



National Institute of Justice

R e s e a r c h i n A c t i o n

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Highlights

Batterer intervention programs were originally established in the late 1970s as feminists and others called attention to the victimization of women through domestic violence, grassroots programs sprang up, and service providers recognized that the offenders' behavior needed to be addressed. The requirement that batterers attend intervention programs as a condition of probation or as part of pretrial or diversion is fast becoming a part of the response to domestic violence in many jurisdictions. However, judges and probation officers often lack basic information about program goals and methods.

This report, a summary of the full-length study, attempts to meet that need by presenting information about batterer intervention programs operating throughout the country. The interventions described were selected to represent the range of programming available and include the established or "mainstream" programs as well as innovative approaches.

- All programs are structurally similar, proceeding from intake through assessment, victim contact, group treatment, and completion, but each program is based on one of several theoretical approaches to domestic violence. Most of the pioneers in intervention use the feminist model, which attributes the problem to societal values that legitimate male control. This model, exemplified in the "Duluth Curriculum," uses education and skills

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Batterer Programs: What Criminal Justice Agencies Need to Know

by Kerry Murphy Healey and Christine Smith

In the late 1970s, activists working with battered women realized that although they might help individual victims, no real progress could be made in reducing the problem of domestic violence unless steps were taken to reform perpetrators and challenge the cultural and legal supports for battering. Batterer intervention programs were established as a first step in changing offenders' behavior and increasing awareness of the problem. For their part, criminal justice agencies have responded by referring an increasing number of batterers to these programs, through pretrial or diversion programs or as part of sentencing.

Although requiring batterers to participate in programs to deter further violence is fast becoming an integral part of the response to domestic violence in many jurisdictions, judges and probation officers may lack sufficient information about the content and structure of these local programs and their goals and methods. In addition, the complexity of State guidelines and standards for batterer programs and the seriousness of the ongoing threat to battered women when offenders' cases are mishandled suggest the need for criminal justice professionals to be knowledgeable about the types of interventions available.

This report is intended to bridge the information gap and thereby enable criminal justice professionals to make informed choices among programs and communicate more effectively with program providers. Program staff should find the report useful as an explanation of the constraints faced by the criminal justice system, its procedures, and its underlying goals—to protect victims and to deter reoffending. In this way, the information should help staff to better align their program practice with criminal justice expectations.

After exploring the nature and causes of domestic violence, the report describes the batterer interventions currently in operation—the larger, "mainstream" programs as well as innovative interventions being explored—examines the theories on which they are based, reviews the most critical issues being debated, and examines criminal justice practices that can improve batterer intervention. The information was obtained from observation of several batterer intervention programs; interviews with program directors, criminal justice professionals, and academics; and extensive review of documents. (See "Sources of Information for the Study.")

Highlights

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building to resocialize batterers. The less common family systems interventions, based on the notion that violent behavior stems from dysfunctional family interactions, emphasize building communication skills within the family. Psychotherapeutic and cognitive-behavioral interventions are based on the belief that domestic violence is related to the offender's psychological problems and, as a result, emphasize therapy and counseling. The EMERGE and AMEND models represent a blend of the feminist educational approach with more indepth and intensive group work.

- Increased awareness of the diversity of the batterer population has given rise to the belief that more specialized approaches are needed. One trend reflects the idea that interventions should be based on various typologies or categories of batterers. Of these, the typologies that group offenders by their psychological factors may be less useful for criminal justice purposes than those that do so by degree of risk for dropping out or reoffending. Other specialized approaches are designed to enhance program retention of specific populations based on sociocultural characteristics such as poverty, race, ethnicity, nationality, gender, or sexual orientation.

- Batterer intervention programs cannot deter domestic violence unless they are supported by the criminal justice system. Criminal justice responses to domestic violence can be coordinated to support batterer intervention. For example, the integrated criminal justice responses studied for this report included coordination among agencies; use of victim advocates throughout the system; designation of special, dedicated batterer intervention units; and provision of training for agency personnel. Probation officers have a key role as the critical link between the justice system and batterer interventions.

The nature and impact of domestic violence

Although the legal definition of battering varies from State to State, many intervention providers explain it as a constellation of physical, sexual, and psychological abuses that may include physical violence, intimidation, threats, emotional abuse, isolation, sexual abuse, manipulation, using the children as pawns, economic coercion, and the assertion of male privilege.¹ Only some of these behaviors—most commonly, physical and sexual assault—are illegal in and of themselves.

The cost of domestic violence to society and to the victims is immense. Battering results in physical and psychological injury and sometimes even death; prenatal injuries; physical and psychological harm to children exposed to violence; increased homelessness among women and children; higher health care costs; and corresponding increases in the demands for social, medical, and criminal justice services. Much of the toll is not calculated because, in the estimate of some researchers, as many as six in seven domestic assaults go unreported.²

Who batters? Although similar proportions of men and women admit to engaging in violence against their partner,³ the majority of batterers *arrested* are heterosexual men.⁴ Prosecutors and probation officers interviewed estimated that between 5 and 15 percent are women, although many are thought to be “self-defending victims” who have been mistakenly arrested as primary or mutual aggressors.⁵ A small percentage of those arrested for battering are gay or lesbian.

Efforts to identify key demographic, psychological, and criminal characteristics of men who batter have led some researchers to propose profiles or “typologies” of these men. These tools could help criminal justice professionals and service provid-

ers better predict the level of danger and the potential of batterers for reoffending, as well as match batterers with specialized forms of intervention.

Who are the victims? The victims of battering are disproportionately women. In a single recent year, almost 1 million women, in contrast to 148,000 men, were victimized by intimates (boyfriend, girlfriend, spouse, or ex-spouse).⁶ A similar disproportionality holds for murders attributed to intimates: in three of every four instances, the victim was female.⁷

Race is one of the factors that determine the chances a woman will be the victim of intimate violence. African-American women are more likely than women of other races to be victimized, as are women who live in urban areas.⁸ Intimate victimization affects younger women (ages 16–24) most frequently.⁹ Moreover, the classlessness of domestic violence is a myth, because victims also tend to be poor, with family incomes under \$7,000.¹⁰ It may be, however, that victimization of lower income women is more likely to be reported to the police, since women with higher incomes and more status in the community have the resources to deal with domestic violence privately without involving the criminal justice system.¹¹

Domestic violence is also associated with low marriage rates, high unemployment, and social problems,¹² and, according to the intervention providers interviewed for this report, women in cross-cultural relationships may also be at unusually high risk.¹³ The last factor may be due to cultural differences in expectations about sex roles and acceptable behavior.

What works to stop battering?

Although some evaluations of batterer interventions have been conducted, researchers concur that the majority of

these studies are inconclusive because of methodological problems.¹⁴ Among the few considered methodologically sound, the majority have found modest but statistically significant reductions in recidivism among men participating in batterer interventions. Frustration with the lack of empirical evidence favoring one curriculum or length of treatment has led some researchers increasingly to look at batterers as a diverse group for whom specially tailored interventions may be the only effective approach.

At the same time, the question of how to evaluate batterer interventions may need to be reframed to include the broader context of criminal justice support. Even if research identifies the perfect match between interventions and offenders, criminal justice and community support will have a crucial impact on the effort's success. Research by Edward Gondolf, who is evaluating four sites in a study sponsored by the Centers for Disease Control and Prevention, points to the importance of systemwide assessments of batterer intervention.¹⁵ Gondolf is particularly concerned about the often long delay between arrest and enrollment in a program. Systemwide evaluation could answer the question of whether the speed of the criminal justice response and program enrollment is more important than either program content or length.

The causes of domestic violence

The origins of domestic violence are the subject of intense debate. More than in most other fields, in disciplines and professions dealing with domestic violence the theoretical debate affects practice. Each of the three categories of domestic violence theory locates the causes differently: in society and culture (the feminist or profeminist model), in the family

Sources of Information for the Study

Information was obtained from observations of batterer intervention programs and a number of other sources, including interviews with key program directors and staff and a review of the literature on the topic. All data on program enrollment, completion, and success rates were provided by the staff of the programs discussed in this report. The 13 programs in 5 States that were selected for this study represent a range of approaches:

- EMERGE, in Quincy, Massachusetts; and AMEND, in Denver, two of the largest and most established programs, are modified continually to keep up with the most recent trends in batterer intervention.
- Domestic Abuse Intervention Services of Des Moines is based on the "Duluth model."
- Family Services of Seattle, also based on the Duluth model, serves low-income clients.
- Harborview Medical Center, in Seattle, is based on a public health model of intervention.
- House of Ruth, in Baltimore, is based on the Duluth model and serves interracial clients.
- The Third Path, in Arapahoe County, Colorado, treats high-risk offenders based on a batterer typology and using psychological approaches.

- The Compassion Workshop, in Silver Spring, Maryland, uses cognitive restructuring techniques to address "attachment abuse."

In addition to these eight, five smaller programs serving specialized populations were studied in Seattle. They are discussed in the section, "Current trends and innovations."

Other sources of information were as follows:

- Telephone interviews with directors of 22 batterer intervention programs located throughout the country.
- Interviews with more than 60 criminal justice professionals, batterer program directors and service providers, battered women's advocates, and domestic violence policymakers at the sites of the 13 programs.
- Interviews with experts in the field of batterer intervention from institutions of higher education throughout the country.
- Review of the literature and of State and local criminal justice protocols on batterer intervention.

Information was also obtained from observing training programs and from presentations on domestic violence policy for service providers and criminal justice professionals.

(the family systems or interactional model), or in the individual (the psychotherapeutic or cognitive-behavioral model). In the past two decades, a number of practitioners representing specific, divergent theoretical camps have begun to move toward a more integrated, "multidimensional" model of batterer intervention to better address the complexity of the problem. Very

rarely do batterer programs reflect a single theory of domestic violence. Among the programs studied for this report, the majority combine elements of different theoretical models.

When criminal justice professionals work with batterer intervention providers, they will find it useful to understand the primary theory of domestic violence that the particular program

espouses. It is also useful to understand the content of the intervention programs, which may draw on two or more theories. The mix of types leads experts to caution criminal justice agencies against uncritically accepting an eclectic curriculum and to aim for a coherent approach.

Major theories and related interventions

Because the three categories of theories dominating the field offer divergent explanations of the root causes of battering, they produce distinct intervention models with different strategies.

Feminist approaches. Batterer intervention programs were started in the 1970s when feminists and others brought public attention to the problem of domestic violence and grassroots services began to be established in response. The feminist perspective has influenced most batterer intervention programs. Central to the perspective is a gender analysis of power,¹⁶ which holds that domestic violence mirrors the patriarchal organization of society. In this view, violence is one means of maintaining male power in the family. Feminist programs, which attempt to raise consciousness about society's sex-role conditioning and how it constrains men's behavior, present a model of egalitarian relationships based on trust instead of fear.

Support for the feminist analysis comes from the observation that most batterers, when "provoked" by someone more powerful than they, are able to control their anger and avoid resorting to violence. Further support comes from research showing that batterers are less secure in their masculinity than nonbatterers and from studies

documenting the sense of entitlement batterers feel in controlling their partners' behavior.¹⁷

Critics claim the feminist perspective overemphasizes sociocultural factors to the exclusion of traits in the individual, such as growing up abused.¹⁸ In their view, feminist theory predicts that *all* men will be abusive. Other criticisms hold that feminist educational interventions are too confrontational and as a result self-defeating because they alienate batterers, increase their hostility, and make them less likely to enter treatment. Another concern, revealed in some evaluations, is that the education central to the feminist program may transmit information but not deter violent behavior.

The family systems model. This model regards the problem behaviors of individuals as a manifestation of a dysfunctional family, with each family member contributing to the problem. Both partners may contribute to the escalation of conflict, with each striving to dominate the other. In this view, either partner may resort to violence. Intervention involves improving communication and conflict resolution skills, which both partners can develop. It focuses on solving the problem rather than identifying the causes.

Of particular concern to feminist and cognitive-behavioral proponents is the format of couples counseling espoused in the family systems model. They believe it can put the victim at risk if she expresses complaints, prevents a frank exchange between counselor and victim, and is conducive to victim-blaming. For these reasons, couples counseling is expressly prohibited in 20 State standards and guidelines for

batterer intervention. (For a summary of what these standards cover, see "State Standards for Service Providers.")

Psychotherapeutic approaches.

These perspectives, which focus on the individual, hold that personality disorders or early traumatic life experiences predispose some people to violence.¹⁹ Being physically abusive is seen as symptomatic of an underlying emotional problem, which may be traced to parental abuse, rejection, and failure to meet a child's dependence needs.

From this perspective, two forms of batterer intervention—individual and group psychodynamic therapy and cognitive-behavioral group therapy—have evolved. The former involves uncovering the batterer's unconscious problem and resolving it consciously. Although a recent study revealed that the approach retained a higher percentage of men in treatment than did a feminist/cognitive-behavioral intervention,²⁰ critics fault psychodynamic therapy for not explaining what can be done to stop the behavior, allowing the behavior to continue until the underlying problem is solved,²¹ and ignoring the cultural acceptability of male dominance.

The cognitive-behavioral approach focuses on the conscious rather than the unconscious and the present rather than the past to help batterers function better by modifying how they think and behave. The approach is compatible with a criminal justice response, simply addressing the violent acts and attempting to change them, without trying to solve larger issues of social inequality or delve into deep-seated psychological problems. Feminists fault the approach for failing to explain why many batterers are not violent in other relationships.

Pioneering programs and their models

Many of the larger, more established batterer intervention programs are based on the Duluth Curriculum.

Other pioneers in batterer intervention, EMERGE and AMEND, share the Duluth Curriculum's basic structure but depart slightly from Duluth in technique and focus. All three of these long-established batterer interventions include a feminist educational approach and, to varying degrees, incorporate cognitive-behavioral techniques.

No single theoretical intervention model has yet proved more effective than any other in reducing recidivism.²² For this reason, many program directors and criminal justice professionals stress structure over content. They believe that regardless of a program's philosophy or methods, any responsible intervention can help contain batterers' abuse by closely monitoring behavior. Thus it is important to highlight the common structural elements (procedures) of the programs studied for this report.

Program procedures. Program procedures used by all mainstream programs consist of intake and assessment, victim contact, orientation, group treatment (discussed in the section on "Program content," below), leaving the program, and completion.

Intake and assessment. The batterer's first contact with the program occurs when he arranges for an intake interview. First contact with program staff may occur at the courthouse, following contact with a probation officer. In a number of jurisdictions, however, it is the responsibility of the batterer to initiate program and probation contact. Intake assessment, which may last up to 8 weeks, is designed to convince the

client to agree to the terms of the intervention, begin the behavior assessment, and screen for other problems. Ideally, the initial session begins to foster rapport between the clinician and the batterer.

Not all batterers are accepted at intake. The most common reason for denying service is that the batterer is part of a group that another program can serve better. For example, batterers who are found to have other problems (such as substance abuse or mental illness) may be referred elsewhere or to a program that addresses these issues in an integrated format. Another common reason for nonacceptance is unwillingness or inability to pay, although some programs offer assistance to those who cannot afford the intake fee and a sliding scale for payments. Some programs consider batterers inappropriate for treatment if

they deny having committed violence. Apart from information gathering and initial instruction in program rules, overcoming denial is the primary task of intake.

Victim contact. A number of States require that partners be notified at various points in the intervention, and programs with a strong advocacy policy typically contact the partner every 2 or 3 months. Assessments and monitoring often involve separate interviews with the victim to obtain additional information about the relationship. Contacting the victim when the batterer enters the program ensures that she receives accurate information about program goals and methods, can raise her awareness of her situation, and provides her the opportunity to obtain help with safety planning. As part of the ongoing

A State Standards for Service Providers

As of 1996, more than half the States and the District of Columbia had adopted standards or guidelines governing programs or individuals providing batterer intervention, and 13 others were developing them.

What the standards govern. Most standards are designed to institutionalize the current norms of mainstream batterer interventions. They may specify the agency that certifies programs; prescribe the interval for certification renewal; indicate what the court contact or referral, the length of treatment, the screening criteria, and the fee should be; and stipulate elements of program content, such as the curriculum and structure.

Accommodating innovation. Local networks of intervention programs and criminal justice agencies that are developing standards may want to avoid standards

that stifle innovation. Not enough is known about the efficacy of current interventions to avoid creating new standards that may not accommodate innovation. Ideally, standards should be crafted to foster innovation while providing safeguards for victims. State and local boards governing batterer intervention providers could provide oversight and evaluation of newly proposed interventions and integrate the findings into their practice models. Better evaluations of existing programs would allow standards to focus on performance-based outcomes.

State standards may be controversial because of concern that they result in a "cookie cutter" approach to intervention (when research points to the need for diverse approaches). On the other hand, some advocates argue that having no standards might be more dangerous than having overly restrictive ones.

lethality assessment, the batterer's counselor will inform the victim and the probation officer if further abuse is imminent.

Raising the victim's awareness is a key component of victim contact. Just as important, however, is guarding her against false hope that the program can guarantee her partner will change. This caution needs to be balanced against respect for the victim's right to make her own decision, even if that involves remaining with the batterer.

Orientation. The assessment process continues during orientation, the initial phase of group intervention. New clients meet together for one or more sessions during which the reeducation process begins; at the same time, counselors more accurately appraise the extent of the batterer's problem. Orientation also establishes rapport between participants and counselors that can reduce the former's defensiveness. In this phase, program goals and rules for participating in the group are spelled out, and batterers are taught the program's underlying assumptions.

Orientation sessions tend to be more didactic than later sessions, which may take on more of a therapeutic tone. Their lecture format is intended to maintain order and avoid digression, as well as to establish norms for participation that can be carried over to the more informal groups. In the orientation sessions, counselors make clear that active participation is required.

Leaving the program. Batterers leave the program either because they complete it successfully or are asked to leave. Programs are cautious about terminating a batterer before completion because of the potential danger early release may pose to the victim. However, there are a number of reasons for

termination, among them noncooperation, nonpayment of fees, or revocation of parole or probation. The most common reason for the threat of termination is not attending group sessions regularly. Another is violating crucial program rules (for example, being disruptive or aggressive).

Before resorting to termination, a warning may be issued or the batterer may be required to begin the program again. When clients do not attend sessions, or when clients with substance abuse problems fail to maintain sobriety, the probation officer may be informed.

Completion. Some programs have specific exit criteria that must be met before completion, such as requiring that the batterer write a "responsibility letter" acknowledging his behavior and read it to the group. In defining completion, some programs distinguish between mere attendance and the accomplishment of intervention goals. Either way, with court-mandated clients the final report to probation indicates whether the client has worked successfully in the program. Completion rates, however, tend to be low.²³ Some programs offer followup or after-care for clients who complete the program successfully.

Program content. Depending on the type of program, the intervention consists of either a set educational curriculum or less structured discussions centered on relationships, anger management skills, or group psychotherapy. The group therapy modality is the intervention of choice.²⁴

Of the three mainstream program models, the Duluth Curriculum uses a classroom format to focus on issues of power and control. Violence is viewed as linked to male power and control, and the development of critical thinking

skills is emphasized to help batterers understand and change their behavior. By contrast, the two other mainstream models—EMERGE and AMEND—include more indepth counseling and are longer term. As with the Duluth Curriculum, reeducation and skills building are part of these models, but their founders hold that psychoeducational approaches alone do not address the full problem. Thus, EMERGE and AMEND combine cognitive-behavioral techniques with confrontational group processes that force the batterer to accept responsibility for his behavior.

The Duluth Curriculum

Many batterer intervention programs adhere to, or borrow from, a psychoeducational and skills-building curriculum that is a component of the Duluth model developed in the early 1980s by the Domestic Abuse Intervention Project of Duluth, Minnesota. The model places battering within a broader context of a range of controlling tactics such as intimidation, coercion, threats, and social isolation²⁵ and emphasizes the importance of a coordinated community response to the problem.

The preset curriculum is taught in classes that emphasize the development of critical thinking skills around several themes, including nonviolence, respect, support, trust, partnership, and negotiation. Two or three sessions are spent on each theme. For each theme, the first session begins with a video demonstration of the specific controlling behavior being highlighted. Discussion centers on the actions used by the batterer depicted in the demonstration to control his partner. During subsequent sessions devoted to the theme, each group member describes his own use of the controlling behavior. Alternative behaviors are then explored.

EMERGE

EMERGE, of Cambridge, Massachusetts, begins intervention with an orientation phase consisting of educational and skills-building sessions. Clients who complete this phase and admit to domestic violence graduate to an ongoing group that blends cognitive-behavioral techniques with group therapy centered on accountability. The approach is more flexible and interactive than that of programs based on the Duluth model, which uses a preset curriculum.

The programs begin with a long “check-in” conducted in the group session led by a facilitator. New members introduce themselves, describe the incident that brought them to the program, and admit their violence. They are then asked questions that elicit details about the acts of violence they committed. Short check-ins for regular group members follow, centering on their actions of the previous week. There may then be discussion of incidents disclosed by a group member during check-in.

EMERGE focuses on the broader relationship between the batterer and the victim—not simply the abusive behavior. One technique promoting this approach is to require that a client refer to his partner by her first name rather than by her relationship to him (e.g., “my wife”) to avoid perceiving her as an object or possession. Each client develops goals that address his favored control tactics, such as behavior signifying extreme jealousy. In establishing the goals, the partner’s concerns are incorporated, and the group helps the client develop ways to address these concerns.

AMEND

AMEND aims to establish client accountability, increase awareness of the social context of battering, and build new skills. Its group therapists use the Duluth cognitive-behavioral techniques, but whereas the ordinary therapy group might try to support the client and help him express his feelings, AMEND group leaders serve as “moral guides” who take directive, value-laden positions—in particular, a firm stand against violence.

AMEND’s long-term approach has four stages. The first two consist of several months of education and confrontation intended to break through the batterer’s denial. The third stage follows with several months of advanced group therapy in which the batterer begins to recognize his own rationalizations for his abusive behavior and to admit the truth.

Ongoing contacts with the partner are important, because they may be able to reveal relapses or more subtle forms of abuse. The last phase of recovery for those in the advanced group is the beginning of real change. Because this is a difficult time for the client, the group process takes on a more supportive tone. As the client prepares to end therapy, he is encouraged at this, the third stage, to develop a plan that includes a support network to avoid future violence. The fourth and final stage (an optional stage that few men enter) consists of involvement in community service and political action to stop domestic violence.

Current trends and innovations

Practitioners and academics have long been concerned that “one size fits all” intervention is neither effective nor

appropriate for the diverse population of batterers. To accommodate diversity, two categories of program refinements are emerging from practitioners’ innovations and cooperative field research: those tailored to specific types of batterers (“batterer typologies”), based on psychological profiles or criminal histories, and those tailored to sociocultural differences such as poverty and ethnicity.

Batterer typologies. Assuming there can be a consensus on groups of individual attributes (typologies), questions remain about how to treat them and whether programs can be modified to meet the needs of every group. Feminist-based programs view the focus on psychological attributes unfavorably, and researchers do not agree on what a typology of batterers might look like.

Although psychological typologies are interesting from a theoretical standpoint, they do not yet offer much assistance to the criminal justice system because of the in-depth assessment needed to identify characteristics and the lack of typology-based interventions available. No consensus on psychological categories for batterers has emerged from the research community. Criminal justice-based typologies offer a more practical frontline approach.

The criminal justice system routinely categorizes offenders, making decisions about the danger they pose and the appropriateness of interventions. However, systematic assessment tools based on an articulated theory of batterer typology have not been available. Recent research may offer a practical, standardized approach that can aid criminal justice agencies in

classifying offenders. Using demographic information, criminal histories, and substance abuse data, this research proposes several classification strategies²⁶ focused on predicting batterers' retention in treatment and the likelihood they will reoffend with the same or another victim.

Categorizing batterers on these two dimensions (risk of dropout and re-arrest), researcher John Goldkamp was able to draw some potentially useful distinctions among offenders. For example, he found that more than one-third of the batterers he studied fell into the lowest dropout risk and lowest same-victim rearrest categories. In other words, they should be good treatment prospects and pose little risk to their battering victims. He also found, however, that some offenders who pose little threat to the victim are not likely to stay in treatment.²⁷ This type of analysis could be helpful to probation officers, prosecutors, and judges in sentencing and assigning batterers to programs (after which there would be additional intake assessment).

Tailoring interventions to cultural differences. The batterer's socioeconomic status, racial or ethnic identity, country of origin, and sexual orientation can affect his expression of domestic violence and his response to treatment. (For example, although domestic violence may be found in all social milieus, there is evidence it is more prevalent among less affluent families.²⁸) For this reason, some interventions adapt to accommodate these factors. All programs may be able to improve program retention and decrease resistance to treatment by adopting culturally sensitive approaches that accommodate race, ethnicity, gender, sexual orientation, and socioeconomic status.

Culturally competent interventions. Cultural competence in an organization refers to activities the organization undertakes to prepare itself to work with a culturally diverse client population and program efforts that demonstrate preparedness and willingness to work with this population.²⁹ Culturally competent interventions are those that draw on the strength of the culture, whether it is spirituality, a value placed on family, or communal social systems. Such interventions also address such problems as substance abuse and gender roles condoning wife abuse.

Batterer interventions need to become culturally competent if they are to retain minority referrals and improve minority participation. They can do so by building on the positive values and strengths of minority cultures and by tapping the solidarity felt by members of the same minority culture that can promote mutual support in the group. In sum, culturally competent interventions can be used to diversify and refine interventions.

Programs for men of African descent. Some see racially mixed batterer intervention groups as preferable because they believe battering has nothing to do with socioeconomic or race issues. Others reject these groups as allowing men to use cultural differences to avoid identifying with others in the group, thus escaping responsibility for battering. By contrast, African-American groups can enhance participation by enabling men to focus on what they did instead of on social injustice or racism.

If groups consist exclusively of African-Americans, the members are also able to avoid assuming roles that some whites in the group might ascribe to them. With a culturally focused curriculum, African-Americans are able

to construct their own reality rather than accept the constructs and limitations society places on them.

Issues for recent Asian immigrants. Because of cultural barriers against speaking openly in a group, specialized groups for Asian batterers, who may be recent immigrants, may include initial individual counseling. One-on-one encounters may help avoid humiliating men whose culture places a high value on peer acceptance. The counselors in the programs visited for this report who work with Asian immigrants agreed that the men could not participate effectively in the standard Duluth-style intervention because many of them are averse to group work and abhor confrontation.

Certain cultural values can militate against treatment. According to counselors interviewed for this study who are themselves Asians, domestic abuse is regarded throughout Southeast Asia as a private matter and as socially acceptable; for this reason, some Asian batterers have great difficulty accepting that these behaviors are illegal in the United States. Notions of gender equality are difficult for both women and men to accept. To deal with these and other Asian cultural characteristics, the Asian counselors interviewed for this report had developed a non-confrontational, Socratic method of counseling batterers that relies heavily on metaphors, parables, and analogies.

Latinos who speak Spanish. Efforts to make a batterer intervention curriculum relevant to Spanish-speaking Latinos can flounder on the question of which specific Latino culture should be the focus. Because several cultural groups may share certain characteristics—an identity as immigrants, economic instability, and low literacy in their native

language—batterer treatment can encompass all of them. In other cases, it is not feasible to create a group based on shared experiences. For example, it may not always be possible that the group leader be the same nationality as that of the participants. The short supply of culturally compatible facilitators is a serious issue for Latino batterer interventions.

Age is also an issue. Among Latino batterers there is a cultural gap between young and older men. Counselors see the young men as less family oriented, more dependent on male friends who portray positive ties with women as a weakness, and more violent.

Strategies used with Latino groups include discussing the batterer’s distortion of the concept of “machismo,” challenging ownership of the partner, countering excuses for battering based on cultural practices, and discussing and learning to understand the clients’ complex family ties.

Countering the specialized approach. The trend toward increased specialization in intervention is now being challenged by a model based on “attachment theory.” As applied to batterers, the theory holds it is possible to develop positive emotions such as trust, intimacy, and commitment and thus overcome the anger, rooted in a sense of powerlessness or worthlessness, that triggers the offending behavior. The Compassion Workshop, based in Silver Spring, Maryland, which uses the model, employs cognitive restructuring to short-circuit the anger before it develops and replace it with compassion. The inclusion of several types of offenders—male and female heterosexual batterers, gay and lesbian batterers, victims, and child abusers—in the

same program is one reason the Compassion Workshop is controversial.

The criminal justice response

Batterer intervention programs alone cannot be expected to deter domestic violence; strong criminal justice support is also needed. The combined impact of arrest, incarceration, adjudication, and probation supervision may send a stronger message to the batterer about the seriousness of his behavior than what is taught in an intervention program. Intervention programs rely on criminal justice support to add force to their work. That support needs to be coordinated systemwide. Coordination is important because victims can be endangered by any breakdown in communication, failure of training, or lack of followthrough by agency representatives.

Principal features of a coordinated, systemwide response. In addition to coordination among agencies, the principal features of a supportive criminal justice system include use of victim advocates throughout the system, designation of special units or individuals, and provision of training. To be effective, the response will extend to all components of the system, from law enforcement through probation officers. (See “Key Components of an Integrated Criminal Justice Response to Battering.”)

Criminal justice issues affecting batterer intervention. A number of systemwide issues have an indirect but serious impact on the efficacy of batterer intervention. The experience of the programs studied for this report suggests that by addressing these issues, the criminal justice system can support intervention. The first issue is the time between sentencing and program enrollment, which even in ideal

circumstances averages 6 weeks but may take as long as several months. Whatever the cause, if the criminal justice system tolerates slow compliance and noncompliance, it creates an appearance of unconcern for the crime and may also endanger the victim. Additional actions can be taken at all points in the criminal justice system:

- Probation officers and program directors contacted for this report indicate that tracking participants can be made more efficient. In many jurisdictions, referral practices that give probationers a wide choice of programs may make it difficult to track enrollment. A better approach might be to allow probation officers to assign batterers to a specific intervention.
- Centralized dockets created to handle domestic violence cases present a number of advantages for service delivery. Prosecutors can save time by not having to travel from court to court; probation units located nearby can receive court referrals quickly; judges can become expert in domestic violence issues; and court-based victim advocates would have access to a facility in or near the court to provide support and services for victims.
- Accurate, complete information about the defendant is key to successful adjudication. If they are to make proper decisions concerning plea bargains, sentencing, bail, and supervision, prosecutors, judges, and probation officers need information about previous arrests, substance abuse history, involvement with child protective services, and experience with batterer intervention.
- Opportunities for coordination by the criminal justice system include integrating batterer intervention with court-ordered substance abuse treatment.

A

Key Components of an Integrated Criminal Justice Response to Battering^a

coordinated, systemwide response to battering, extending from arrest through probation or parole, can reinforce the message of batterer programs and motivate batterers to comply with treatment. The principal features are as follows:

- **Law enforcement.** Officers can be trained to increase their sensitivity to the needs of victims and thoroughly investigate allegations of violence. They can increase their effectiveness if they enforce bench warrants issued for batterers who have violated the terms of their probation.^b
- **Pretrial screening.** Offenders can be screened before trial to ensure they are not released on their own recognizance or on bail before arraignment. Pretrial services staff can gather as much background information as possible for the prosecutor and judge.
- **Prosecutors.** Some prosecutors can specialize in domestic violence cases. Domestic violence prosecutors need to receive adequate support from police, probation officers, and victim advocates to follow through on cases. Other steps prosecutors can take include pursuing cases without victim testimony, if necessary; using “vertical prosecution”; keeping files containing such information as previous arrests and convictions; using victim advocates to aid in case preparation; pursuing probation revocation; and requesting offender participation in batterer intervention programs as a condition of probation or other sentence.
- **Victim advocates.** Victim advocates could be made available at all stages of the criminal justice process. Based in the specialized criminal justice units, they would contact the victim as soon as possible, explain the criminal justice system, gather evidence, assist with safety planning, and notify the victim of key events in the case. They could also make their case history records available to prosecutors.

- **Judges.** Judges could be assigned to specialized domestic violence dockets and issue sentences that include jail time, mandatory participation in batterer intervention programs, or other sanctions. Judges could be most effective if they respond forcefully to batterers who do not abide by the terms of their sentences; make referrals to appropriate programs; are familiar with State standards for batterer programs; and keep alert to possible co-occurrence of battering and child abuse. Courts could process domestic violence cases quickly and require prompt enrollment in programs when this is part of the sentence.
- **Probation officers.** If organized in specialized units with reduced caseloads, probation officers could provide intensive probation supervision. To supervise batterers as effectively as possible, probation officers could increase their understanding of domestic violence issues, batterer interventions, and emerging batterer typologies. Thoroughly prepared presentencing reports are a necessity, as is quickly obtaining information about batterers sentenced to probation, monitoring sobriety through urine screens, and developing assessment tools or referral policies to assist in assigning batterers to programs. Probation officers could also take the lead in establishing meetings with batterer intervention service providers.

Notes

^aFor a more detailed description of an integrated criminal justice response to domestic violence, see Gelb, A., *The Quincy Court Model Domestic Abuse Program Manual*, Swampscott, MA: Production Specialists, n.d.

^bBecause enforcement commonly has little or no direct contact with batterer intervention programs, this report does not include an indepth discussion of the police response to domestic violence.

For cases in which the batterer has a substance abuse problem, courts can mandate not only treatment but also batterer intervention, with probation officers intensively monitoring compliance with treatment. Additionally, at the court level, judges and probation officers can be alert to the danger posed by domestic violence to children and coordinate with child protective services and programs that specialize in domestically abusive families to ensure that batterers’ children are safe.

- **Low-risk male heterosexuals may be the category of batterer most amenable to standard intervention, but they are not the only category of batterers.** Program options are needed for the full range of batterers. Many program providers and probation officers interviewed for this report voiced concern that only a fraction of convicted batterers ever enter interventions. It would be useful if probation officers could work with local intervention providers, when needed, to develop sentencing options for different categories of batterers that include treatment. As sentencing and program options for a fuller range of batterers are developed, they are optimally followed by assessment tools to assign them to appropriate interventions.

The key role of probation: supervision. Probation officers are the most critical link between the criminal justice system and batterer interventions.³⁰ Assigning them to specialized units dedicated to domestic violence cases can help them do a better job, although many who work in such units still feel their caseloads are too heavy to provide the necessary services and supervision. If caseloads were reduced, officers could work closely with victims, who may have special needs. Probation officers may also have to

face the problem of how to intervene with clients who are refused service.

In one program visited for this study, the probation department emphasizes coordination among other criminal justice agencies, batterer intervention programs, substance abuse treatment programs, social services, victim advocates, and the community.³¹ Key department policies include preparation of thorough presentencing reports urging judges to impose strict probation conditions, maximum-intensity supervision, and rigorous monitoring of compliance. This program also emphasizes substance abuse as a factor exacerbating recidivism.

Collaboration among community partners. The greatest contribution batterer intervention programs make may not be with individual offenders but with their ability to bring together major actors in the criminal justice and community services sectors to work together to reduce domestic violence. This collaboration can be informal, taking the form of monthly meetings of probation officers, program providers, and victim advocates to discuss issues of mutual concern. Less frequently, such meetings could be held with domestic violence committees in neighboring jurisdictions to exchange information.

Criminal justice agencies can also work with the city- or county-level committees that in a number of communities are charged with coordinating domestic violence policy. Some of these committees make policy; others are a forum for information exchange. In some States, they are empowered by State standards to certify batterer interventions.

At the State level, criminal justice agencies can work with State committees

and task forces on domestic violence that address policy issues such as legal reforms. These committees may also be charged with developing drafts of standards for certification of batterer interventions.

Notes

1. These elements common to abusive behavior are reflected in the definitions of domestic violence developed by two major practitioners. The definition developed by Anne Ganley, one of the first mental health providers to establish a batterer treatment program, is in her "Understanding Domestic Violence," in *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*, produced by the Family Violence Prevention Fund and the Pennsylvania Coalition Against Domestic Violence, n.d. The feminist perspective is summarized in the model pioneered by Ellen Pence of Duluth, Minnesota ("The Power and Control Wheel"). See Pence, E., "Batterers' Programs: Shifting from Community Collusion to Community Confrontation," unpublished monograph, Duluth, MN: Domestic Abuse Intervention Project, February 1988.
2. *Statistics Packet: Third Edition*, Philadelphia: National Clearinghouse for the Defense of Battered Women, February 1994.
3. Crowell, Nancy, and Ann Burgess, eds., *Understanding Violence Against Women*, Washington, DC: National Academy Press, 1996: 32. In a recent study, Murray A. Straus offers an explanation for the discrepancy between evidence that men and women are approximately equal in their assault rates and evidence that men are more likely to assault than are women. He proposes that the latter evidence comes from studies that measure experiences more likely to result in physical injury, which in turn are more likely to be inflicted by men. Such studies, which Straus calls "crime studies," include the National Crime Victimization Survey and the National Violence Against Women in America study. They also reveal lower overall rates of assault than do the other, "family conflict" studies. See Straus, Murray A., "The Controversy over Domestic Violence by Women: A Methodological, Theoretical, and Sociology of Science Analysis," in *Violence in Intimate Relationships*, ed. X.B. Arriaga and S. Oskamp, Thousand Oaks, CA: Sage Publications, in press.
4. Because the majority of interventions discussed here are designed for male batterers, the term "batterer" will be matched with a male pronoun unless female offenders specifically are being discussed.

5. Goldkamp, J.S., *The Role of Drug and Alcohol Abuse in Domestic Violence and Its Treatment: Dade County's Domestic Violence Court Experiment, Final Report*, Philadelphia: Crime and Justice Research Institute, June 1996; Busey, Tina, "Treatment of Women Defendants," *The Catalyst* (Spring 1993): 3-4; and Busey, Tina, "Women Defendants and Reactive Survival Syndrome," *The Catalyst* (Winter 1993): 6-7.

6. Greenfeld, Lawrence A., et al., *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*, Bureau of Justice Statistics Factbook, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, March 1998: v, NCJ 167237.

7. Ibid.

8. Ibid: 13, 14. Crowell and Burgess (*Understanding Violence Against Women*) also note the higher rates of intimate homicide of African-American women (page 27).

9. Greenfeld, *Violence by Intimates*: 13.

10. Ibid: 14.

11. See Butler, C., "Myths about Woman Abuse," in *For Shelter and Beyond*, 2d. ed., Boston: Massachusetts Coalition of Battered Women's Groups, n.d.: 21.

12. Belluck, Pam, "A Woman's Killer Is Likely to Be Her Partner, a New Study in New York Finds," *New York Times*, March 31, 1997.

13. See Linn, M.W. L., and C.I. Tan, "Holding up More Than Half the Heavens: Domestic Violence in Our Communities, A Call for Justice," in *The State of Asian America: Activism and Resistance in the 1990s*, ed. K. Aguilar-San Juan, Boston: South End Press, n.d.: 321.

14. For a recent analysis of evaluations of batterer treatment programs, see Davis, Robert C., and Bruce G. Taylor, *Does Batterer Treatment Reduce Violence? A Synthesis of the Literature*, unpublished paper, February 24, 1998. (The research was conducted for Victim Services and sponsored by the National Institute of Justice.) There is also a discussion in *Violence in Families: Assessing Prevention and Treatment Programs*, ed. Rosemary Chalk and Patrick A. King, Washington, DC: National Academy Press, 1998: 178-180.

15. Interview with Edward Gondolf, October 22, 1996.

16. Pence, E., and M. Paymar, *Education Groups for Men Who Batter: The Duluth Model*, New York: Springer, 1993.

17. Gondolf, E.W., and J. Hanneken, "The Gender Warrior: Reformed Batterers on Abuse, Treatment, and Change," *Journal of Family Violence* 2(2)(1987): 177-191.

18. Dutton, D., "Patriarchy and Wife Assault: The Ecological Fallacy," *Violence and Victims* 9(2)(1994): 167-182.

19. Russell, M., "Wife Assault Theory, Research, and Treatment: A Literature Review," *Journal of Family Violence* 3(3) (1988): 193-208.

20. Browne, K., D.G. Saunders, and K.M. Staecker, "Process-Psychodynamic Groups for Men Who Batter: Description of a Brief Treatment Model," unpublished manuscript, University of Michigan, January 26, 1996.

21. Dutton, "Patriarchy and Wife Assault"; and Adams, D., "Treatment Models for Men Who Batter: A Profeminist Analysis," in *Feminist Perspectives on Wife Abuse*, ed. K. Yllo and M. Bograd, Newbury Park, CA: Sage Publications, 1988.

22. See Browne, Saunders, and Staecker, "Process-Psychodynamic Groups for Men Who Batter," and Gondolf, E.W., "Multi-Site Evaluation of Batterer Intervention Systems: A Summary of Preliminary Findings," manuscript, Mid-Atlantic Training Institute, October 24, 1996.

23. Eisikovits, Z.C., and J.L. Edelson, "Intervening with Men Who Batter: A Critical Review of the Literature," *Social Service Review* 37(1989): 384-414; and Feazell, C.S., R.S. Mayers, and J. Deschner, "Service for Men Who Batter: Implications for Programs and Policies," *Family Relations* 33(1984): 217-223.

24. Gondolf, E.W., *Men Who Batter: An Integrated Approach to Stopping Wife Abuse*, Holmes Beach, FL: Learning Publications, Inc., 1985. The group is the modality of choice because it combats implicit approval of abuse perceived to be held by people outside the group, because successful group members can serve as role models, and because the group functions as a source of support for the offender.

25. Paymar, M., *Violent No More: Helping Men End Domestic Abuse*, Alameda, CA: Hunter House, Inc., 1993; and Pence, E., "Batterers' Programs: Shifting from Community Collusion to Community Confrontation."

26. Goldkamp, *The Role of Drug and Alcohol Abuse*.

27. Ibid.: 202. Gondolf developed a computerized method for scoring risk of dropout and arrest.

28. Straus, M., R. Gelles, and S. Steinmetz, *Behind Closed Doors: Violence in the American Family*, New York: Doubleday, 1980.

29. Williams, O., and L. Becker, "Domestic Partner Abuse Treatment Programs and Cultural Competence: The Results of a National Survey," *Violence and Victims* 9(3)(1994): 287-296.

30. Probation officers are involved in the majority of court-mandated batterer treatment cases, but in many other cases this is not so.

31. Gelb, A., *The Quincy Court Model Domestic Abuse Program Manual*, Swampscott, MA: Production Specialties, n.d.

Points of view in this document are those of the authors and do not necessarily reflect the official position of the U.S. Department of Justice.

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National Institute of Justice, February 1998, NCJ 168638), is available from the National Criminal Justice Reference Service, 800-851-3420, and can be downloaded from the NIJ Web site at www.ojp.usdoj.gov/nij. The full report contains a chapter on additional sources of information about batterer interventions.

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