# Groupwork with Men Who Batter: What the Research Literature Indicates

Jeffrey L. Edleson, Ph.D.

*"The small psycho-education groups we call batterer intervention programs (BIPs) seem to achieve documented positive changes among many participants who complete them and more so when they are part of a coordinated community response. These positive findings resulted from decades of study that also leave many questions unanswered. We still do not have clear answers to what in BIPs creates change among the participants, how to reach men ambivalent about making change before costly law enforcement and social service systems become involved, and how to respond to program dropouts and recidivists, especially those who continue to cause injury to their partners while enrolled in a program."*

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

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Historically, there have been many efforts to help end domestic violence; however it was only in the late 1970s that the first group treatment programs for men who batter were founded. Currently, there is wide variation in content, style, and length of batterer intervention programs, from small group treatment programs to universal prevention efforts. This paper focuses on the research on small group treatment programs for men who batter. There is controversy over which, if any, programs are the most effective. This paper first provides a brief overview of the history and current practice of groupwork with men who batter, and then focuses on key findings from the published research on batterer group programs.

**History of Work with Men Who Batter**

Domestic violence has long been recognized as a problem in historical texts (Davidson, 1977; Dobash & Dobash, 1978), has been discussed in the popular press for more than a century (Killoran, 1984), and has historically been the subject of social intervention efforts (Edleson, 1991; Gordon, 1988; Pleck, 1987). Specific intervention with men who batter is a more recent development, beginning in the late 1970s. Early innovators in group treatment programs included EMERGE in Boston, RAVEN in St. Louis and AMEND in Denver. Interventions with men who batter have dramatically expanded over the past three decades. With this expansion came efforts to coordinate these services with other necessary community programs to best provide safety to victims and accountability for perpetrators. Early efforts to coordinate interventions were created in Colorado (Domestic Violence Manual Task Force, 1988), California (Soler & Martin, 1983) and elsewhere (see Brygger & Edleson, 1987; Goolkasian, 1986). One of the earliest and best known coordinated responses, the Domestic Abuse Intervention Project (DAIP; see Pence & Shepard, 1999) was established in 1980 in the city of Duluth, Minnesota, where each agency, from police to prosecuting attorneys to criminal court officers to social services, agreed to a specific new role as part of a larger, coordinated effort to support safety for

women and children while holding perpetrators of violence accountable for their behavior. Additionally, throughout the 1970s and into the early 1980s, police responses to domestic disputes were guided primarily by a crisis intervention orientation to family conflict.

In the early 1980s, however, new pressures began to build on police departments. Pressures from women's organizations and crime victim rights groups grew and their agendas converged to help bring about a major shift in police and judicial responses to battering. These activists' influence was reinforced by successful law suits against police inaction (e.g., *Thurman v. City of Torrington*, 1984). Crime victim rights advocates pushed the courts for more severe punishment of offenders, while women's groups advocated for a consistent police and judicial response to crime regardless of where it occurred. Women's groups saw police who arrested perpetrators of violence on the street but did not arrest them for violence in the home as supporting perpetrators' use of domestic violence and the unequal treatment of women. At the same time, new research showing the greater effectiveness of deterrence (arrest) when intervening with violent men was also being widely disseminated (e.g., Sherman & Berk, 1984).

In short, changing public attitudes, the outcomes of several landmark cases, pressure from advocacy organizations, and findings from new research led to a greater readiness among police, prosecutors, judges, and social service professionals to work more closely within a coordinated community response to identify and prosecute men who batter their intimate partners and then mandate the men into group treatment programs.

### Group Treatment Approaches for Men Who Batter

Treatment programs for men who batter, often called "batterer intervention programs" or "BIPs", are generally small group programs offered by one or two professionally-trained facilitators working with about eight to 10 men who usually join and progress through the group process at the same time as a cohort but in some cases may join and leave the group at set times different from other members. Some group programs are supplemented by on-site individual counseling or referral to another practitioner.

Group programs often vary on several factors. Some programs are as short as an intensive weekend retreat, while others expect attendance at 52 weekly meetings lasting from one and a half to two hours. Nationally, the required attendance for most programs range between 24 and 36 weekly meetings, but Washington State and California require court mandated men to be engaged in treatment programs for 52 weeks. In some locations, group programming is offered within the context of more comprehensive case management services that include screenings, referrals, and follow-ups (Gondolf, 2008). Some BIPs are offered by individual practitioners, while others are offered as a part of domestic violence or larger, multi-service agencies. Many states set minimum training or content requirements for providers of intervention while some certify either the professional and/or the program as meeting minimum standards. For example, a number of publications and websites provide information on minimum standards and content requirements (see Austin & Dankwort, 1998; Austin & Dankwort, 1999; and the Batterer Intervention Services Coalition of Michigan website at http://www.biscmi.org). In addition, a recent national roundtable discussion of experts in the field also suggested recommendations for key policy, practice, and research on BIPs (see Carter, 2010).

The predominant model for most BIPs across North America is some type of combination of both educational lessons and psychosocial or therapeutic processing among group members. Many programs draw heavily on social learning models that aim to teach new cognitions and actions and on a gendered lens for analyzing power relationships in violence between intimates (see Edleson & Tolman, 1992; Gondolf, 2002; Russell, 1995; Pence & Paymar,

1993). Some programs have gone beyond groupwork to engage men in a variety of efforts to sustain their non-violence and help their communities change (see Douglas, Bathrick, & Perry, 2008).

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

There is great controversy surrounding both the current practices of the criminal justice system mandating treatment, as well as the effectiveness of group treatment programs to which men are sent. Over the past decade, a number of authors (see Dutton & Corvo, 2006; Mills, 2003) have argued that current approaches do not work and that there is an over-reliance on both the criminal justice system and on treatment focused groups for men. Despite these voices of opposition, the research literature on group treatment approaches is promising, but overall the evaluations have frequently not met the highest standards of research design. Additionally, evaluations of these programs are limited and tend toward using recidivism as the indicator of effectiveness. Recidivism is most often defined as repeat incidents of physical violence (re-assault) against a partner as reported by victims or found in official records. Another limitation of BIP research is that there is very little research on the victim's perception of safety, the behavioral and attitude change in men who batter, or the continued use of non-physical coercive behaviors by program participants.

With many dozens of evaluations now published, we have some ideas about how group BIPs work to end violence. However, these evaluations have also left many questions unanswered. Two reviews of this empirical literature (Bennett & Williams, 2001; Gondolf, 2004) and two additional meta-analyses of selected studies (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005) have all drawn positive but circumspect conclusions about the success of these programs. There are many promising practices being offered in a variety of communities that have yet to be evaluated. These are not included in this review since no published evaluations were available. In addition, there is negligible research on efforts to go beyond individual impacts and influence community-wide behaviors, such as how programs mobilize men's engagement in violence prevention activities.

From the extensive published research literature, seven key findings about group BIP effectiveness can be drawn:

### 1. Across studies, group BIPs have a modest but positive impact on ending violence.

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

One caution when interpreting these studies is that men who either dropped out or were assigned to a no-treatment condition may have sought and received help elsewhere, thus shrinking the differences found between BIPs and these groups of men. Another caution is that recidivism is often defined narrowly and focused on repeat acts of reported physical violence, not taking into account threats and other forms of coercive control that may still be occurring or replace physical violence. A focus on recidivism also often diverts attention from the impacts a program may have on changes in the larger community, as mentioned earlier.

### 2. Group BIPs help the majority of men end their physical violence over a period of time.

The most comprehensive study of group BIPs to date, a four-city study funded by the U.S. Centers for Disease Control & Prevention, tracked 840 men participating in group programs and their partners over a four year period (see Gondolf, 2002, 2004). Gondolf has found that if re-assaults occur they most often take place within 15 months after an abuser's intake into a treatment program. After 30 months from program intake, Gondolf (2004) found that only 20% of the men who participated in these programs had reassaulted a partner in the past 12 months and at 48 months after program intake only 10% of the men had reassaulted a partner in the past 12 months. Thus, four years after intake, interviews with the men's partners indicated that approximately 90% of the men had **not** reassaulted their partners in the past year. Gondolf suggests that this increasingly low recidivism rate points to the success of BIPs.

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

Ironically, despite these somewhat positive results of BIPs, studies to date have not provided much insight into what component parts of batterer programs or what program lengths lead to change among participants (see Babcock et al., 2004; Bennett & Williams, 2001; Gondolf, 2004). Most programs include some type of cognitive-behavioral educational process and many address attitudes among men about their relationships with women. It is not clear, however, if it is these program components, simply the regular monitoring that occurs by participation in a group process, or something else, such as enhanced motivation to change, that is causing these better outcomes among participants. In general, cognitive-behavioral approaches have broad empirical support. However, within the domain of batterer intervention, they do not appear to achieve superior results when compared to other approaches, such as the psycho-educational models widely in use. Nevertheless, a recent meta-analysis of program attrition found

that on several variables participants were less likely to drop-out from cognitive-behavioral than psycho-educational programs (Jewell & Wormith, 2010). They also found employment, age, income, education, marital status, race, referral source, previous domestic violence offenses, criminal history, and alcohol and drug use to all affect program completion.

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

One finding that is supported by a few studies indicates that when programs include methods designed to enhance men's motivation to make change, retention and outcomes are improved (see Babcock, Green, & Robie, 2004). Many motivational strategies are based on the widely disseminated motivational interviewing procedures of Miller and Rollnick (2002). In brief, motivational interviewing seeks to elicit the client's concerns and thoughts while providing non-judgemental feedback on discrepant behaviors (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008). For example, Neighbors et al. (2010) found that men who batter consistently over-estimate the level of domestic violence in the general population. A motivational interview procedure would present this discrepancy to the man and help him assess how his misperceptions may have affected his behavior. These procedures have been found to be successful with substance abusers (see Miller & Wilbourne, 2002) and have only recently been utilized in BIPs (see, for example Mbilinyi et al., 2011; Roffman et al., 2008).

Some efforts have been made to use motivational procedure to reach violent men early so that later, more complex interventions may be less necessary. For example, in one experiment, a social marketing campaign successfully motivated 348 men to call a confidential, telephone-based program, 124 to enroll in the program and 99 to complete it. The social marketing program (see Mbilinyi et al., 2008) included extensive radio advertisements (see http://www.menscheckup.org ) and used a telephone-

based intervention using motivational enhancement strategies discussed above to motivate men who had not had recent contact with criminal justice or social service agencies to seek formal help for both battering and substance abuse (see Roffman et al., 2008).

### 5. Personality type does not appear to predict different outcomes.

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

Despite White and Gondolf's (2000) findings, researchers have not yet carefully tested the promise behind typologies, that programs tailored to batterer types may be more effective. At present, most BIPs do not differentiate among the types of men who are admitted to their programs or offer differential programming. Many communities have such limited resources that, at most, they offer a very limited provision of services to men in their community who need these services. Furthermore, many group BIP facilitators claim that intervention is already differentiated or individualized to the extent that group facilitators provide differential attention to men during and between sessions.

Rough grouping of men by typologies may not be the preferred direction in any case. Holtzworth-Munro and Meehan (2004) have argued that we should not be categorizing men into one type or another

but perhaps seeing these men as multidimensional with variation along several factors. Eckhardt, Babcock, and Homack (2004) suggest that perhaps matching treatment to the level of motivation for change that a man expresses may better achieve the original goals of developing typologies, an idea that will be discussed later in this article. Finally, in their recent meta-analysis of studies on attrition from BIPs, Jewell and Wormith (2010) found the variety of factors mentioned earlier appear to affect the likelihood that one will complete an assigned treatment regime. Bennett, Hsieh, and Stoops (2010), in a recent study of 540 men mandated to BIP participation, also report that higher social class predicted higher program completion rates.

### 6. Programs designed for men of color achieve similar outcomes to other BIPs.

Much less information is available on the differential impact of group BIPs on men of color. There is a small but growing literature that focuses on different types of groups for men of color, particularly African-American men. Williams (1994; Gondolf & Williams, 2001) has described three types of treatment for African-American men who batter: (1) "color blind" where differences in race or ethnicity don't seem to matter; (2) "culturally specific" where there is a critical mass of men of one race or ethnicity and attention to their community's unique history is implicitly given attention; and (3) "culturally centered" where the focus of the program design is on a particular racial or ethnic group that makes up most of the men in the group. Unfortunately, in tests comparing these programs it does not appear that any one type of treatment is better able to achieve positive outcomes than another (see Buttell & Carney, 2005; Gondolf, 2007). As stated earlier, there are many other promising practices being offered in a variety of communities that are not reviewed here since published evaluations of them are not yet available. This review takes no position on the effectiveness of group BIPs not yet evaluated in a systematic way.

## 7. Group BIPs that are part of coordinated responses with the criminal justice system achieve better outcomes.

Lastly, an important finding of these studies is that group BIPs embedded within a coordinated community intervention to identify, treat, and hold accountable men who batter appear to provide the most positive outcomes in terms of reassault prevention. Specifically, Gondolf (2004) found that in programs using pretrial referral, the men entered the program rather quickly – in an average of two and half weeks after arrest – compared to several months in post-conviction systems that sent men to treatment after conviction, and pretrial referral programs that require men to reappear in court periodically to confirm their program attendance. Gondolf states, "This system dramatically reduced no-shows (from 30% to 5%) and sustained a high completion rate of 70% despite the coerced attendance." (p. 619). In short, men dropped-out the least and achieved the best outcomes in systems where: (1) men were moved quickly into treatment within two to two and half weeks of arrest; (2) there was ongoing monitoring of men's compliance with mandates to treatment by the courts; and (3) the courts responded swiftly with consequences for men who violated their mandates.

These findings argue strongly for close coordination between BIPs and court officers, particularly probation officers. In some locales, specific domestic violence probation units have been established to create this close liaison with BIPs. While close coordination is desirable, such efforts raise concerns about the type of information that BIP providers should supply to court officers or others, such as custody evaluators, guardians *ad litem* (GALs) and court appointed special advocates (CASAs). A man's behavior in a weekly group meeting may mask much more severe and dangerous behavior outside the walls of the agency. Many BIP providers only feel comfortable providing basic information such as (a) attendance, (b) compliance with program rules, and (c) information on the man's ongoing abusive behavior. Providing an estimate of the level

of change men have achieved based on their in-group behavior is potentially dangerous and often inaccurate. It is only through long-term follow-up with current partners and an examination of official records that men's behavior can be more accurately assessed over time.

### Current Concerns about Batterer Intervention Programs

The above literature on group BIPs raises several concerns that have not yet been adequately addressed. For example, how do we respond to the high rates of program dropout and recidivism? And how do we respond to persistently dangerous men enrolled in BIPs? How do we assess and respond to men with multiple, co-occurring problems that may affect their ability to change? How are women's assessments of their own safety incorporated into group BIPs? How can programs think beyond recidivism to the impact of their work on communities? Each of these issues is addressed below.

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

Daly and Pelowski's (2000) review of 16 studies of batterer intervention showed that "dropout rates are consistently high, ranging from 22% to 99%" (p. 138). Gondolf (2004) found that those men who participated in two or more months of a BIP showed 50% greater overall reduction in recidivism compared to program drop-outs (Participants=36%; Drop-outs=55%) and an even greater reduction of recidivism among men living with their partners (Participants=40%; Drop-outs=67%). However, many programs experience very high attrition rates from the first contact to the first group meeting and then again once the group programs begin and before the end of the program. There is a dire need to develop methods to recruit and then retain men in BIPs. In part, this is an issue of system coordination. As Gondolf's (2002, 2004) study has shown, when men are held accountable for their lack of attendance by the courts they appear less likely to drop-out of the program.

While accountability is important, it should be noted that studies show there is a positive correlation between "stake in conformity," program completion, and lower rates of recidivism. Stake in conformity is a person's desire to maintain social bonds to family, friends, and social institutions in accordance with the norms of the community, in other words to conform. Research shows a positive correlation between program completion and stake in conformity, specifically on variables such as age, marital status, and employment (Feder & Dugan, 2004; Bennett, Stoops, Call, & Flett, 2007; Feder & Forde, 2000; Jewell & Wormith, 2010). Men with less stake in conformity may have less to lose by not completing an assigned program. As mentioned earlier, a study by Bennett and colleagues of 540 men receiving a court mandated batterer intervention program found that program completion was twice as likely for those categorized as "overclass" compared to those considered "underclass," after controlling for race, age, and prior arrest (Bennett, Hsieh, & Stoops, 2010). These findings call for research on specific ways for community-based BIPs to better engage with those who are from lower class backgrounds or have a lower stake in conformity (e.g. unmarried, younger, uneducated, and unemployed men).

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

As stated earlier, Gondolf (2004) has reported that the great majority of men who re-assault their partners do so within 15 months after their intake into a treatment program. This finding is parallel to findings in a nationally replicated study of police intervention called the Spouse Assault Replication Program (see Weisz, 2001). Unfortunately, most group BIPs last only 12 months in their longest form. These data argue for regular monitoring of men who batter by program staff, probation and/or court officers over a longer period of time than is common.

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

A disturbing finding of Gondolf's (2004) four-city study is that a small group of 20% of the re-assaulters in his study accounted for 80% of the injuries to victims after intake into BIPs. This finding raises practice questions that are as yet unanswered. Perhaps this small group of more severely violent men requires a more careful assessment and additional or different intervention than a traditional BIP in order to more successfully change their behavior. This again raises the issue of designing differential responses for men, in particular those with different violent behaviors.

***Substance abuse and mental health problems commonly co-occur with violence perpetration.***

Two other areas – substance use and mental health – warrant consideration for specific assessments based on the literature showing a high co-occurrence between substance abuse and domestic violence (Brown, Werk, Caplan, & Seraganian, 1999; Fals-Stewart, 2003; Fals-Stewart, Leonard and Birchler, 2005) and serious mental-health problems among some batterers (Cavanaugh & Gelles, 2005; Holtzworth-Munroe & Meehan, 2004). These findings certainly point to more comprehensive assessments at entry to group BIPs and possibly integrated programs that address these co-occurring factors.

***Women's assessments of their own safety often provide the best assessments of danger.***

When expanding assessments, particularly around danger to partners, it is important to consider women's voices. Using data from Gondolf's CDC sponsored study, Heckert and Gondolf (2004) found that battered women's assessments of their own danger outperformed all other assessment tools except when women's assessments were combined with their self-report data gathered using the Danger Assessment developed by Campbell (1995). Including women's assessments of their safety as an outcome measure for BIPs is advisable.

*Outcomes may be conceptualized beyond individual recidivism.*

Most of the research reviewed in this document focuses on individual men's behavior, specifically violence recidivism. This is understandable given most policy makers' attention to ending criminal violence. Many programs, however, make efforts to move beyond violence and promote changes among men in their use of threats and pro-violent thinking patterns. A few have gone even further to examine how their programs can encourage larger changes in men beyond those who participate in a group BIP. As indicated earlier, there is scarce research on these larger, community-level impacts of programs and this is an area for future exploration.

### What to Make of All This?

There is certainly controversy over whether group BIPs are useful as one element in a community's response to domestic violence. This controversy has accompanied BIPs since their inception in the 1970s and will likely continue to do so into the foreseeable future. The small psycho-education groups we call batterer intervention programs or BIPs seem to achieve documented positive changes among many participants who complete them and more so when they are part of a coordinated community response. These positive findings resulted from decades of study that also leave many questions unanswered. We still do not have clear answers to *what* in BIPs creates change among the participants, *how* to reach men ambivalent about making change before costly law enforcement and social service systems become involved, and *how* to respond to program dropouts and recidivists, especially those who continue to cause injury to their partners while enrolled in a program.

Many question efforts to treat a society-level problem only through individual-level responses. The movement to prevent violence against women has recognized the importance of the community context and the need to go well beyond small group BIPs to include community coordination and mobilization as well as primary prevention efforts aimed at changing social norms that promote violence against women (see Shepard, 2008; Shepard & Pence, 1999; Cohen, Davis & Graffunder, 2005; WHO, 2009). Perhaps one of the strongest findings in this review is that integrating BIPs as part of a larger community effort enhances outcomes of men participating in group programs.

This review provides some initial answers to questions frequently raised regarding the success of BIPs. It also, however, points to many still unanswered questions about intervention with men who batter. Additional research will hopefully clarify the components of small group programs that are most effective, how such programs are best integrated as part of coordinated community responses, and how they may impact the community at large.

**Author of this document:**

Jeffrey Edleson, Ph.D.
Professor and the Director of Research
University of Minnesota School of Social Work
Director – MINCAVA
jedleson@umn.edu

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National Resource Center
on Domestic Violence

# In Brief: Groupwork with Men Who Batter
Jeffrey L. Edleson, Ph.D.

Changing public attitudes, the outcomes of several landmark cases, pressure from advocacy organizations, and findings from new research led to a greater readiness among police, prosecutors, judges, and social service professionals to work more closely within a coordinated community response to identify and prosecute men who batter their intimate partners and then mandate the men into group treatment programs. Historically, there have been many efforts to help end domestic violence; however it was only in the late 1970s that the first group treatment programs for men who batter were founded. Currently, there is wide variation in content, style, and length of batterer intervention programs, from small group treatment programs to universal prevention efforts.

**Group Treatment Approaches for Men Who Batter**

Treatment programs for men who batter, often called "batterer intervention programs" or "BIPs", are generally small group programs offered by one or two professionally-trained facilitators working with about eight to 10 men who batter. Generally, participants join and progress through the group process at the same time as a cohort but in some cases may join and leave the group at set times, different from other members. Some group programs are supplemented by on-site individual counseling or referral to another practitioner. Most BIPs across North America use some combination of both educational lessons and psychosocial or therapeutic processing among group members. Many programs draw heavily on social learning models that aim to teach new cognitions and actions and on a gendered lens for analyzing power relationships in violence between intimates.

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

There is great controversy surrounding both the current practices of the criminal justice system mandating treatment, as well as the effectiveness of group treatment programs to which men are sent. With many dozens of evaluations now published, we have some ideas about how group BIPs work to end violence and seven key findings about group BIP effectiveness can be drawn:
1. Across studies, group BIPs have a modest but positive impact on ending violence;
2. Group BIPs help the majority of men end their physical violence over a period of time;
3. It is not yet clear what components of group BIPs help create these changes;
4. It appears that group BIPs incorporating motivational enhancement components help more men change;
5. Personality type does not appear to predict different outcomes;
6. Programs designed for men of color achieve similar outcomes to other BIPs; and
7. Group BIPs that are part of coordinated responses with the criminal justice system achieve better outcomes.

**Current Concerns about Batterer Intervention Programs**

The above literature on group BIPs raises several concerns that have not yet been adequately addressed. These concerns include:
- Attrition from programs is high and presents a major challenge to BIP effectiveness;
- Most recidivism by men who batter appears in the first 15 months after enrollment, a period longer than most group BIP programs;
- A small number of men appear to be the most dangerous and may require additional attention;
- Substance abuse and mental health problems commonly co-occur with violence perpetration;
- Women's assessments of their own safety often provide the best assessments of danger; and
- Outcomes beyond individual recidivism should be considered.

**What to Make of All This?**

There is certainly controversy over whether group BIPs are useful as one element in a community's response to domestic violence. This controversy has accompanied BIPs since their inception in the 1970s and will likely continue to do so into the foreseeable future. The small psycho-education groups we call BIPs seem to achieve documented positive changes among many participants who complete them and more so when they are part of a coordinated community response. These positive findings resulted from decades of study that also leave many questions unanswered. We still do not have clear answers to what in BIPs creates change among the participants, how to reach men ambivalent about making change before costly law enforcement and social service systems become involved, and how to respond to program dropouts and recidivists, especially those who continue to cause injury to their partners while enrolled in a program.

This review provides some initial answers to questions frequently raised regarding the success of BIPs. It also, however, points to many still unanswered questions about intervention with men who batter. Additional research will hopefully clarify the components of small group programs that are most effective, how such programs are best integrated as part of coordinated community responses, and how they may impact the community at large.