percent, respectively.

CONCLUSION & SUGGESTED AREAS OF INQUIRY

This paper reviews data from studies on recidivism following interventions with men who batter, the data shows that each level of intervention is making modest and important contributions to stop and reduce violent behavior by men against their female partners. Protective orders are an effective form of violence deterrence for more than one-half of the men. Approximately two-thirds of all men arrested for domestic violence offences do not reassault within six months. About the same number of men (66%) who complete BIPs remain nonviolent following treatment. There is evidence that coordinated community response networks can significantly enhance the efficacy of various interventions and further reduce IPV recidivism.

On the other hand, the evidence clearly suggests that a lot more remains to be done to improve upon existing interventions. Protective orders, arrests, and BIPs are most inadequate in reducing reassault among men with weak social and intimate bonds. This is not surprising given that existing domestic violence interventions are not designed to deal with the many social and psychological shortcomings of this population. These men are more likely to violate protective orders, drop out of BIPs, and engage in criminal behavior outside the home. We must endeavor to improve our ability to engage men who batter in the process of change.

The data suggest that the higher the stakes are for men to conform to non-violent social norms the more likely they are to comply with intervention programs and to remain nonviolent following the interventions. This is an area where culture-based batterer intervention programs and practitioners interested in culture-based practices could make important contributions to the field. The challenge here is to link the experiences of low-income and racially or ethnically diverse men in BIPs and the cultural competence of service providers with increased program completion rates and reduced IPV recidivism. This is particularly important given that experts in the field agree that the majority of existing

programs are not culturally competent (Aldarondo & Mederos, 2002; Carrillo & Tello, 1998; Gondolf, 2002; William & Becker, 1994). Initial efforts to evaluate the effects of culture sensitive interventions are now beginning to emerge and have produced mixed results (Gondolf, 2004; Perilla & Perez, 2002; Rothman, et al, 2007). As we move forward with these efforts we would do well as a field to expand our knowledge base and explore culturally sensitive models now being successfully used in the field of health promotion to enhance the quality of services, increase treatment adherence by ethnic minorities, and reduce health disparities (Tucker, et. al., 2007).

Another challenge for the development of BIPs is how to devise ways to effectively integrate their efforts with coordinated community response networks. The emerging data on the effectiveness on coordinated community response initiatives suggest that when it comes to protecting women and increasing the likelihood that men with histories of IPV would not recidivate this is a winning strategy. Moreover, the research literature makes it abundantly clear that partnership with alcohol treatment services should become standard form of practice in the field. However, our enthusiasm for the potential benefits of greater integration of BIPs in coordinated community responses need to be tempered by the reality that in this country men of color are arrested more often and charged with more serious crimes and with a greater number of crimes than their white counterparts. Not surprisingly men of color are overrepresented in BIPs. To more fully realize the promise of coordinated community responses to domestic violence it would be important for these networks to go beyond legal strategies and systems of accountability and to include strategies and systems of accountability from other areas of civic life (e.g., faith communities, social networks, families). What does it mean to want to hold men accountable for their violent behavior when we know that so many of the men in BIPs tend to live in communities where ethnic and minority groups are more likely to not have medical insurance, to receive lower quality of care, to have trouble paying their bills, to go without needed health care, to have poor transportation systems, to have witnessed community violence and die younger, to live in inadequate housing, to have limited access to high quality nutritional products, and so on when compared to other segments of society?²

I agree with a growing number of domestic violence experts who propose that to work effectively with men who batter we must also intentionally aim to transform the communities in which they live (e.g., Almeida, 2002, Sinclair, 2002, Perilla, Lavizzo, & Ibanez, 2007; Williams, 2002). I believe that the current state of the knowledge about determinants of IPV and the efficacy of interventions with men who batter presents an opportunity for BIPs to reassert the commitments to social change and social justice that gave rise to the domestic violence field. Moreover, I believe that progress can be made by expanding the roles for providers of services in BIPs beyond being human service providers and agents of social control to include the role of agent of social change (for examples in the mental health professions see Aldarondo, 2007). In this role providers of services in BIPs can use their understanding of the oppressive effects of unequal power, their honed sensitivity to process of denial and minimization, their knowledge of culture-specific practices and preferred modes of communication, their familiarity with the organization and functioning of the criminal justice system, and their understanding and connection with men

² See Agency for Health Care Research Quality, 2005, & Hofrichter, 2003

to cross disciplinary boundaries and foster the development of culturally sensitive and competent partnerships and reform initiatives with other stake holders in the legal, community, business, and professional systems. Culturally sensitive broad-based partnerships are needed to promote greater accountability, healing, and change in men who batter. There are diverse players in the nonprofit, governmental, business, and higher education communities with commitment and expertise with well-being promotion, social justice, and social change practices. Batterer intervention programs are well positioned to play a leadership role in identifying these talents and resources in our communities and enlist them in our efforts to put an end to IPV.

References

Adams, D. (2009). Certified batterer intervention programs: History, philosophies, techniques, collaborations, innovations, and challenges. Position paper prepared for Batterer Intervention: Doing the work and measuring the progress, National Institute of Justice, U.S Department of Justice and the Family Violence Prevention Fund with the support of "The Woods" Charitable Foundation, Bethesda, MD). Adapted from Aldarondo & Castro-Fernandez (2008).

Agency for Health Care Research Quality. (2005). *2005 national healthcare disparities report* (DHHS publication). Rockville, MD: Government Printing Office.

Aldarondo, E. (2007). *Advancing social justice through clinical practice*. Mahaw, NJ: Erlbaum Associates.

Aldarondo, E. & Castro-Fernandez, M. (2008) Intimate partner violence and recidivism following intervention with men who batter: Cultural and empirical considerations. In R. Carrillo & J. Tello (Eds.). *Family violence and men of color: Healing the wounded spirit*. New York: Springer Publishing Co.

Aldarondo, E. & Mederos, F. (Eds.) (2002). *Programs for men who batter: Intervention and prevention strategies in a diverse society*. New York: Civic Research Institute.

Almeida, R V. & Hudak, J. (2002). The cultural context model. In E. Aldarondo and F. Mederos (Eds.) *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 10.1-10.48). New York: Civic Research Institute.

Babcock, J. C. & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology, 1*, 46-59.

Bennett, C. L. & Goodman, L. A. (2005). Risk factors for reabuse in intimate partner violence: A cross-disciplinary critical review. *Trauma, Violence, & Abuse, 6*(2), 141-175.

Bennett, L. & Williams, O. J. (2001). Intervention programs for men who batter. In C. M. Renzetti, J. L. Edleson & R. K. Bergen (Eds.), *Source book on violence against women*. Thousand Oaks, CA: Sage.

Berk, R. A., Campbell, A., Klap, R. & Western, B. (1992). The deterrent effects of arrest in incidents of domestic violence: A Bayesian analysis of four field experiments. *American Sociological Review, 57*, 698-708. Braithwaite, J. & Daly, K. (1998).

Cameron, P. (2003). Domestic violence among homosexual partners. *Psychological Reports, 93*, 410-416.

Carrillo, R. & Tello, J. (Eds.) (1998). *Family violence and men of color: Healing the wounded male spirit*. New York: Springer Publishing Co.

Carlson, M. J., Harris, S. D. & Holden, G. W (1999). Protective orders and domestic violence: Risk factors for re-abuse. *Journal of Family Violence, 14*, 205-226.

Chen H., Bersani, S., Myers, S. C. & Denton, T. (1989). Evaluating the effectiveness of court-sponsored abuser treatment programs. *Journal of Family Violence, 4*, 309-322.

Daly, J. E. & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims, 15*, 137-160.

Davis, R. C. & Taylor, B. G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. *Women & Criminal Justice, 10*, 69-93.

- Dobash, R., Dobash, R. E., Cavanagh, K. & Lewis, R. (1996). Reeducation programs for violent men: An evaluation. *Research Findings*, 46, 309-322.
- Dunford, E W. (2000). The San Diego Navy experiment: An assessment of interventions for men who assault their wives. *Journal of Consulting & Clinical Psychology*, 63, 468-476.
- Dunford, E W, Huizinga, D. & Elliot, D. S. (1990). The role of arrest in domestic assault: The Omaha experiment. *Criminology*, 28, 183-206.
- Dutton, D. G. (1986). The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. *Violence and Victims*, 1, 163-175.
- Dutton, D. G., Bodnarchuk, M., Kropp, R. & Hart, S. D. (1997). Wife assault treatment and criminal recidivism: An 11-year follow-up. *International Journal of Offender Therapy and Comparative Criminology*, 41, 9-23.
- Edleson, J. L. (1990). Judging the success of interventions with men who batter. In D. J. Besharov (Ed.), *Family violence: Research and public policy issues*. Washington, DC: AEI Press.
- Edleson, J. L. & Grusznski, R. J. (1988). Treating men who batter: Four years of outcome data from the Domestic Abuse Project. *Journal of Social Service Research*, 12, 3-12.
- Feazell, C. S., Mayers, R. S. & Deschner, J. (1984). Services for men who batter: Implications for programs and policies. *Family Relations*, 33, 217-223.
- Ford, D. A., Reichard, R., Goldsmith, S. & Regoli, M. J. (1996). Future directions for criminal justice policy in domestic violence. In E. Buzawa & C. Buzawa (Eds.), *Do arrests and restraining' orders work?* Thousand Oaks, CA: Sage.
- Gamache, D. J., Edleson, J. L. & Schock, M. D. (1988). Coordinated police, judicial, and social service response to woman battering: A multiple-baseline evaluation across three communities. In G.T. Hotaling, D. Finkelhor, J. T. Irdckpatrick & M. Straus (Eds.), *Coping with family violence: Research and policy perspectives*. Thousand Oaks, CA: Sage.
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M, Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study o women's health and domestic violence. *Lancet*, 368, 1260-1269.
- Garner, J., Fagan, J. & Maxwell, C. (1995). Published findings from the spouse assault replication program: A critical review. *Journal of Quantitative Criminology*, 11, 3-28.
- Gondolf, E. (1998). Do batterer programs work? A 15-month follow-up of a multi-site evaluation. *Domestic Violence Report*, 3, 64-80.
- Gondolf, E. W. (2000). A 30-month follow-up of court-referred batterers in four cities. *International Journal of Offender Therapy and Comparative Criminology*, 44, 111-128.
- Gondolf, E. W. (2001a). Limitations of experimental evaluation of batterer intervention programs. *Trauma, Violence, & Abuse*, 2, 79-88.
- Gondolf, E. W. (2001b). The program effect of batterer programs in three cities. *Violence and Victims*, 16, 693-704.
- Gondolf, E. W. (2002). *Batterer intervention systems*. Thousand Oaks, CA: Sage.
- Gondolf, E. W. (2004). Regional and cultural utility of conventional batterer counseling. *Violence Against Women*, 10, 880-900.
- Grau, J., Fagan, J. & Wexler, S. (1985). Restraining orders for battered women: Issues of access and efficacy. In C. Schweber & C. Feinman (Eds.), *Criminal justice politics and women: The aftermath of legally mandated change*. New York: Haworth Press.
- Hamberger, K. & Hastings, J. (1988). Skills training for treatment of spouse abusers: An outcome study. *Journal of Family Violence*, 3, 121-130.

Harrell, A. & Smith, B. (1996). Effects of restraining orders on domestic violence victims. In E. Buzawa & C. Buzawa (Eds.), *Do arrests and restraining orders work?* Thousand Oaks, CA: Sage.

Hirschel, J. D., Hutchison, I. W., HI & Dean, C. W. (1992). The failure of arrest to deter spouse abuse. *Journal of Research in Crime & Delinquency*, 29, 7-33.

Hirschel, J. D., Hutchison, I. W., III, Dean, C. W., Kelley, J. J. & Pesackis, C. E. (1991). *Charlotte spouse assault replication project: Final report* (Grant No. 87-IJ-CK-K004). Washington, DC: National Institute of Justice.

Hofrichter, R. (Ed.) (2003). *Health and social justice: Politics, ideology, and inequality in the distribution of disease*. San Francisco: Jossey-Bass.

Holt, V. L., Kernick, M. A., Lurnley, T. Wolf, M. E., & Rivara, F. P. (2002). Civil protection orders and risk of subsequent police-reported violence. *Journal of the American Medical Association*, 288(5), 589-594.

Jaffe, R., Wolfe, D. A., Telford, A. & Austin, G. (1986). The impact of police charges in incidents of wife abuse. *Journal of Family Violence*, 1, 37-49.

Keilitz, S., Hannaford, R & Efkehan, H. S. (1997). *Civil protection orders: The benefits and limitations for victims of domestic violence* (Grant No. 93-IJ-CX-0035). Washington, DC: National Institute of Justice.

Klein, A. R. (1996). Re-abuse in a population of court-restrained male batterers after two years: Development of a predictive model. In E. Buzawa & C. Buzawa (Eds.), *Do arrests and restraining orders work?* Thousand Oaks, CA: Sage.

Mederos, F. (2002). Changing our visions of interventions with men who batter—The Evolution of programs for physically abusive men. In E. Aldarondo and F. Mederos (Eds.) *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 1.1-1.23). New York: Civic Research Institute.

Miller, N. (1997, June). *Domestic violence legislation affecting police and prosecutor responsibilities in the United States: Inferences from a 50-state review of statutory codes*. Paper presented at the Fifth International Family Violence Conference, Durham, NH.

Murphy, C. M., Musser, R H. & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence*, 13, 263-284.

McClennen, J. C. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence*, 20, 149-154.

Palmer, S. E., Brown, R.A. & Barrera, M. E. (1992). Group treatment program for abusive husbands: Long-term evaluation. *American Journal of Orthopsychiatry*, 62, 276-283.

Pate, A. M. & Hamilton, E. E. (1992). Formal and informal deterrents to domestic violence: The Dade County spouse assault experiment. *American Sociological Review*, 57, 691-697.

Pennsylvania 1976 Protection from Abuse Act, R L. No. 1090, S. B. 1243 (1976).

Perilla, J. L, Lavizzo, P., & Ibanez, G. (2007). Towards a community psychology of liberation. In E. Aldarondo, E. (Ed.) *Advancing social justice through clinical practice* (pp.291-312). Mahaw, NJ: Erlbaum Associates.

Perilla, J. L. & Perez, F. (2002). A program for immigrant Latino men who batter within the context of a comprehensive family intervention. In E. Aldarondo and F. Mederos (Eds.) *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 11.1-11.31). New York: Civic Research Institute.

- Pirog-Good, M. & Stets-Kealy, J. (1985). Male batterers and battering prevention programs. A national survey. *Response to the Victimization of Women and Children*, 8, 8-12.
- Rothman, E. F., Gupta, J., Pavlos, C., Dang, Q., & Coutinho, P. (2007). Batterer intervention program enrollment and completion among immigrant men in Massachusetts. *Violence Against Women*, 13, 527.
- Saunders, D. G. (1996). Feminist-cognitive-behavioral and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims*, 11, 393-413.
- Sherman, L.W., & R.A. Berk (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review*, 49(2), 261-272.
- Sherman, L. W., Schmidt, J. D., Rogan, D. R., Gartin, E, Cohen, E. G., Collins, D. J. & Bacich, A. R. (1991). From initial deterrence to long-term escalation: Short custody arrest for poverty ghetto domestic violence. *Criminology*, 29, 821-850.
- Sherman, L. W, Schmidt, J. D. & Rogan, D. R (1992a). *Policing domestic violence: Experiments and dilemmas*. New York: Free Press.
- Sherman, L. W., Smith, D. A., Schmidt, J. D. & Rogan, D. R (1992b). Crime, punishment, and stake in conformity: Legal and informal control of domestic violence. *American Sociological Review*, 57, 680-690.
- Shepard, M. F., Falk, D. R., & Elliott, B. A. (2002). Enhancing coordinated community responses to reduce recidivism in cases of domestic violence. *Journal of Interpersonal Violence*, 17 (5), 551-569.
- Sinclair, H. (2002). A community activist response to intimate partner violence. In E. Aldarondo and F. Mederos (Eds.) *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 5.1-5.53). New York: Civic Research Institute.
- Taylor, B. G., Davis, R. C., & Maxwell, C. D. (2001). The effects of a group batterer treatment program: A randomized experiment in Brooklyn. *Justice Quarterly*, 18, 171-201.
- Tolman R. M., & Weisz, A. (1995). Coordinated community intervention for domestic violence: The effects of arrest and prosecution on recidivism of woman abuse perpetrators. *Crime & Delinquency*, 41, 481-495.
- Tucker, C. M., Herman, K. C., Ferdinand, L. A., Bailey, T. R., Lopez, M. T., Beato, C., Adams, D., & Cooper, L. L. (2007). Providing patient-centered culturally sensitive health care: A formative model. *The Counseling Psychologist*, 35, 679-705.
- Waldo, M. (1988). Relationship enhancement counseling groups for wife abusers. *Journal of Mental Health Counseling*, 10, 37-45.
- Williams, O.J. (2002). Developing the capacity to address social context issues: Group treatment with African American men who batter. In A. Mullender & M. Cohen. (Eds.), *Gender and group work*. Thousand Oaks, CA: Sage Publications.
- Worden, A. E. (2000). The changing boundaries of the criminal justice system: Redefining the problem and the response to domestic violence. *Criminal Justice*, 2, 215-266.