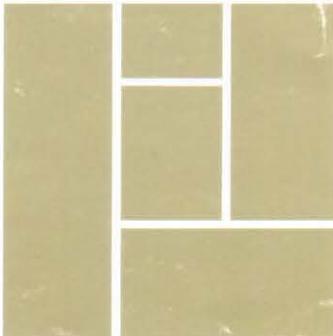


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**THE URBAN  
INSTITUTE**

2100 M Street, N.W.  
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**Project Report**

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**Evaluation of Court-Ordered  
Treatment for Domestic  
Violence Offenders**

**Final Report**

Prepared for the State Justice Institute

by Adele Harrell, The Urban Institute

Under subcontract from the Institute for Social Analysis

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**Evaluation of Court-Ordered  
Treatment for Domestic  
Violence Offenders**

**Summary and Recommendations**

Adele Harrell  
The Urban Institute

Prepared for the State Justice Institute  
Under subcontract from the Institute for Social Analysis

December 1991

*This research was supported by State Justice Institute Grants #87-12H-E-047 and #90-12L-E-089 . Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.*

This evaluation examined the impact of court-ordered treatment for domestic violence offenders. Batterer treatment is designed to interrupt the cycle of violence in families and reduce the subsequent need for involvement with the criminal justice system. Its development is supported by theory and research indicating that: (1) domestic violence follows a cyclical pattern and tends to recur, (2) repeated demands on the criminal justice system can be expected unless the cycle of violence is interrupted, and (3) violent behavior is a learned behavior rather than a personality or biological flaw and thus is subject to modification with appropriate education and treatment.

One of the appeals of batterer treatment is that it offers a middle course of action that is acceptable to many. Like court-ordered drug and alcohol treatment, treatment for violent behavior seeks to ameliorate a problem underlying criminal behavior. Many see it as a fair way to treat abusers who are behaving in ways that were socially condoned for years, while reinforcing the message that battering is forbidden. Police, prosecutors, and judges report that the availability of this alternative increases their willingness to apprehend, prosecute, and sanction offenders. Treatment is welcomed by many victim advocates because it encourages the police and courts to react to domestic violence--thereby sending the message that battering is deviant behavior for which the perpetrator should be held personally responsible, not a family problem or private matter. Despite its popularity, batterer treatment is only recently receiving careful evaluation of its effectiveness in changing behavior patterns which may be deeply ingrained in individuals and the social structure of our society.

### ***The Treatment***

This evaluation examined the impact of three treatment programs in Baltimore County, Maryland. The extent to which the results of this study can be generalized to programs across the country depends in part on similarities in duration, approach and case handling procedures. The treatment consisted of weekly 1-1/2-hour group sessions of 8 to 15 male abusers, most under court order to attend. The treatment programs used behavioral training in interpersonal communication, cognitive restructuring to change embedded beliefs about violence, and training in techniques for avoiding violence. Group discussion, directed and facilitated by one or two group leaders, addressed issues such as the cycle of violence, sex-role stereotyping, and the negative consequences of abusive behavior. Treatment objectives were: (1) to increase the offender's responsibility for his battering behavior; (2) to develop behavioral alternatives to battering; (3) to increase constructive expression of all emotions, listening skills, and anger control; (4) to decrease dependency on and control of the relationship; and (5) to increase the batterers' understanding of the family and social facilitators of wife battering.

In Baltimore County, offenders in misdemeanor criminal cases involving spouse abuse were ordered to treatment as a sentencing condition under a finding of guilt, or as a condition of deferred prosecution or judgment. Cases referred as part of civil restraining order procedures were not included in the study. Offenders ordered to treatment were told to contact the Domestic Violence Referral Program (DVRP) within five days. The DVRP

referred offenders to one of three treatment programs in the county, depending primarily on where the offender lived and to a lesser extent on scheduling considerations. The DVRP program was operated directly by the Office of the Criminal Justice Coordinator to facilitate intense monitoring of treatment compliance. Regular contact between the DVRP and the treatment programs was maintained to ensure that offenders made contact and complied with treatment orders.

Compliance with court-ordered treatment was measured by meeting standards for attendance and behavior in the groups. Cases with non-satisfactory attendance records were referred back to the State's Attorney's Office. Reported violations were not returned to court because prosecution had been deferred in most cases and the State's Attorneys were unable to reopen the case for lack of evidence about the original offense. DVRP received reports that 9 offenders had unsatisfactory treatment attendance (out of 23 judged by the study to have an unsatisfactory treatment record). None of the cases were returned to court for noncompliance. Thus, while 76% of the offenders ordered to treatment completed satisfactorily, the 24% who did not attend were not subjected to penalties for their noncompliance, either because they were not reported to the court or because the case was not reopened.

### ***The Evaluation***

The evaluation looked at multiple measures of treatment impact. Assessment of impact was based on changes in violent behavior, psychological abuse, and use of non-violent conflict resolution skills during disagreements as well as subsequent involvement with the criminal justice system. Measures of the bottom-line program objective--improved safety for the victims--were also included.

The evaluation also examined the effect of treatment on beliefs justifying or condemning the use of violence, perceived control of violence in specific situations, and perceived deterrent effects of criminal sanctions--factors identified by the programs as facilitating change in violent behavior.

Data on the prevalence and frequency of violence were collected from three sources: interviews with the offenders, interviews with the victims, and checks of official records for indications of renewed abuse. Offenders and their victims were interviewed shortly after case disposition and approximately six months later following the treatment period. Records from the Spousal Assault Unit of the Baltimore County Police Department and the District Court were reviewed for indications of intervention by the police and courts. Interviews with judges, prosecutors, advocates, treatment providers, and staff of other Baltimore County agencies provided additional information on case handling procedures and implementation of treatment orders.

The results presented in this report were based on a comparison of 81 cases in which the offender completed the court-ordered treatment and 112 cases in which the offender was not ordered to attend batterer treatment. Offenders who did not complete treatment were excluded from this analysis to guarantee that members in the treatment group had indeed received the treatment. Because the primary factor in referral decisions appeared to be

judicial approval of batterer treatment, the two groups of cases--treated and not referred to treatment--were similar in the severity of the incident, the use of arrest (versus victim complaint), case disposition, age, and indications of alcohol or drug abuse. However, the offenders ordered to treatment were more likely to be married to the victim, less likely to have a prior criminal record, and less likely to be unemployed. These differences are consistent with judicial views expressed in interviews that batterer treatment was more appropriate for first-time offenders, those with stable ties to the community, and those likely to continue in a relationship with the victim--offenders thought most likely to benefit from treatment. Statistical controls for these group differences were used in the analysis. In addition, the analyses controlled for the level of abusive behavior or beliefs prior to treatment to isolate changes across the treatment period.

### ***Treatment Impact***

Getting the Message. The treatment programs were successful in communicating specific educational messages. The large majority of treated offenders (85 percent or more) were familiar with subjects covered in treatment (Table 1). Slightly fewer indicated that sex-role stereotypes, interrupting build-ups to a fight, negotiating skills, and what you say to yourself about violence were discussed in their respective treatment programs. Most offenders also found treatment helpful--58 percent found it very helpful and 34 percent somewhat helpful. All topics covered in treatment were rated as useful, with "taking responsibility for violence" and "understanding the legal consequences of violence" receiving the highest ratings.

Questions about specific types of helpfulness revealed some interesting insights into the types of benefits imparted. Treatment was rated by well over half of the participants as very helpful in avoiding violence, recognizing their anger, and building confidence in their ability to resolve disputes. However, fewer than half reported that treatment was helpful in finding agreeable solutions to problems, getting along better with their partner, or understanding their partner's point of view. These endorsements of the helpfulness of treatment by participants seem optimistic, however, in light of the limited improvements in behavioral control of violence reported by the offenders and their victims.

Reducing Violence. The evaluation focused on four categories of abusive behavior: severe violence, physical aggression, threats of violence, and psychological abuse. These categories represent a continuum of power and control over the victim that ranges from life-threatening acts to coercion. Severe violence refers to potentially lethal threats or serious assaults, including those involving weapons. Physical aggression includes less severe assaults involving pushing, shoving, kicking and hitting. Acts in these two categories involve clear-cut instances of illegal assault. Threats of violence include threats to harm or remove children, destruction of property and swearing. Such threatening behavior may or may not meet guidelines for criminal harassment. Psychological abuse is the use of more subtle coercive tactics to control and manipulate victims without explicit threats of violence. Each type of violence was measured across the 6 months prior to the incident that led to court and across the 4 months prior to the follow-up interview.

**Table 1**  
**Treated Offenders' Awareness of Program Content by Goal**

	Percent Reporting The Topic Discussed In Treatment
<b>Goal: To increase the offender's responsibility for battering</b>	
Psychological/emotional abuse	92%
Effects of violence on partner	93%
Effects of violence on children	96%
Responsibility for your violence	89%
Legal consequences of violence	86%
What you say to yourself about violence	83%
<b>Goal: To develop behavioral alternatives to battering</b>	
Using "time outs"	93%
Relaxation techniques	87%
<b>Goal: To increase constructive expression of emotions, listening skills, and anger control</b>	
Talking about feelings	98%
Listening carefully	96%
Identifying solutions to problems	95%
Expressing anger	93%
Interrupting build-up to a fight	80%
Negotiating	83%
Identifying signs that lead to violence	95%
<b>Goal: To decrease dependency on and control of the relationship</b>	
Handling jealousy	88%
Value differences	87%
Seeing others point of view	93%
<b>Goal: To increase understanding of family and social facilitators of battering</b>	
The cycle of violence	93%
Family violence/drugs/alcohol	88%
Sex role stereotypes	73%

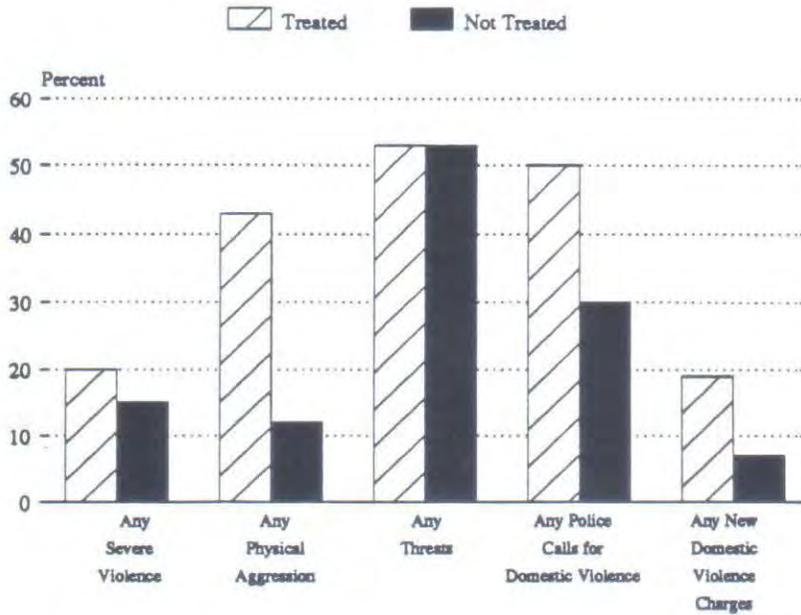
Violence following case disposition was also measured by calls to the police and new domestic violence charges following case disposition. The follow-up period varied from 15 to 29 months, depending on when a case was heard, and averaged one month shorter for treated offenders than for those not ordered to treatment.

Figure 1 compares the percentage of cases in which violence was reported by the victim or offender in treated cases to the percentage reported in cases not ordered to treatment. Figure 2 compares the average number of times per month violent acts occurred. The findings indicate:

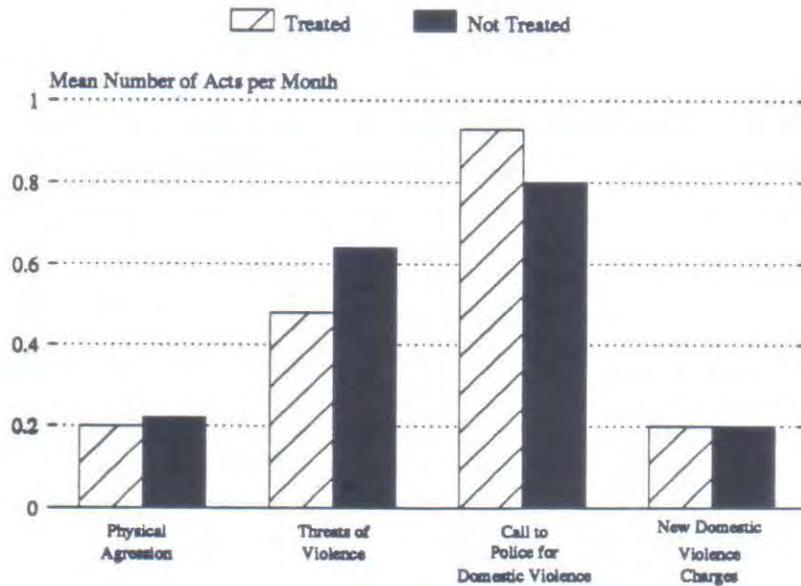
- **Severe Violence.** Over 80 percent of the cases with severe violence during the 6 months before case disposition (98 cases) had no reported instances of severe violence across the treatment period (approximately 6 months after case disposition). However, treated offenders were not significantly more likely to stop severe violence: 20 percent of the treated cases exhibited severe violence across the treatment period compared to 15 percent of those not ordered to treatment.
- **Physical Aggression.** Among cases with a history of physical aggression in the 6 months before court (157 cases), treated offenders were less likely to stop physical aggression during the treatment period: 43 percent of the treated cases exhibited acts of physical aggression across the treatment period compared to 12 percent of those not ordered to treatment. This result remained after controlling for differences in the amount of time the victim and offender lived together.
- **Threats of Violence.** Threats stopped in about half (47 percent) of the cases, regardless of whether the offender attended treatment. Similarly, there was no significant difference in the frequency of threats between the groups.
- **Psychological Abuse.** At least one incident of psychological abuse was reported in all cases across the treatment period. Treated cases averaged fewer incidents of psychological abuse (2.6 per month) than those not ordered to treatment (2.7 per month), indicating that treatment reduced this form of abuse.

The higher rates of calls to the police for domestic violence and new domestic violence charges for treated than untreated offenders, despite a shorter follow-up period, suggest that treated offenders were involved in more incidents of domestic abuse during the treatment period and in the following year. An alternative explanation is that the higher rates of calls to the police and resulting criminal charges reflect greater willingness on the part of victims of treated offenders to seek assistance from the police when subsequent incidents occur. The treatment requirement may have convinced the victim that the police and courts were willing to act on her behalf. Calls to the police or new domestic violence charges involving treated offenders were as likely to occur after treatment as during treatment. Thus, the higher rates of police calls and charges in the treatment group cannot be attributed to increased violence during the earlier stages of treatment when the offender is confronted with the need to take responsibility for his violence.

**Figure 1**  
**The Percentage of Offenders Violent Following Case Disposition by Type of Abuse and Treatment Status\***



**Figure 2**  
**The Monthly Incidence of Abuse Among Offenders By Type of Abuse and Treatment Status\***



\*Severe violence, physical aggression, and threats of violence across treatment period; police calls and charges 15 to 29 months after case disposition.

Extensive efforts to identify cases particularly likely to benefit from treatment were not successful. Factors previously related to spouse assault such as the offenders' history of violence, childhood exposure to violence, criminal history, alcohol or drug involvement, employment status, and marital status were not consistently related to treatment effectiveness in reducing the prevalence and frequency of violence. Similarly, case handling characteristics such as deferred prosecution or arrest did not appear to be related to treatment impact. Thus, the evaluation could not identify offenders more likely (or less likely) to benefit from batterer treatment.

Protecting Victims. Participation in these treatment programs did not increase the perceived or actual safety of the victims. Victim injuries across the treatment period were reported by some victims (under 10 percent) in both groups. Slightly, but not significantly, more victims of treated offenders than victims of offenders not ordered to treatment sought medical care for an injury inflicted by their partner, stayed in bed, or missed work due to injury. Victims rated their physical safety in the next year as slightly better than "somewhat safe," regardless of whether the offender was ordered to treatment. These perceptions of victims may reflect actual risks of subsequent violence as well as learned caution based on the history of abuse in the relationship.

A more detailed set of questions about the likelihood that the offender would refrain from violence during disagreements as well as a question about the probability of getting hit in the next year showed no indication of treatment effectiveness (Table 2). Victims were less optimistic about the offender's control of his behavior than offenders, but there were no significant differences between victims of treated offenders and victims of those not ordered to treatment.

Changing Beliefs about Violence. Treatment also failed to show significant impacts on offender normative beliefs about the use of violence against wives. Scores on the "Beliefs about Wife Beating" scale, a measure of the level of endorsement of justifications for violence, did not differ significantly between treated and untreated offenders, after controlling for pre-treatment differences in beliefs.

The treatment programs were effective, however, in conveying the seriousness of sanctions for future domestic violence. Treated offenders rated both legal and the combined effects of legal and social sanctions as more serious than offenders not ordered to treatment. This was consistent with treated-offender reports that the programs were helpful in making them understand the legal consequences of their violence (Figure 3). Unfortunately, the likelihood of experiencing sanctions was rated considerably lower by both treated offenders and the comparison group and thus the deterrent value, calculated by multiplying likelihood by severity, did not differ significantly for treated and untreated offenders. As a result, there was no discernable deterrent effect of treatment participation, despite its educational value in conveying an understanding of the consequences of violence. This outcome suggests that offenders were well aware that the risk of facing consequences for future violence from the courts and police, as well as from acquaintances, was relatively low.

**Table 2**  
**Perceptions of the Risk of Subsequent Domestic Violence**

	<u>Treated Offenders</u>	<u>Offenders Not Ordered to Treatment</u>	<u>Significance of Differences Between Groups<sup>1</sup></u>
Confidence in Offenders			
Control of Violence in Next Year <sup>2</sup>			
Victim (n=175)	3.2	3.2	ns
Offender (n=167)	4.4	4.3	ns
Perceived Probability of Violence in Next Year <sup>3</sup>			
Victim (n=172)	3.5	2.6	ns
Offender (n=156)	6.2	4.7	ns

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<sup>1</sup> ns = not significant

<sup>2</sup> Confidence rated on a 5-point scale from 0 (no chance at all) to 5 (extremely confident)

<sup>3</sup> Rated on a scale from 0 (no chance at all) to 10 (sure to happen)

## *Why Didn't Treatment Work?*

Cumulatively, these findings indicate that the court-ordered treatment programs evaluated in this study failed to meet the expectations of the victims, the courts, and the treatment providers in stopping or reducing violence, improving victim safety, and reducing the demand for justice-system intervention. Indeed, many of the smaller, and not significant, differences suggested higher rates of problems among treated offenders than among others. In the face of these findings, it is imperative to consider why these programs failed to have a positive impact. Among the possible explanations, the following deserve further analysis.

The treatment models tested were inadequate. One explanation for the lack of impact is that the three programs represent treatments that are too weak or inappropriate--because they were too short, not intense enough, or used ineffective treatment strategies. Debates in the field rage over the effectiveness of alternative treatment models. The debates center on the duration of treatment--with the range of treatment duration ranging from short-term 5-week educational programs to programs extending over several years. Many programs now provide 18 to 26 weeks, and some last longer, although one rigorous evaluation of alternative treatment duration found no gains associated with more intensive treatment<sup>4</sup>.

The debate over treatment approaches interacts with the debate about duration. Some argue that education must be coupled with psychotherapeutic strategies for addressing underlying personality disorders. Still others advocate couples and family therapy to focus on the patterns of interpersonal dynamics in the relationship. Certainly the literature about comparative treatment models is inconclusive, with little existing evidence on the preferred approach. One feature included in many court-affiliated programs, regular contact and safety checks with the victim, was noticeably absent in these programs.

The treatment procedures were inadequately implemented. Two of the treatment programs experienced some interruptions in service, due to staff turnover at one program and a fire at another. In addition, long waiting periods for placement in a group and even longer waits for case disposition introduce considerable lags between the incident and the remedial efforts. These delays may have had a negative effect on treatment impact by allowing offenders to avoid responsibility. Delays such as these are not uncommon in court implementation of mandated treatment and should receive close scrutiny in treatment evaluations and in jurisdictions mandating treatment.

Despite delays, implementation problems alone are not likely to account for the failure to observe treatment effects. The high level of familiarity with program content and the perceived helpfulness of the program topics indicate that program messages were understood by the offenders. This was clearly demonstrated by the self-reported familiarity with the seriousness

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<sup>4</sup> Edleson, Jeffrey and Syers, M. (1990). The relative effectiveness of group treatments for men who batter. Social Work Research and Abstracts, 26 (2): 10-17.

of legal sanctions and the translation of this into perceived consequences of future violence. In addition, the response to domestic violence cases in Baltimore County included several features likely to contribute to successful criminal justice system intervention in these cases. The police department's Spousal Assault Unit kept records of calls for domestic violence and was able to identify repeat calls from the same address. The DVRP program provided close monitoring of the offenders ordered to treatment. The Baltimore County Domestic Violence Coordinating Committee met regularly with representatives from the treatment agencies and courts to discuss and resolve case handling problems. These efforts have been identified as important components of a coordinated domestic violence response and were in place during the treatment evaluation.

Failure to sanction noncompliance reduced treatment impact. One implementation problem posed a potentially serious threat to treatment effectiveness. The failure to penalize noncompliance may have undermined treatment effects--particularly if offenders believed that the risk of sanctioning was low, as indicated by their responses to questions on the likelihood of legal sanctions for future violence. Factors that contributed to failure to sanction in Baltimore County included the difficulty of reopening a case when prosecution was deferred. The large number of cases ordered to treatment as a condition of deferred prosecution was attributed by the Assistant State's Attorneys who prosecuted the cases to Maryland's marital privilege statute combined with relatively weak procedures for gathering evidence shortly after the offense to support prosecution without the testimony of the victim.

Limitations in the treatment evaluation. Procedures used during evaluation to protect the validity of the study included multiple outcome measures, multiple data sources, and data collection procedures designed to enhance the accuracy of responses to interviews. There were high response rates to both waves of interviewing with no evidence of attrition bias. As in any quasi-experimental design, unmeasured differences between the treatment and comparison group may have biased the analysis against those going to treatment. However, interviews with the judges indicated a slight preference for assigning cases to treatment that were perceived as less serious (hence the lower proportion of offenders with a prior criminal history) and offenders thought to be more motivated to change (hence the higher proportion of offenders currently married to and living with the victim). This would tend to exaggerate, not underestimate, positive treatment impacts, if the statistical procedures failed to control adequately for group differences. Similarly, the slightly shorter post-disposition monitoring of treated offenders (required by sampling problems) would have overestimated treatment effects, if it had an effect at all. Finally, treatment attrition removed from the treatment group offenders who were younger and less stable economically, but these participants are not those expected to show the greatest gains from treatment. Thus, to the extent that distortions in assessing program impact can be attributed to problems in implementing the study, these would appear to increase the probability of observing positive treatment effects.

## ***Recommendations***

First, and most importantly, this single-site study must not be taken as definitive. This study examined only three programs operating in a single jurisdiction. Features of the setting and treatment programs not measured in this evaluation might well have influenced the observed outcomes, and the study should be replicated in different settings before concluding that similar treatments are not effective. This yields two recommendations regarding this evaluation:

- ***Generalize the findings only to similarly structured and implemented programs and not to batterer treatment programs that differ in duration and content.***
- ***Replicate the results before concluding that similar programs are likely to have no impact.***

The findings also suggest that those concerned with effective intervention with abusers should:

- ***Devote attention and resources to comparative analyses of alternative treatment approaches, and tests of the impact of longer, more intensive programs.*** Many court programs have mandatory treatment that lasts 26 to 32 weeks. The effects of longer treatment for offenders have not been evaluated adequately.
- ***Look closely at practices such as long delays in hearing cases and in starting treatment.*** These delays not only fail to provide any protection to victims across this period of time, but may allow offenders to continue their abuse without apparent consequence.
- ***Provide sanctions for noncompliance.*** Treatment in court settings is very likely to require a mix of the carrot and the stick--incentives for change and penalties for not changing. The effects of sanction certainty are well documented in the criminological literature. This requires a high level of coordination among multiple agencies working with offenders, which may well be crucial in this type of case.
- ***Consider coupling treatment with other sanctions to increase its effectiveness.*** Combining treatment with other sanctions such as intensive probation, incarceration (including weekend detention), community service or other alternatives may increase the motivation to change behavior.
- ***Be aware of the need to provide for victims' protection while offenders are in treatment.*** Certainly, some of the victims in this study needed protection across the treatment period. Court-affiliated treatment programs may need to get agreement from participants to regularly check on victim safety, arrange a victim safety plan, and, if necessary, violate the offender's confidentiality if they believe violence is imminent.

The final recommendation is a plea for caution. Courts need to be wary of allowing the promise of effective treatment to divert attention from the primary fact that a crime was committed--a crime for which the offender should be held accountable. Although many constituencies--courts, advocates, treatment providers and certainly victims--would like to see treatment work, it may prove to be a limited remedy and less effective than more punitive sanctions. Courts need to explore alternative sanctions -- to use in combination with, or in place of, treatment. The justice system needs to continue to work to protect the interests of victims of domestic violence.

## CHAPTER 1

### INTRODUCTION

The past decade witnessed profound changes in the legal remedies for domestic violence. New legislation in at least 45 states expanded the rights of battered women by providing for the use of civil protection orders and/or making domestic violence a separate criminal offense (Lerman, 1983; Lerman & Livingston, 1983). Active enforcement and prosecution policies increased the use of legal remedies by victims. Arrest became the recommended police response in many jurisdictions and mandatory in some, following research indicating that arrest exerts a specific deterrent effect on domestic violence (Sherman & Berk, 1984) and related court rulings (e.g., Bruno v. Codd, 1978). Concerted efforts by prosecutors and victim advocates dramatically reduced case attrition due to victim non-cooperation in some jurisdictions and increased the number of incidents handled at each stage of the legal process (Lerman, 1983). The resulting flow of domestic violence cases into state courts has strained the ability of already overloaded state court systems to prosecute the cases expeditiously, and has created a demand for effective, appropriate alternative sanctions.

One response to the growth of domestic violence cases entering the criminal justice systems in many states has been the development of batterer treatment programs as a sentencing alternative. Programs designed specifically to treat domestic violence offenders grew rapidly from one in 1977 to over 200 just five years later (Roberts, 1982; Eddy & Meyers, 1984; Pirog-Good & Stets-Kealey, 1985), and now programs exist in all states.

Mandatory treatment is designed to interrupt the cycle of violence in families and reduce the subsequent need for involvement with the criminal justice system. Its development is supported by theory and research indicating that: (1) domestic violence follows a cyclical pattern and tends to recur, (2) repeated demands on the criminal justice system can be expected unless the cycle of violence is interrupted, and (3) violent behavior is a learned behavior rather than a personality or biological flaw and thus is subject to modification with appropriate education and treatment (Walker, 1979; Martin, 1976; Straus, Gelles & Steinmetz, 1980). As a result, many State courts are developing systems for implementing, monitoring and enforcing mandatory treatment for domestic violence offenders.

The emergence of court-ordered treatment reflects a shift in social norms towards the view that domestic abuse is a pathological behavior that should be treated as an offense against the state. As in any period of rapid social change, agreement on just how deviant the behavior is, and how severely it should be treated by the courts, is far from uniform. One of the appeals of batterer treatment is that it offers a middle course of action that is acceptable to a wide range of interests. Many see it as "a humane way to treat abusers who are using what for years has been a socially condoned behavior," while reinforcing the message that battering is forbidden (Pence, 1985, p. 29). Treatment is viewed as sending a clear message that battering is deviant behavior for which the perpetrator should be held personally responsible, not a family problem or private matter, and is welcomed by victim advocates for that reason. Like mandatory drug and alcohol treatment alternatives used by courts, treatment for violent behavior is directed at ameliorating an ongoing problem. Many jurisdictions have procedures for monitoring compliance with court-ordered substance abuse

treatment already in place and are ready to adapt to the addition of court-ordered batterer treatment. It meets the need for official sanctions that symbolize disapproval without requiring incarceration except in the most serious cases. Police, prosecutors, and judges report that the availability of this alternative increases their willingness to apprehend, prosecute, and sanction offenders (Dutton, 1986).

Despite its popularity, the evidence on the effectiveness of batterer treatment, particularly when mandated by court order, is sparse and provides little direction to courts on when and how it should be applied. Because the use of court-ordered treatment is rapidly expanding, it is important to evaluate its impact and effectiveness as a disposition in domestic violence cases. For that reason, this project evaluated the effects of participating in treatment on reductions in the incidence and severity of abuse and reductions in subsequent domestic violence requiring intervention by the justice system. The impact of treatment was measured by: (1) reports of offenders and their victims on the incidence and severity of violent behavior before and after treatment; and (2) official records of subsequent police calls, arrests, and convictions on new domestic violence charges during the year following treatment. Treatment effects were isolated by comparing violence and recidivism among two groups of offenders: those ordered to treatment and those not ordered to treatment. To identify which cases should be ordered to treatment and how these cases should be handled, the analysis compared the effectiveness of the treatment programs for cases that varied in: (1) offender characteristics, (2) criminal justice system handling of the case, and (3) other factors such as severity of the incident and differences in treatment experience. Interviews with treatment program personnel, judges, prosecutors,

victims and offenders were used to identify key features of issues in program implementation that need to be addressed and to assess satisfaction with court-ordered treatment.

Chapter 2 presents the goals of batterer treatment, the treatment approaches used, and the procedures used in Baltimore County to implement court-ordered treatment. The impact evaluation design and study methodology are discussed in Chapter 3. This section reviews the data collection procedures and issues related to the validity of the study. Chapter 4 defines the outcome variables used to assess treatment impact. The results are presented in Chapter 5. A summary of the findings and recommendations may be found in Chapter 6.

## CHAPTER 2

### BATTERER TREATMENT: GOALS AND IMPLEMENTATION

#### *Treatment Goals and Approaches*

In general, court-affiliated treatment programs share certain goals and characteristics.

The goals of most court-ordered batterer treatment programs are:

- 1) To increase the offender's responsibility for his battering behavior;
- 2) To develop behavioral alternatives to battering;
- 3) To increase constructive expression of all emotions, listening skills, and anger control;
- 4) To decrease isolation and develop personal support systems;
- 5) To decrease dependency on and control of the relationship;
- 6) To increase the batterers' understanding of the family and social facilitators of wife battering (Ganley, 1981).

Issues addressed by most programs include: (1) violence is a learned behavior that can be unlearned, (2) violent behavior is a choice, (3) the batterers' violence does not result from loss of control, but from taking control, (4) violence has a negative impact on every member of the family, (5) provocation does not justify aggression, and (6) traditional, patriarchal views of family roles (Geffner and Rosenbaum, 1990). Treatment generally consists of weekly meetings of small groups of men under the supervision of one or two trained group leaders (Goolkasian, 1986; Gondolf, 1987) on the grounds that the group process breaks down denial and the sense of isolation and facilitates the development of interpersonal skills and communication (Ganley, 1981; Saunders, 1984; Adams & McCormick, 1982). However,

groups vary in size from 7 to 25 men, in duration from 5-6 weeks to a year or longer, and in admissions (rolling versus group admissions) (Rosenbaum, 1986).

Batterer treatment programs tend to share views of partner abuse that are grounded in social learning theories. From this perspective, violence is viewed as a learned behavior rather than the result of psychopathology or character deficit (see review in Russell, 1988). The learning processes at work may include modeling: many batterers witnessed spouse abuse as a child. They may also include conditioning in which battering results from the positive self-reinforcing effects of past violence in gratifying needs for aggression and dominance. This perspective emphasizes the significant social and cultural factors, such as norms and patterns of social and economic inequality embedded in patriarchal family structure, in reinforcing violent behavior (Dobash and Dobash, 1979). Cumulatively, social learning experiences and cultural values produce attitudes and beliefs that offenders use to justify abuse under a wide variety of circumstances (Rosenbaum and O'Leary, 1981; Straus, 1979; Roberts, 1987; Saunders, Lynch, Grayson & Linz, 1987). This view of battering as a socially structured phenomenon is expressed in program approaches that emphasize specific behavior and attitude changes rather than psychotherapy. Battering has also been attributed to more psychological causal factors, including dependency needs, fear of intimacy, addiction, and personality deficits (e.g., low self-esteem, emotional instability). This view is consistent with a large body of research documenting psychological profiles of abusers (see review in Fagan and Browne, 1991), although the extent to which these factors are causal versus correlational is hotly debated. Programs that seek to address more deep-seated personality disorders tend to endorse long-term therapy that may involve both

individual and group treatment. There is widespread agreement that treatment of substance abuse in addicted batterers is a necessary part of the rehabilitation process, but will not alone result in desistance from violence. Treatment programs often include strategies for addressing both specific behavior and attitude change goals and the psychological deficits of their clients, and include both educational and therapeutic approaches in varying degrees.

A third view of abuse is offered by family systems theory. From this perspective, interpersonal dynamics within the family are the source of family violence. Treatment goals thus focus on restructuring these dynamics to redistribute power, improve communication patterns, and change established patterns of interaction. Programs working from a family systems perspective involve the victim in the treatment process and often provide couples therapy. This approach tends to be rejected by victim advocates on the grounds that violence is the individual responsibility of the perpetrator to desist from abuse as a precursor to reestablishing a relationship with the victim, and on the grounds that such efforts tend to reinforce victim blaming and the existing power inequities in the relationship. Support for family systems therapy as a response to family violence comes primarily from those who view abuse as a family problem, rather than as deviant behavior.

The three treatment programs included in this evaluation emphasize the social-structural view of family violence and use a cognitive-behavioral approach that explicitly includes: (1) behavioral training in interpersonal communication, (2) cognitive restructuring to change embedded beliefs about violence, (3) procedures for enhancing self-observation to help the identification of feelings and situations that lead to violence and develop awareness of alternative responses, and (4) education on the cycle of violence, sex role

stereotyping, and the negative consequences of abusive behavior (see Ganley, 1981; Saunders, 1984; Saunders and Azar, 1989; Edleson, 1984; Reilly & Gruszki, 1984; Saunders, 1984; Finn, 1985). The three treatment programs differ, however, in duration, admissions, payment policies, and emphasis, as described in the following program descriptions.

### *Family and Children's Services of Central Maryland (FCS)*

FCS is part of a national, non-profit association that provides life-enhancement and diagnostic services to families. FCS offers a wide range of services, including individual, family, couple, child, and group counseling. Although the agency frequently uses a family systems approach to counseling, its batterer program, started in Baltimore County in 1981, employs a structured educational curriculum.

The FCS program provides 12 weekly sessions of 1-1.5 hours each, following an individual intake session. The group sessions focus on anger control, time outs, the cycle of battering, stress, and communication skills. The curriculum includes:

Physical abuse and control methods, education on the criminal nature of physical abuse, introduction to anger control methods and stress reduction;

Power and control concepts as central issues in spousal assault; isolation as a method of control and introduction of alternative behaviors and communication strategies;

Threats as a method of control; introduction of alternative behaviors and communication strategies;

Male privilege as a method of control and introduction of alternative behaviors and communication strategies;

Intimidation as a method of control and introduction of alternative behaviors and communication strategies;

"Use of children" as a method of control; introduction of alternative behaviors and communication strategies;

Sexual abuse as a method of control, punishment or absolution;

Use of economic control and alternative behaviors and communication;

Gender stereotypes and role expectations--their role in disputes;

Dealing with a partner's feelings of anger constructively;

Taking responsibility; dealing with the tendency to deny blame;

Self-evaluation; building a positive relationship.

The FCS groups consist of 9 to 10 batterers with one leader with a masters degree in social work (MSW), most of whom are under court-order to attend. All members of a group start at the same time. Fees for service are on a sliding fee scale based on ability to pay. Referrals to other treatment providers are made for serious psychological problems and substance abuse. Progress in understanding the material is assessed with a questionnaire administered in the sixth session.

Forty-three of the 115 offenders ordered to treatment (37%) were assigned to FCS: 40 completed satisfactorily, and 3 did not complete. Because of long waiting lists and a lenient attendance policy, 7 were still in treatment at the end of the data collection period.

### ***The Family Crisis Center (FCC)***

FCC is a church-sponsored agency that offers shelter to battered women and their children as well as a wide range of services for troubled families including individual, marital, family, and group counseling, support groups for children and victims, crisis

counseling and referrals. The center provides presentations to schools, churches, and community groups, using instructional tapes and information packets it has developed, and enjoys strong support from the community in which it is located.

The FCC program consists of an intake session for each individual and 8 group sessions of 1-1.5 hours each. The structured educational curriculum is similar to that used by Family and Children's Services. The group sessions teach skill enhancement with didactic experiential strategies designed to encourage group discussion and interaction. Groups consist primarily of batterers, with a victim occasionally included. New groups of 5-15 participants start every 4 weeks.

The agency treats 25 to 30 batterers each month; about 85-90% of these batterers are court-ordered to treatment and attend the next group starting after the court order. There is no charge for service. Offenders are required to attend the intake session and 8 group sessions and to stay awake, sober, and nondisruptive during the meetings. Fifty-one offenders were assigned to FCC: 37 completed, 14 did not complete.

### *The Sexual Assault and Domestic Violence Center (SADVC)*

SADVC provides a wide range of services to victims, batterers, and children that includes individual and group therapy as well as children's and couple's counseling. Related services include accompanying victims to court, emergency room companionship for victims, rape sensitivity training for police, and training in case identification and treatment for clinical personnel.

SADVC provided a 12-week batterer treatment program until the spring of 1989, at which point it was extended to 18 weeks. The program, begun in 1986, combines therapeutic and educational modalities, covering the following topic areas:

Introduction of leaders and members; outline of group process (confidentiality, responsibility, rules); discussion of expectations; introduction to domestic violence.

Stress reactions and coping styles; taking responsibility for behavior - goal setting.

Stress reduction and anger containment; relaxation methods; time out procedure.

Alcohol/drug abuse; presentation of signs and symptoms; discussion of measures to reduce incidence of abuse.

Communicating - "I" messages/active listening.

Introduction of values clarification; identifying personal values; values and conflicts - quality of life.

Problem solving skills.

Spouses (or significant others) attend to discuss concerns, questions and techniques for reducing violence.

Identifying future goals/need for additional counseling; support system - resources and evaluation.

Discussion of "fair" fighting.

Handling jealousy.

The groups are ongoing and flexible in content: members can join and leave at any point and there is no fixed sequence to the curriculum. In addition to instruction, the group focuses on peer support and interpersonal skill development.

SADVC treats about 22 batterers at a time in two groups; about 80% of the participants are court-ordered to treatment. Each group meets weekly for approximately

1.5 hours with 2 leaders. Fees are charged on a sliding scale based on ability to pay. A total of 13 offenders in the study were ordered to attend SADVC: 7 completed and 6 did not.

A review of the descriptions indicates that FCS and FCC are short-term programs, while SADVC started with a 12 week program that extended to 18 weeks near the end of the study period. FCS and SADVC charge for treatment on a sliding scale, while FCC treatment is supported by the church. FCS and FCC used a semi-structured educational approach, while SADVC uses a less structured format with greater emphasis on individual discussion and therapy.

The programs also tend to reflect the philosophical commitments of their sponsoring organizations: the SADVC treatment is part of a victim's service organization with a feminist history and orientation; the FCS program is part of a professional social work organization; and the FCC program reflects the commitment to the community in which it is located (but did not emphasize its religious affiliation in the treatment program). While all programs include both education and therapy in their treatment, FCC is the most structured and educational in approach, and SADVC the most therapy-oriented.

### *Treatment Implementation in Baltimore County*

This evaluation examined the impact of court-ordered treatment provided to misdemeanor domestic violence offenders in Baltimore County from late 1988 to mid-1990. Baltimore County is a large suburban/rural county surrounding the city of Baltimore. The county government, operating under a home-rule charter with an elected executive and

council, is located in Towson, a small town just north of the city. Police Headquarters, the Circuit Court and one of the five District Courts located in the County are in Towson. The other district courts are located in Dundalk and Essex, blue collar communities east of the city, and in Owings Mill and Catonsville, suburban communities west of the city. Uniform Crime Report data show that Baltimore County police received about 5,000 calls per year from 1985 through 1989 for assault or aggravated assault violence between partners (State of Maryland, 1990). These calls represent over a third of those reported for all of Maryland across these years.

Baltimore County was an early leader in developing a domestic violence program. By 1984, the County's program included financial support from the County for agencies serving battered women, a Spousal Abuse Unit in the police department, a cross-agency Domestic Violence Coordinating Committee, batterer treatment programs that were accepting court-referred clients, a program operated by the courts for referring court-mandated offenders to treatment and monitoring their compliance, and an active program of public education and outreach. In 1986 the county was awarded a grant from the Bureau of Justice Assistance to demonstrate a Family Violence Intervention Program. Under this grant the county supported: (1) a domestic violence coordinator who worked to improve case handling and coordinated the preparation of written policies covering interagency cooperation in domestic violence cases, (2) a law clerk and victim advocate to assist in case preparation, victim notification and advocacy, and (3) the computerization of detailed records maintained by the Police Department's Spousal Assault Unit on domestic violence calls for service.

Under Maryland law at the time of the study, police were empowered to make a felony arrest when there was evidence of great bodily harm or in cases of an attempt to maim or murder, regardless of the relationship between parties. A 1986 law extended police authority to make a warrantless arrest for a domestic violence misdemeanor if: (1) disputants were married, (2) the incident was reported within 2 hours, (3) there was an immediate threat to the victim, and (4) there was evidence of violence. Disputes between unmarried parties and cases in which the offender had left the scene were not eligible for warrantless arrest. About half the cases (48%) in this study entered the court system as a result of arrest either at the time of the incident or following issuance of a bench warrant. The remainder resulted from a summons following a complaint filed by the victim with a county commissioner. Cases were docketed for a hearing 3 or 4 months later in the District Court with jurisdiction for the section of the county where the offense occurred. The time between the incident and the disposition of the cases ranged widely due to lags in serving arrest warrants, continuances in cases, and crowded dockets. The median time between the incident and case disposition was 17.5 weeks. Although 90% were heard between 7 and 40 weeks after the incident, a few cases were disposed of more than a year after the incident because the offender had not been apprehended under bench warrants.

Cases were prosecuted by the State's Attorney's Office in Towson. The Victim/Witness Unit attempted to contact victims by telephone or letter to advise them of the hearing and to encourage them to appear at the hearing. Cutbacks in staff following the Family Violence Intervention Program demonstration resulted in a decline in the amount of victim contact and case preparation, which was followed by a drop in the number of cases

prosecuted. Of the victims in this study, 93% were seen in person at the State's Attorney's Office by the Victim/Witness Unit and 46% were contacted by telephone.

Interviews with the team of Assistant State's Attorneys, who prosecuted misdemeanor cases including domestic violence, were conducted by the Principal Investigator. These attorneys indicated that preparation time available for cases was minimal. The files were reviewed some time during the week or day before the hearing. The files contained the complaint, an incident report from the police and a criminal history. There was no time to collect additional evidence from victims or witnesses, nor to contact victims to assess the evidence. At the hearing, many victims were reluctant to pursue the prosecution and exercised their marital privilege not to testify against the abuser. The prosecutors strongly endorsed revision of the law so that victims would not be allowed to exercise this privilege, and attributed the high proportion of cases of deferred prosecution to this privilege and the fact that other supporting evidence for prosecution was generally not available at the time of the hearing.

The District Court judges were able to order the offender to attend batterer treatment: (1) as a sentencing condition under a finding of guilt, (2) as a condition of deferred prosecution (a STET), or (3) as a condition of deferred judgement (probation before judgement). When there was insufficient evidence for conviction due usually to victim reluctance to testify, the judges tended to dispose of the case by issuing a STET. A STET suspends prosecution, usually for a year. In many cases, completion of batterer treatment was made a condition of suspended prosecution, although failure to comply with this condition did not result in renewed prosecution during the study period. Interviews with

all but two of the judges regularly assigned to the District Courts across the study period confirmed differential levels of endorsement of batterer treatment as a sanction in domestic violence cases. Some judges felt pressured to intervene in what they considered family problems, expressed discontent with the pressure they perceived as being exerted on the bench, and were concerned that victims were bringing charges to gain advantage in concurrent divorce proceedings. These judges reported that they used batterer treatment in cases in which couples planned to stay together, as a form of marriage therapy. Other judges tended to view domestic violence as a serious criminal offense and to use batterer treatment to attempt to remediate violent behavior patterns and prevent recidivism. These judges expressed greater concern about the need for monitoring and sanctions for nonattendance. Most judges believed that treatment was more appropriate for first-time offenders than for those with prior offenses, and inappropriate in cases involving serious injury. Whether favorable to treatment or not, judges had no idea of whether treatment was effective. They received no regular reports of compliance or follow-up information on case outcomes.

Offenders ordered to treatment were told to contact the Domestic Violence Referral Program (DVRP) within five days. The program then referred the offender to one of three treatment programs in the county, depending primarily on where the offender lived and to a lesser extent on scheduling considerations. The monitoring program, originally operated by the Alternative Sentencing Program, which also supervised court-ordered substance abuse treatment referrals, was located for most of the study period in the Office of the Criminal Justice Coordinator to facilitate more intense monitoring efforts. Regular contact between

the DVRP and the treatment programs was maintained to ensure that offenders made contact and complied with treatment orders.

At times during the study period, waiting lists of a month or more were encountered. This was particularly likely to happen at FCS, which experienced staff turnover problems. Treatment was interrupted at FCC for about one month following a serious fire. Although attendance for consecutive weeks was expected, the programs varied in the extent to which offenders were allowed to make up sessions or join later groups. FCS was most lenient in this regard, with the result that 7 offenders were still in treatment, but nearing completion, at the time of the second interview. These cases were included in the outcome analysis. The median period between case disposition and starting treatment was 7 weeks, with 75% entering treatment within 12 weeks of the disposition. However, some offenders did not start treatment for 6 months after being ordered to attend.

Compliance with court-ordered treatment was measured by meeting standards for attendance and behavior in the groups. Cases with non-satisfactory attendance records were referred back to the State's Attorney's Office. Reported violations were not returned to court because prosecution had been deferred in most cases and the State's Attorneys were unable to reopen the case for lack of evidence about the original offense. Thus, legal sanctions attached to failure to comply with the treatment order were rare. DVRP received reports that 9 offenders had unsatisfactory treatment attendance (out of 23 judged by the study to have an unsatisfactory treatment record). None of the cases were returned to court for noncompliance. Thus, while 76% of the offenders ordered to treatment completed satisfactorily, the 24% who did not attend were not subjected to penalties for their

noncompliance, either because they were not reported to the court or because the case was not reopened.

Analysis of treatment completion rates indicated that dropout rates were higher among younger and less educated offenders, particularly those experiencing economic stress in the form of unemployment or a declining income. This pattern was consistent with other reports of program completion (Hamberger and Hastings, 1986; Saunders and Hanusa, 1986; Parker and Saunders, 1989; Pirog-Good and Stets, 1986). Of particular concern from the perspective of criminal justice policy, was the finding of a significant interaction between unemployment and suspended prosecution (STET). None of the unemployed offenders ordered to treatment as a condition of a STET successfully completed the program, while all employed offenders ordered to treatment as a condition of probation before judgement (PBJ) completed (Wirtz and Harrell, submitted for publication).

Offender interview responses on the number of sessions attended, treatment costs, and completion were consistent with the guidelines of the programs. Offenders attending FCC reported 5 to 8 sessions of treatment without payment. Those attending FCS reported 9 to 12 sessions at a modest cost. Those attending SADVC reported 14 to 18 sessions at somewhat higher costs (primarily due to the economic makeup of the area of the county served by the program). Victim interviews indicated that 90 percent of the victims of those ordered to treatment said their partner attended.

Some (13%) of the offenders not ordered to treatment reported that they had received some treatment or counseling following the court disposition. An even larger number (21%) of their victims said their partner received some treatment and 14 percent

thought the treatment had been ordered by the court. A careful check of the records found no evidence of court-ordered treatment, but it is possible that verbal suggestions by the judge were interpreted as a treatment order. However, because these offenders were not known to the three treatment agencies participating in the study and no other group programs for batterers are known in the county, the treatment is assumed to have consisted of pastoral or clinician counseling. Because little is known about the treatment received and the treatment occurred without intervention of the courts, the analysis does not control for this form of treatment, but rather compares treated offenders to "those not ordered to treatment" on the assumption that the same pattern of privately initiated treatment would occur in other jurisdictions.

### *Offender Perceptions of Treatment*

The follow-up offender interviews collected information on the topics covered during treatment and the perception that the material presented was useful. A list of topics was constructed to reflect program descriptions of their curriculum. They have been grouped by the general program goals of batterer treatment programs in Table 1. Treated offenders were asked to check the topics covered in their program and rate their usefulness on a scale of 1 (very useful) to 5 (not at all useful). They were asked to check the topics covered in their program and rate their usefulness on a scale of 1 (very useful) to 5 (not at all useful).

Familiarity with the topics included in the treatment curriculum was high (Table 1). For 17 of the topics, 85 percent or more of the offenders said the topic was discussed. Topics familiar to a smaller proportion of offenders (73 to 83 percent) included sex role

**Table 1**  
**Treated Offenders Evaluation of Program Content by Goal**  
(n = 57)

<u>Topics by Goal<sup>1</sup></u>	<u>Discussed</u> (%)	<u>Usefulness<sup>2</sup></u> (mean)
<b>Goal: To increase the offender's responsibility for battering</b>		
Psychological/emotional abuse	92%	4.4
Effects of violence on partner	93%	4.4
Effects of violence on children	96%	4.4
Responsibility for your violence	89%	4.8
Legal consequences of violence	86%	4.8
What you say to yourself about violence	83%	4.7
<b>Goal: To develop behavioral alternatives to battering</b>		
Using "time outs"	93%	4.4
Relaxation techniques	87%	4.2
<b>Goal: To increase constructive expression of emotions, listening skills, and anger control</b>		
Talking about feelings	98%	4.3
Listening carefully	96%	4.4
Identifying solutions to problems	95%	4.4
Expressing anger	93%	4.4
Interrupting build-up to a fight	80%	4.6
Negotiating	83%	4.4
Identifying signs that lead to violence	95%	4.5
<b>Goal: To decrease dependency on and control of the relationship</b>		
Handling jealousy	88%	4.3
Value differences	87%	4.3
Seeing others point of view	93%	4.4
<b>Goal: To increase understanding of family and social facilitators of battering</b>		
The cycle of violence	93%	4.2
Family violence/drugs/alcohol	88%	4.5
Sex role stereotypes	73%	4.3

<sup>1</sup> Unlike some batterer treatment, programs content was not explicitly oriented to the goal of reducing isolation and developing personal support systems. For this reason, no items on this goal were included in the interview.

<sup>2</sup> Average score on a scale of 1 (not at all useful) to 5 (very useful) among offenders who reported topic covered.

stereotypes, interrupting build-ups to a fight, negotiating skills, and what you say to yourself about violence. These items were likely to have been included in the treatment program, but not necessarily in that terminology. Almost uniformly, the topics were rated as helpful, with taking responsibility for violence and understanding the legal consequences of violence receiving the highest ratings.

Offenders were also asked to rate program helpfulness based on program objectives. Those who attended treatment rated its helpfulness on a three point scale of 1 (very much) to 3 (not at all). The results (Table 2) indicate that efforts to assist offenders in avoiding violence, recognizing their anger, and building confidence in their ability to resolve disputes were rated as very helpful by 58 to 63 percent of the participants. Fewer than half found that treatment helped them find agreeable solutions to problems, get along better with their partner, or understand their partner's point of view and a substantial minority (14 to 32 percent) found the programs did not help at all in these ways. Overall, the large majority of offenders found treatment helpful--58 percent found it very helpful and 34 percent somewhat helpful.

Of the victims of offenders ordered to treatment, 25 percent said the treatment was very helpful, 39 percent said it was somewhat helpful, and 6 percent said it was not helpful at all. They were divided on the issue of program duration: 44 percent recommended a longer treatment program and 45 percent said a longer program was not needed. Victims did not, however, seem to have much contact with, or involvement in, treatment. Most victims (82 percent) of those attending FCC knew where the offender was in treatment. However, only a third of the victims of offenders attending SADVC or FCS were able to identify the program their partner was attending.

**Table 2**  
**Treated Offenders Rating of Program Effects**  
(n = 59 )

<u>Did the Program Help You...</u>	<u>Very Much</u>	<u>Somewhat</u>	<u>Not at All</u>
Recognize anger	59%	31%	10%
Understand partner's view point	47%	39%	14%
Confidence in resolving disputes	58%	34%	8%
Avoid violence	63%	26%	11%
Express feelings	50%	34%	16%
Get along with partner	43%	31%	26%
Cope with stress	51%	33%	17%
Find agreeable solutions	39%	30%	32%
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Overall Helpfulness	58%	34%	8%

The results indicate that the outcome analysis can assume exposure to treatment. Multiple checks on program attendance--records, self-report, and partner reports--indicate that the offenders attended the program. A large majority of treated offenders who responded were familiar with the program curriculum and many viewed much of the information as helpful, although only 70% of the treated offenders answered these questions. The pattern of responses suggests that program materials are viewed as helpful, but not necessarily in improving relationships with partners.

## CHAPTER 3

### EVALUATION DESIGN AND METHODOLOGY

#### *The Approach*

This evaluation of the impact of court-ordered treatment employed a quasi-experimental design in which offenders court-ordered to treatment for violent behavior were compared to offenders not ordered to treatment. The availability of an untreated comparison group measured before and after the treatment period, with data collection procedures identical to those used for the treatment group, provides a much stronger basis for assessing treatment impact than studies which rely on pre-post comparisons of offenders who received treatment. Unlike a true experiment in which assignment to treatment is random, this study took place in a court system in which assignment to treatment varied naturally. While the comparison groups were similar in many important respects, statistical techniques were used to control for observed differences in factors potentially related to violence and/or the tendency to continue abuse. The procedures used to collect the data and control for group differences are described below.

The sample consisted of misdemeanor criminal cases in the Baltimore County District courts in which a male was charged with an offense against a female partner.<sup>3</sup> The sample was limited to cases in which the court order specified: (1) a finding of guilt, (2) probation before judgement, or (3) suspended prosecution. Cases found not guilty, cases requesting a jury trial (about 3%), and those on appeal were not included.

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<sup>3</sup> Other forms of family violence such as child abuse and elder abuse were not included because batterer treatment was not ordered in these cases. The female partner category includes wives, ex-wives, girlfriends and ex-girlfriends.

The impact of treatment was measured by the severity and frequency of abuse (physical and psychological) before and after the incident that led to the court case. Data on abuse were provided by interviews with offenders and their victims, conducted about one month after case disposition and again 4 to 6 months later. In addition, court records and police files were checked for reported incidents or cases involving domestic violence during the year before and after the court disposition.

### *Background: Research on Treatment Effectiveness*

This evaluation was designed to build on and extend the existing research on these batterer treatment programs. A number of studies have reported that the majority of treated men are nonviolent following successful completion of batterer treatment, although the follow-up periods and definitions of violence have varied. An early national survey of those who completed treatment estimated that two-thirds to three-quarters reported no recurrence of domestic violence during the following year (Feazell, Mayers, & Deschner, 1984). This finding is similar to those of program evaluations (Gondolf, 1984; Stacey & Shupe, 1984; Edleson & Grusznski, 1986; Hamberger & Hastings, 1986), which indicate significantly lower rates of violence among program completers than among program non-completers. A recent review by Tolman and Bennett (1990) reports rates of nonviolence among program completers to range from 53% to 85% with lower rates for longer-term follow-up periods and for studies based on victim reports of violence. However, this rate is not substantially different from estimates of the rate of recurrence of violence when treatment has not been provided. For example, 68% of the domestic violence victims in one

study indicated no revictimization within 6 months (Bureau of Justice Statistics, August 1986); another found that 18% of the domestic violence offenders generated a new police incident report within 6 months, while 82% did not have a second incident reported (Sherman & Berk, 1984). Because these statistics vary in data source, jurisdiction and possibly sample characteristics from the evaluations and the evaluations themselves lacked control groups for comparison to their treatment groups, it is difficult to assess whether observed post-treatment periods of nonviolence were normal or the result of intervention.

A study of court-supervised treatment for domestic violence offenders in Canada reported much lower recidivism rates among treated offenders than among untreated offenders. In the first 6 months, the recidivism rate among treated offenders was 4% compared to 16% among untreated offenders within 6 months and recidivism differences between treated and untreated offenders increased over time (Dutton 1986). This finding, though promising, is inconclusive because assignment to treatment was based on recommendations of probation officers and therapists and the agreement of the offender; thus, the treated offenders may have been those with some interest in improvement. This approach fails to control for abuser motivation to change and, like the studies comparing completers to program dropouts, does not control for abuser attitudes or personal circumstances that might affect future violence. Dutton also found a significant decline in the number of violent acts committed by treated offenders in the year after conviction, compared to the year before. However, a similar group of untreated offenders studied by Jaffe, Wolfe, Telford and Austin (1986) also showed decreases in violent behavior before

and after involvement with the criminal justice system, a decrease the authors attributed to the deterrent effects of arrest.

One experimental study of treatment outcomes compared three treatment models (educational, self-help, and a combination of education and self-help) offered in two intensities (12 weekly meetings of 2.25 hours and 32 bi-weekly meetings of 2.25 hours), but did not include a "no treatment" comparison. No significant differences in treatment model and intensity were found at either 6 months or 18 months after treatment completion, providing support for the efficiency of less intense, short-term programs (Edleson and Syers, 1990 a,b). Almost two-thirds of the treatment completers were nonviolent at the 18-month follow-up, although the overwhelming majority continued their use of threats. At the 18-month follow-up, abusers who had been involved with the courts were significantly less likely to have been violent than other abusers, leading the researchers to conclude that "over a longer period of time the possibility of new court involvement becomes the strongest deterrent to further violence" (Edleson and Syers, 1990a, p. 23).

Evaluations have also examined program impact on abuser attitudes and beliefs. Effects of batterer treatment include reduced anger toward partners and liberalized attitudes toward women, which were correlated with reductions in physical abuse (Saunders and Hanusa, 1986). Another study found a decrease in victim fearfulness of partners and a decrease in conflict following treatment (Tolman, Beeman, and Mendoza, 1987). Offender characteristics identified by program evaluations as affecting treatment outcomes include exposure to violence as a child, psychological and substance abuse problems that impede treatment, and court involvement (Tolman and Bennett, 1989; Edleson and Syers, 1990).

Recently, the continuing ambiguity about the effectiveness of batterer treatment and evidence that many batterers who complete treatment continue their violent behavior led Edleson and Syers to conclude:

...treatment groups for batterers will almost surely fail most victims' expectations. Providing safety to battered women cannot be achieved solely by men's group treatment. Such treatment should exist as a small part of a larger network of interventions that include a safe shelter, legal, housing, and job assistance for victims, systemic interventions in social interventions--particularly the criminal justice system, and social action (Edleson and Syers, 1990, pp. 24-25).

Thus, although the number of program evaluations has increased rapidly in recent years, methodological weaknesses have made it difficult to draw conclusions on if, when and how this treatment is effective. Drawbacks include a lack of appropriate comparison groups, limited measures of success, outcome measures based on potentially unreliable self-report data from offenders or staff estimates, very small numbers of cases, and/or little information on why and how the program content relates to behavioral change. Cross-study comparisons suffer from different definitions of success, failure to use similar or standardized measures, and differences in study populations, attrition rates, and follow-up periods (see reviews in Gondolf, 1987; Tolman and Bennett, 1989; Eisikovits and Edelson, 1990; Saunders and Azar, 1989). Better information on treatment outcomes is needed -- by the criminal justice system, by the courts, by treatment providers, by shelters and, especially, by victims who may be more likely to return to an abusive partner once he is in counseling (Goldolph, 1988).

The current study adds to the body of information about the effectiveness of court-ordered treatment for domestic violence in several ways. This study uses a strong quasi-experimental design that provides a no-treatment comparison group (not treatment dropouts) for evaluating treatment impact. Data from multiple sources, victims, offenders,

police records and court files are used to measure the prevalence and frequency of violent behavior. This data collection strategy offsets the tendency of offenders to underreport and attempts to gather information on offender abuse of other victims. Multiple measures are used to indicate treatment outcome, including type and frequency of abusive behaviors, conflict resolution skills, psychological abuse, victim perceptions of safety, and offender beliefs and knowledge of treatment content. Whenever possible, items and scales with demonstrated validity were used. Respondents were followed over time with relatively low rates of attrition from the sample. One important study limitation is that the evaluation was confined to a single site and three treatment programs. Thus, generalizations of the findings to other programs in other jurisdictions should be made with care and should consider the similarities and differences in program content, clientele and setting.

#### *Data Collection Procedures*

Sample Selection. Cases referred to the Baltimore County State's Attorney's Office were routinely screened by the Victim/Witness Unit and the files marked if domestic violence was involved. When cases reached a disposition, the files were sent to a central District Court location for data entry of case disposition. The files labeled domestic violence were intercepted at this point and reviewed for study eligibility (a male offender, a female partner victim, a case disposition of deferred prosecution, probation before judgement or guilty). Offender and victim demographic data, incident information, prior record, and contact information were collected from the files of eligible cases, and contact information was forwarded to interviewers. In order to collect data on 200 cases, 100

ordered to treatment and 100 not ordered to treatment, all eligible cases from September 1988 through August 1989 and all cases ordered to treatment in September and October 1989 were selected for the sample.

Offender and Victim Interviews. Initial interviews with offenders were conducted about 4 weeks (within a range of 2 to 8 weeks) after case disposition.<sup>4</sup> The follow-up offender interviews were conducted about 6 months after the first interview (March 1989 through June 1990). Only offenders initially interviewed were contacted for a follow-up interview. Offender interviews were conducted in person (except for 3 telephone interviews at follow-up). Victims, included in the sample only if an initial offender interview was completed, were interviewed within a week or two of the offender, but never in the presence of the offender. These interviews were conducted by telephone (52%) or in person (48%). Details on interviewing procedures and materials are described in the Interviewer Training Manual (Attachment A).

The interviewing procedures were designed to ensure the privacy and confidentiality of respondents, to protect them against the risk that the research could reveal information damaging to them, and to enhance their willingness to report socially undesirable behaviors. These procedures included self-administered answer sheets for the most sensitive questions, sealed envelopes for completed offender questionnaires, assurances of the voluntary nature of participation and the confidentiality of all information. Interviewers were asked to pledge

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<sup>4</sup> If the offender interview was not completed within 8 weeks of the case disposition, the case was dropped from the sample.

not to reveal any information they received from a respondent. Forms with information about violent behavior or criminal history were labeled only with case numbers and could be linked to names and addresses only through the sampling forms and assignment sheets which were stored separately.

Field work procedures were also designed to protect the respondents interests and privacy. Each time they were contacted, respondents were informed about the purpose of the research, told that participation was totally voluntary, and assured that refusal to participate would not affect their standing with the court or the treatment program. Respondents were guaranteed that their answers would be kept private and confidential -- not available to the court, the treatment program, or their partner. Previous studies indicate that conditions of confidentiality increase response validity (Gfroerer, 1986; Bradburn & Sudman, 1984).

To maximize the response rates, stipends (\$10 for the first interview, \$5 for the follow-up interview) were used as an incentive. Offering payment for participation served to differentiate the interview from police interrogation and/or treatment in the eyes of offenders and victims and to provide a rationale of self-interest with which to justify participation<sup>5</sup>. In view of the difficulty in conducting household interviews with offenders and the sensitivity of the subject matter, these advantages were thought to outweigh the much smaller risk that incentives could produce response bias.

To decrease attrition between interviews, data were gathered at the initial interview on family members, friends, and others who could be contacted for information on the

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<sup>5</sup> Although victims might participate without incentives, it is inappropriate to provide payments for perpetrators and not their victims.

respondents' whereabouts. Call-backs were made as necessary to complete interviews with participating respondents. When necessary, the research team obtained current address records and ongoing contacts maintained by the treatment programs and/or the Domestic Violence Referral Program.

A total of 348 eligible cases were selected for the sample, 171 ordered to treatment and 177 not ordered to treatment (Table 3). For the treatment group, 115 offenders (67%) responded to the initial interview, and 96 to the follow-up interview (83% of those interviewed initially). For the no-treatment group, 122 of the 177 offenders completed the initial interview (69%), and 97 completed the follow-up interview (80% of those initially interviewed). About half of the offenders not interviewed could not be located; the remainder refused to participate in the study. Overall, 237 of the 348 eligible offenders (68%) were interviewed shortly after the case disposition, and 193 (81% of those initially interviewed, 55% of those originally selected) were interviewed after the treatment period.

Victims were considered eligible for the study only if the initial offender interview was completed. Of the 115 eligible treatment victims, 103 (90%) completed both waves of interviewing. Of the 122 eligible no-treatment victims, 110 (90%) completed the initial interview and 101 completed the follow-up interview (92% of those initially interviewed, 83% of the total). No victims refused to participate; those not interviewed could not be located.

Because victim and offender interviews were combined to create indicators of treatment impact, the interviews provided post-treatment period data on 221 cases--93% of those initially interviewed. For 28 cases, post-treatment information was based only on a

**Table 3**  
**Number of Respondents Sampled and Interviewed**  
**Response Rate**

<u>Offenders</u>	<u>Ordered to Treatment</u>	<u>Not Ordered to Treatment</u>	<u>Total</u>
Eligible Cases Selected from Court Files	171	177	348
Interview Completed			
Initial Interview	115	122	237
Follow-up Interview*	96	97	193
<u>Victims</u>			
Eligible Cases (Offender Initial Interview completed)	115	122	237
Interview Completed			
Initial Interview	108	114	222
Follow-up Interview	103	101	204
<u>Cases Interviewed</u>			
Any Initial Interview	115	122	237
Any Follow-up Interview	109	112	221

victim interview; for 17 cases, it was based only on an offender interview. For 176 cases, the treatment outcome variables were based on the responses of both the offender and the victim.

Careful analysis of the responses found no indication of differential attrition. The cases for which initial interview data are available did not differ significantly from those for which follow-up data are available, arrest versus summons, the court location, or case disposition. There was no significant difference in offenders' age, education, job category, employment status, number of prior criminal offenses, years lived in Baltimore County or relationship to the victim, nor in victims' age and number of children. This suggests that the cases with follow-up data are representative of the cases with initial interview data and that bias in measuring program impact due to sample attrition is likely to be minimal.

Record Retrieval. Computerized data systems were searched to identify other domestic violence incidents involving the same offender. The Baltimore County Police Department's Spousal Abuse Unit computerized database was used to identify domestic violence calls to the police between September 1987 and January 1991. These data were used to identify calls in the year before case disposition and across a 12 to 18 month period following case disposition. The PROMIS82 data system maintained by the courts was searched for arrests and state court cases involving the offender (matched by name and date of birth). The file was used to identify incidents between 1987 and January 1991.

Other Data Collection Activities. Data on the implementation of the domestic violence treatment programs and the court handling of cases were gathered across the project period. In-person interviews were conducted with most of the District Court judges and most of the Assistant State's Attorneys on when and how these cases were handled. These 23 interviews collected information on perceived effectiveness of batterer treatment, feasibility issues and policies concerning who should be ordered to treatment and sanctions for noncompliance. The Principal Investigator also attended meetings of the Baltimore County Domestic Violence Coordinating Committee across the study period to identify issues and problems in case handling and to document shifts in procedures as these occurred. Information on the treatment content was collected from the group leaders and program directors. In addition, the Principal Investigator attended group sessions (before the start of the study to avoid a reactive bias). Participating agencies provided copies of regular reports and statistics documenting the domestic violence case handling.

### *The Comparison Groups*

The analyses of treatment impact were based on cases that met two criteria: (1) of the cases ordered to treatment, only those that had successfully completed treatment or were nearing treatment completion were included, and (2) only cases in which there was an initial offender interview and a follow-up interview with either the offender or the victim were used. The rationale for these criteria and the rules used to implement them are described below.

The first criteria ensures the treatment group includes only offenders who actually received the treatment. Information on treatment content was collected prior to the start of the experimental period (to avoid a reactive bias). The study director attended treatment sessions, collected curriculum materials and handouts, and interviewed group leaders and program directors. Exposure to treatment was checked through interviews and written verification by group leaders of treatment completion status (satisfactory, not satisfactory or failed to enroll) for each offender ordered to treatment. Records from the Domestic Violence Referral Program were used to verify the referral to the program and the official court status of the case at the end of treatment. Offender exposure to treatment was coded as satisfactory (completed the required number of sessions), not satisfactory (ordered to treatment and did not complete required number of sessions), or not ordered to treatment. In addition, treatment exposure and content were verified by the offender responses on treatment content, presented in the next chapter.

The comparison of treatment impact was based on a case record constructed by using data from both the victim and offender follow-up interviews. Evidence from earlier studies of domestic violence indicates that abusers consistently report fewer and less violent acts than victims (see Szinovacz, 1983; Edleson & Brygger, 1986; Jouriles & O'Leary, 1985, DeLeong, Coates & Hoskins, 1987). The tendency of abusers to underreport violent behavior, well documented in the literature (Margolin, 1987; Szinovacz, 1983; Browning and Dutton, 1986), was evident in the survey responses, in which victims reported approximately twice as many types of violence and more frequent occurrences of abuse. Abusers may wish to avoid admitting socially undesirable

behavior, to minimize the severity of their behavior, and to avoid accepting responsibility for their abuse. Research on the validity of self-reported data on violent behavior indicates that there may be a relatively low rate of agreement between husband and wife reports of violence at the time of treatment intake, and that both spouses report more violence for their partner than for themselves, presumably to externalize the blame and neutralize the self-punishment (Browning & Dutton, 1986). Because of the serious threat of denial and under reporting of violent behavior, the current study collected information on abuse from victims and justice system records as well as from the offender.

The data from the offender and victim interviews in this study conform to this pattern, with victims reporting more than twice the violence reported by offenders on most items. Victims may also underreport abuse in order to minimize violence during periods of reconciliation, to justify their decision not to leave the situation, to avoid retaliation by the abuser, or to convince themselves that the situation is improving. As a result, the findings presented in this study are based on a rule designed to offset tendency to underreport abuse. The rule states that: (1) any abusive behavior reported by either victim or abuser is assumed to have occurred, and (2) frequency of abusive behavior is coded as the most frequent category reported by either victim or offender.

As a result, 81 of the 115 offenders ordered to treatment were used in the analysis of treatment impact for comparisons with the 112 cases not ordered to treatment for which a follow-up interview was completed. Offenders ordered to treatment, but excluded from the analysis (n=34), included: (1) 23 offenders who did not report to

treatment or who failed to complete the required number of sessions, (2) 8 offenders whose order to treatment was never received by the DVRP, and (3) 3 program completers with no follow-up interview data from either victim or offender. (Note that the follow-up interviews were available for 96% of the treatment completed cases and 91% of the non-completed cases.) A total of 10 cases not ordered to treatment were dropped because no follow-up interview was available.

### *Comparison Group Equivalence*

Baltimore County offered a critical advantage that was central to the design of the project: the conditions necessary to create two groups of offenders (treated and untreated) prosecuted under comparable enforcement policies, laws, and social norms. To the extent that the factors affecting referral to mandatory treatment were not related to the offenders' propensity for subsequent domestic violence, the research can isolate the effects of treatment from other determinants of violence.

The assumption in designing the study, based on an earlier case study of the Baltimore County Family Violence Intervention Program (Harrell, Roehl and Kapsak, 1988), was that judicial opinion was the primary factor determining whether a domestic violence offender was ordered to treatment, not the case characteristics that might otherwise affect treatment impact. At the time of the study the District Court bench in Baltimore County was deeply divided on the issue of mandatory treatment. In Baltimore County, domestic violence cases were assigned to the 5 District Courts on the basis of the geographic location in which the incident occurred, and the judges were regularly

rotated from one District Court location to another. There was no way in which a defendant or his attorney could select a particular judge. Of the 14 judges that regularly heard domestic violence cases across the study period, 7 judges ordered treatment for 70 percent or more of the offenders, while 5 ordered treatment for fewer than 30 percent (2 ordered treatment for 30 to 70 percent of the offenders). The marked differences in judicial preference for treatment set up the opportunity for comparing offenders who did and did not go to treatment. Assignment to a specific treatment program by the Domestic Violence Referral Program was made on the basis of location of the offender's residence, not case characteristics. This process was expected to yield two groups of offenders, treated and untreated, that were similar in prior offenses, incident severity, and other factors related to post-court propensity for violence.

The assumption that the two groups of offenders were comparable was examined by comparing their demographic characteristics (Table 4). The treatment/no treatment groups were found to be similar in many important respects -- in the type of incident, case initiation and disposition, as well as in offender characteristics such as age, education, employment, relationship to victim. Most offenders in both groups were 25 to 35 years old, had lived in Baltimore County ten years or longer, had a high school education, and were currently employed. About half had been arrested, and two-thirds or more were under deferred prosecution, with the condition that they not reoffend and, in some cases, attend treatment. Offender alcohol or drug involvement was reported by the victim or offender in nearly two-thirds of the cases.

**Table 4**  
**Comparison of Domestic Violence Cases**  
**by Treatment Group Status**

	<u>Treated</u> <u>Offenders</u> (n = 81)	<u>Offender Not</u> <u>Ordered to Treatment</u> (n = 112)		<u>Total</u> (n = 193)
<u>Incident</u>				
Non-physical abuse	3%	4%		4%
Physical Aggression	84%	75%		79%
Severe Violence	14%	20%	ns	18%
<u>Case Initiation</u>				
Arrest (On-site and warrant)	49%	48%		48%
Summon	51%	52%	ns	52%
<u>Case Disposition</u>				
Deferred Prosecution (Stet)	65%	78%		73%
Probation before Judgement	28%	14%		20%
Guilty	4%	4%	ns	4%
<u>Criminal History</u>				
Prior DV Offense	14%	28%	p < .05	22%
Any Prior Offense	17%	36%	p < .01	28%
<u>Past Batterer Treatment</u>				
Yes	14%	15%	ns	15%
<u>Years Lived in Baltimore County</u>				
0-5	30%	30%		25%
6-10	11%	15%		14%
10 +	58%	64%	ns	61%

Table 4 (continued)

	<u>Treated Offenders</u> (n=81)	<u>Offender Not Ordered to Treatment</u> (n=112)		<u>Total</u> (n=193)
<u>Age of Offender</u>				
18-25	15%	20%		18%
26-35	54%	54%		54%
35 +	31%	26%	ns	28%
<u>Age of Victim</u>				
17-25	29%	31%		30%
26-35	52%	46%		49%
35 +	19%	23%	ns	21%
<u>Employment of Offender</u>				
Professional/Manager	9%	7%		8%
Technical/Sales/Administrative	15%	12%		13%
Service Occupation	11%	6%		8%
Precision Products/Craftsman	28%	30%		30%
Laborer/Operator	31%	23%		26%
Not Employed	6%	21%	p < .10	15%
<u>Employment Status</u>				
Employed, full or part-time	93%	79%		85%
Unemployed	7%	21%	p < .01	15%
<u>Education of Offender</u>				
Less than High School Graduation	29%	31%		30%
High School Graduation	46%	48%		47%
More than High School	25%	22%	ns	23%
<u>Relationship to Victim</u>				
Married/Living Together	52%	29%		38%
Not Married/Not Together	19%	33%		27%
Divorced	0%	4%		2%
Boyfriend/Living Together	20%	13%		16%
Boyfriend/Not Living Together	10%	21%	p < .001	17%

Table 4 (continued)

	<u>Treated Offenders</u> (n = 81)	<u>Offender Not Ordered to Treatment</u> (n = 112)		<u>Total</u> (n = 193)
<u>Number of Children Living with Victim</u>				
None	16%	18%		17%
1	30%	30%		30%
2	30%	30%		30%
3	17%	14%		15%
4 +	7%	8%	ns	7%
<u>Drug or Alcohol Involvement</u>				
Yes	62%	66%	ns	64%
<u>Exposure to Family Violence</u>				
Witnessed	26%	39%	p < .10	34%
Victimized as Child	14%	22%	ns	19%

The treatment group did, however, differ from the no treatment group in two potentially important respects. Although two-thirds of both groups were married, the percentage of the treatment group living with a spouse was much higher than the percentage of the no-treatment group (59% compared to 36%). This may reflect a tendency of judges to view the treatment as a form of marriage therapy appropriate for couples who intend to remain together. Because the victim's level of exposure to the offender (and thus opportunity for renewed abuse) is expected to be higher when living with the offender, the analysis included a variable defined as married and living together (versus other) to control for this difference. A second difference was in the prior criminal history. A larger percentage of the treatment group appears to have been

involved with the criminal justice system for the first time (86% had no prior domestic violence record, and 83% had no prior criminal record), compared to the no treatment group (72% had no prior domestic violence record, and 64% had no prior criminal record). Because an established pattern of abuse is expected to be more difficult to reverse and criminal sanctions are presumed to be less effective for repeat offenders, a variable defined as any prior offense (versus no prior offense) was included in the analysis. In addition, the treatment group offenders were more likely to be employed (93% compared to 79% of those not ordered to treatment). Because unemployment is believed to increase the economic stress and the risk of violence and may indicate other personal problems (substance abuse or social dysfunction), a variable defined as unemployed (versus employed) was included in the analysis.

### *Statistical Analysis*

The analysis examined the program impact as a function of treatment, controlling for group differences in marital status, past criminal history, and unemployment. The multivariate models also controlled for status on the program outcome variables at the time of the initial interview. The significance of treatment and its interaction with other variables was tested using logistic regression for the prevalence measures (any abuse versus no indication of abuse) and with general linear models for scale variables. Least-square means produced by SAS PROC GLM were used to describe the group differences after controlling for these variables.

Estimates of the power of these analyses to detect group differences when such differences exist in the population from which the sample was drawn were prepared. Under the assumption of a two-tailed test, the power of the analysis to detect small, medium and large effect sizes at two different significance (alpha) levels was computed for logistic regression and general linear models representative of those used in the impact analysis. These models specified the outcome variables as a function of treatment, controlling for group differences reflected in the percent unemployed, married and living with the victim, and convicted for a prior criminal offense. The analysis controlled for prior violence in two ways. For the dichotomous variables, e.g., any physical aggression, the analysis was limited to cases with a prior history of physical aggression. For continuous scale variables, the initial interview values were included in the models as covariates. Thus, sample sizes varied depending on the analysis.

The power analysis results are shown below:

**Model 1:** Logistic regression  
Dependent variable = any physical aggression (versus none)  
Number in sample = 157 (only cases with no physical aggression at initial interview)  
Effect size measured as odds ratios

	<u>Alpha = .05</u>	<u>Alpha = .10</u>
Small effect size (.75)	.12	.21
Medium effect size (.50)	.46	.63
Large effect size (.25)	.95	.98

**Model 2:** General linear model  
Dependent variable = frequency of physical aggression  
Number in sample = 191  
Effect size measured in standard deviations

	<u>Alpha = .05</u>	<u>Alpha = .10</u>
Small effect size (.2)	.25	.36
Medium effect size (.5)	.89	.94
Large effect size (.25)	.99	.99

Based on these calculations, an alpha = .10 level was used for the impact analysis significance tests. This balances the risk of incorrectly rejecting the null hypothesis (which would occur by chance in one of 10 similarly selected samples), against the risk of failing to detect a significant difference when in fact one exists in the population. The power analysis indicates that a medium effect size will be detected in more than half of the logistic regression models with the smaller sample size and in the large majority of the general linear models of larger sample size. Small effect sizes have a poor chance of being detected. However, small effect sizes may be of little practical impact in the context of court practice, so that the power appears adequate to accomplish the evaluation objectives.

### *Evaluation Issues*

This evaluation was designed as a policy study. The primary objective was to assess the extent to which participation in treatment resulted in desistence from domestic violence (reductions in the frequency and severity of violence), in cessation (abstention from violence), in improved victim safety, and in reduced demands for criminal justice services. The study was also designed to examine the kinds of offenders for whom this sentencing alternative was most effective. For this reason, the analysis examined the interactions between offender characteristics, particularly those identified in earlier research as potential causes of violence (childhood exposure to family violence) and/or variables that increase the risk of continued violence (e.g., age).

In fostering a better understanding of process by which treatment affects these outcomes, the study also provided some tests of hypotheses concerning the relationship between these outcomes and factors such as the offenders' beliefs, court policies and case disposition, and post-disposition relationship with the victim. However, the small sample sizes and the process of assigning the offenders to programs on the basis of where they lived rather than randomly (which created differences in clientele), preclude a comparison of the three programs. The results are best interpreted as the assessment of court-ordered treatment as it occurs in many jurisdictions -- with multiple treatment providers and the normal range of delays in service provision and problems in monitoring compliance.

## CHAPTER 4

### MEASURING PROGRAM IMPACT

The curricula and strategies used by the programs being evaluated were guided largely by views of the causes of domestic violence and by the nature of the changes that need to occur to result in desistance from abuse. The treatment outcomes evaluated in this study were the behaviors and attitudes which the programs were attempting to change. Measured both before and after the treatment period, these behaviors included violent behavior, psychological abuse, and use of non-violent conflict resolution skills during disagreements. Attitudes that were the target of program content included beliefs justifying or condemning the use of violence, perceived control of violence in specific situations, and perceived deterrent effects of criminal sanctions. In addition, victim perceptions of their safety, perceived risk of violence in the coming year, and reported satisfaction with the court intervention were included as measures of the bottom-line program objective--improved safety for the victims.

Abusive Behavior. Variables were constructed to measure four categories of abusive behaviors: severe violence, physical aggression, threats of violence, and psychological abuse. These behaviors represent a continuum of power and control over the victim that ranges from life-threatening acts and illegal use of force to coercion. Severe violence includes potentially lethal threats or serious assaults including those involving weapons. Physical aggression includes potentially less lethal assaults involving pushing, shoving, kicking and hitting. Acts in these two categories involve clear-cut instances of illegal assault. The next

two categories--threats and psychological abuse--are actions that may or may not meet legal standards and/or policy guidelines of criminal behavior, but clearly constitute domestic abuse. Threats to harm or remove children, destruction of property and swearing are behaviors used to intimidate victims by implying the risk of violence if demands are not met. Such threatening behavior may well meet guidelines for criminal behavior. Psychological abuse is the use of more subtle coercive tactics to control and manipulate victims.

At the time of the first interview, offenders and victims were asked whether severe violence, physical aggression or threats had ever occurred and, if so, how frequently they occurred in the six months before the incident that led to court. At this time, they were asked whether psychological abuse during disputes happened usually, sometimes, rarely or never. The same items were asked again at the second interview about behaviors that occurred during the four months since the first interview. Responses from the second interview were used to compare offenders not ordered to treatment to treated offenders. The responses to the first interview were used to control for prior levels of violence in assessing change across time. The items used to measure these types of abuse were drawn from widely used standardized measures reported in the literature, as illustrated in Exhibit A. Alternate forms of the questions were asked of offenders and victims.

The violent behavior measures include both prevalence measures (any occurrence of a behavior or class of behaviors) and frequency (rated on an ordinal scale), for three severity levels--severe violence, physical aggression, and threats. Prior research on criminal careers indicates that for some offenses, differences are observed in the correlates of: (1) participation in illegal behavior (the prevalence measure); (2) the frequency of illegal

behavior; and (3) the severity of deviance (Blumstein, 1985). Conceptually, distinctions should be drawn between the desistance from violence, which refers to reductions in the frequency and severity of violence as part of a process leading to quitting, and cessation, which refers to temporary or permanent abstention from violence resulting from external intervention (see Fagan, 1989). In this study, desistance was measured across a four-month period by declines in the frequency of violence in each severity category, while temporary cessation was measured by abstention from any violence in each category across this period of time.

A major issue in a short-term study such as this one is whether the period of observation is long enough to capture desistance. Battering tends to recur not only across generations, but in a well-defined cyclical pattern characterized by a violent incident followed by a period of reconciliation and then a build-up of tension that precipitates a recurrence of violence (Walker, 1979). The timing of this cycle could influence the extent to which program impacts would be detected. This problem is, however, largely offset by the evaluation design which is based on comparisons of treated and untreated offenders across comparable time periods after court involvement.

The indicators of violent behavior constructed from interviews with offenders and victims included:

Any severe violence. The report by offender or victim of any instance of severe violence<sup>6</sup>.

Any physical aggression. The report by offender or victim of any instance of other violent behaviors.

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<sup>6</sup> No frequency of severe violence measures were used due to low prevalence.

Level of physical aggression. The mean of the frequency of other violent behaviors, asked in the interview on a scale from 0 (not at all during time period) to 7 (more than once a week), recoded as monthly incidence rates based on estimated category mid-points.

Any threats of violence. The report by offender or victim of any instance of the threatening behaviors.

Level of threats of violence. The mean of the frequency of threats of violence, asked in the interview on a scale from 0 (not at all during time period) to 7 (more than once a week), recoded as monthly incidence rates based on estimated category mid-points.

Level of psychological abuse. The average frequency of psychological abuse, coded on a scale from 0 (never) to 3 (usually).

Because the list of abusive acts included on the scales illustrated above is necessarily limited, abuse could occur that did not involve one of these acts. For this reason, and as a validity check on the reports of abusive behavior, another indicator, any abusive incident, was created from a series of questions about events that happened as a result of a violent dispute, shown in Exhibit A as Abusive Incident items. This variable is coded 0 (no indications of an abusive incident) or 1 (at least one of these things happened as a result of a violent dispute).

**EXHIBIT A**  
**Measures of Treatment Impact**

**SEVERE VIOLENCE<sup>7</sup>**

- (1) Forced you (your partner) to have sex
- (2) Choked or strangled you (your partner)
- (3) Threatened to kill you (your partner)
- (4) Beat you up (Beat up your partner)
- (5) Threatened you (your partner) with a knife, gun or other weapon
- (6) Used a knife, gun or other weapon against you (partner)

**PHYSICAL AGGRESSION<sup>8</sup>**

- (1) Threw something at you (your partner)
- (2) Pushed, grabbed, or shoved you (your partner)
- (3) Slapped or spanked you (your partner) with an open hand
- (4) Kicked, bit, or hit you (your partner) with his fist
- (5) Hit or tried to hit you (your partner) with something

**THREATS OF VIOLENCE<sup>9</sup>**

- (1) Threatened to take away the children or harm them
- (2) Threatened to ruin property
- (3) Threatened to hit or throw something at you (your partner)
- (4) Swore at, screamed at, or insulted you
- (5) Took money from you
- (6) Destroyed property
- (7) Threw, kicked, hit, or smashed something

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<sup>7</sup> Items (1-3) are based on those used by Edleson (1990) and the Relationship Abuse Questionnaire (Barnett, 1988; Barnett and Wilshire, 1987). Items (4-6) are Conflict Tactics Scale, Form N, items (p-r) (Straus, 1979). Items were scored as ever happened, never happened (1,0) and by frequency (more than once a week, once a week, several times a month, once a month, several times in 4 months, once in 4 months, or not at all in 4 months).

<sup>8</sup> Items are Conflict Tactics Scale, Form N, items (k-o) (Straus, 1979). Items were scored ever happened/never happened (1,0) and by monthly incidence (more than once a week=6.4, once a week=4.3, several times a month=3, once a month=1, several times in 4 months=.67, once in 4 months=.25, or not at all in 4 months=0).

<sup>9</sup> Item 1 is from Edleson (1990). Items 3, 4 and 7 are Conflict Tactics Scale, Form N, items i, d, and j (Straus, 1979). Items 2, 5 and 6 are based on items in the Relationship Abuse Questionnaire (Barnett, 1988; Barnett and Wilshire, 1987). Items were scored ever happened/never happened (1,0) and by monthly incidence (more than once a week=6.4, once a week=4.3, several times a month=3, once a month=1, several times in 4 months=.67, once in 4 months=.25, or not at all in 4 months=0).

## PSYCHOLOGICAL ABUSE<sup>10</sup>

- (1) Make you (her) tell him (you) where you have (she has) been
- (2) Accuse you (your partner) of having an affair or act suspicious of you (her)
- (3) Restrict your (her) use of the telephone or car
- (4) Say you are (she is) crazy or acting irrationally
- (5) Insult or shame you (her) in front of others
- (6) Tell you (her) that you (she) couldn't leave or spend time with certain people
- (7) Call you (her) names or swear at you (her)
- (8) Do or say something to spite you (her)
- (9) Threaten to take money from you (her)
- (10) Threaten to kill himself (yourself)
- (11) Threaten to lock you (her) out of the house

## ABUSIVE INCIDENTS<sup>11</sup>

- (1) You (your partner) called police or tried to call the police because you (she) felt You (she) or other family members were in danger
- (2) You (your partner) left home overnight because of a violent dispute
- (3) You were (your partner was) treated for injuries from a violent dispute

## OFFICIAL RECORDS

- (1) Number of calls for police service that involved domestic violence
- (2) Number of new court cases that involved domestic violence charges

## CONFLICT RESOLUTION SKILLS<sup>12</sup>

- (1) Discuss different ways to solve the problem
- (2) Discuss issues relatively calmly
- (3) Sulk or refuse to talk about it (R)
- (4) Leave the room to calm down when he was (you feel yourself) getting really upset
- (5) Let you (her) talk about your (her) feelings when you were (she is) upset
- (6) Express feelings using words like: "I feel sad," "I feel hurt", etc.
- (7) Listen to you (your partner) when he disagreed (you disagree) with what you were (she was) saying
- (8) Try to find a compromise solution
- (9) Yell and scream at you (her) (R)
- (10) Give you (her) the silent treatment or act like you weren't (she wasn't) there (R)

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<sup>10</sup> Items 1-8 are based on the Nonphysical Abuse Scale (Tolman, 1987). Items 9-11 are from the Relationship Abuse Questionnaire (Barnett, 1988; Barnett and Wilshire, 1987). Responses are coded into 4 categories: usually, sometimes, rarely or never.

<sup>11</sup> Items are coded into 4 categories: 4 or more times, 2 or 3 times, only 1 time, or never.

<sup>12</sup> Items designed to reflect goals of treatment programs. Items (2) and (3) are Conflict Tactics Scale, Form N, items (a) and (e). Items (9) and (10) are based on items in the Nonphysical Abuse Scale (Tolman, 1987). Responses are coded into four categories: usually, sometimes, rarely or never. Items to be reversed in scoring are indicated by the (R) at the end.

### BELIEFS ABOUT WIFE BEATING<sup>13</sup>

- (1) Social agencies should do more to help battered women
- (2) There is no excuse for a man beating his wife
- (3) Wives try to get beaten by their husbands in order to get sympathy from others (R)
- (4) A woman who constantly refuses to have sex with her husband is asking to be beaten (R)
- (5) Wives could avoid being battered by their husbands if they knew when to stop talking (R)
- (6) Episodes of a man beating his wife are the wife's fault (R)
- (7) Even when women lie to their husbands they do not deserve to get a beating
- (8) Women should be protected by law if their husbands beat them
- (9) Wife-beating should be given a high priority as a social problem by government agencies
- (10) Sometimes it is OK for a man to beat his wife (R)
- (11) Women feel pain and no pleasure when beaten-up by their husbands
- (12) A sexually unfaithful wife deserves to be beaten (R)
- (13) Cases of wife-beating are the fault of the husband
- (14) Battered wives try to get their partners to beat them as a way to get attention from them (R)
- (15) Husbands who batter should be responsible for the abuse because they should have foreseen that it would happen
- (16) If I heard a woman being attacked by her husband, it would be best that I do nothing (R)
- (17) Battered wives are responsible for their abuse because they intended it to happen (R)
- (18) If a wife is beaten by her husband, she should divorce him immediately
- (19) Husbands who batter are responsible for the abuse because they intended to do it
- (20) The best way to deal with wife-beating is to arrest the husband
- (21) Even when a wife's behavior challenges her husband's manhood, he's not justified in beating her
- (22) When a wife is beaten it is caused by her behavior in the weeks before the battering (R)
- (23) A wife should move out of the house if her husband beats her
- (24) Wives who are battered are responsible for the abuse because they should have foreseen it would happen (R)
- (25) A husband has no right to beat his wife even if she breaks agreements she has made with him
- (26) Occasional violence by a husband toward his wife can help maintain the marriage (R)
- (27) A wife doesn't deserve a beating even if she keeps reminding her husband of his weak points
- (28) Most wives secretly desire to be beaten by their husbands (R)
- (29) If I heard a woman being attacked by her husband, I would call the police
- (30) It would do some wives some good to be beaten by their husbands (R)

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<sup>13</sup> The Inventory of Beliefs about Wife Beating (Saunders, Lynch, Grayson, and Linz, 1987). Items are scored on a 7-point Likert scale from strongly agree to strongly disagree.

## PERCEIVED DETERRENENTS TO FUTURE VIOLENCE<sup>14</sup>

### LEGAL DETERRENENTS

- (1) Your partner would call the police
- (2) Someone else would call the police
- (3) Your partner would charge you
- (4) The police would charge you
- (5) You would have to go to court
- (6) You would be convicted
- (7) You would go to jail
- (8) You would be fined

### OTHER DETERRENENTS

- (9) Your partner would fight back
- (10) Your partner would leave you
- (11) Your friends and relatives would put you down
- (12) You would lose the respect of friends and relatives
- (13) You would lose your self-respect

## BELIEFS ABOUT PERSONAL CONTROL OF VIOLENCE<sup>15</sup>

- (1) If she deliberately does things to irritate you
- (2) If you have been drinking and feel angry
- (3) If she nags or complains a lot
- (4) If you don't get the respect you deserve
- (5) If she is stubborn and doesn't obey
- (6) If you can't get any peace and quiet
- (7) If she spends too much money
- (8) If her friends or family criticize you or give her wrong ideas
- (9) If you start yelling at her
- (10) If you feel the pressure building up
- (11) If you want sex and she is cold
- (12) If she starts yelling at you
- (13) If you feel jealous

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<sup>14</sup> Items based on Williams and Hawkins, 1988. The likelihood and personal seriousness of each consequence is rated on a scale of 0 to 10, where 0 means not likely or not serious, and 10 means extremely likely or extremely serious.

<sup>15</sup> Respondents were asked to rate confidence that offender would keep from getting violent on a scale from 1 to 5, where 5 means absolutely confident that he could keep from getting violent and 1 means not at all confident he could keep from getting violent.

#### VICTIMS' CONFIDENCE IN PARTNER'S CONTROL OF VIOLENCE<sup>16</sup>

- (1) If you disagree with him about money
- (2) If he gets angry while drinking
- (3) If you don't do things his way
- (4) If you go out with friends he doesn't like
- (5) If he gets jealous of you
- (6) If you argue about family matters
- (7) If he starts yelling at you
- (8) If he thinks your family and friends are criticizing him
- (9) If you spend too much time on the phone
- (10) If he thinks you are challenging his authority

#### INJURY FROM POST-DISPOSITION DOMESTIC VIOLENCE

- (1) What kind of medical attention, if any, did you require as a result of disputes with partner: none, first-aid, visit to a doctor or emergency room or an overnight stay in the hospital.
- (2) Did you stay in bed for a day or part of a day as a result of the injury?
- (3) Did you miss any days from work or school as a result of the injury?

#### VICTIMS' PERCEIVED SAFETY

- (1) Do you feel very safe, somewhat safe or not safe at all from harm by your partner during the next year...physically, financially, emotionally?
- (2) How likely would you say it is that your partner will become violent with you during the next year?<sup>17</sup>

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<sup>16</sup> Victims were asked to rate how confident they were that their partner could keep from getting violent if these things happen, using a scale of 1 to 5, where 5 means extremely confident that he could keep from getting violent and 1 means not confident at all.

<sup>17</sup> Victims were asked to rate the chances of a violent dispute on a scale of 0 to 10, where 0 means no chance at all of happening, and a 10 means sure to happen.

Conflict Resolution Skills. To measure the impact of treatment on offender use of non-violent conflict resolution skills identified by the programs as included in their curricula, a series of questions was asked about behaviors during disagreements. These behaviors, shown in the Exhibit A list of conflict resolution skills, included discussing issues calmly, trying to find a compromise solution, and listening. These skills were behaviors discussed in treatment as alternatives to violence. A variable, conflict resolution, is based on the mean of the responses to these items, coded from 0 (never) to 3 (usually). Again because of the potential for offenders to give socially desirable responses, the responses of victims and offenders were combined and the indicator based on the lowest score provided. For example, if an offender reported he usually discussed issues calmly (3), but his victim reported he did so rarely (1), the indicator is based on the lower score of 1.

Beliefs about Wife Beating. A significant goal of the treatment programs was to resocialize offenders to recognize the rights of women to be free of abuse and to reevaluate assumptions about male rights to use violence to control or punish women. The programs viewed these attitudes as crucial indicators of the use of social norms to justify continued abuse and as obstacles to cessation of violence. All three programs explicitly worked to change beliefs that support use of violence and included the Duluth model's power and control wheel in their curricula. The assumption underlying this emphasis is that offenders use the social acceptance of partner abuse to justify violence and/or to motivate violence when dictated by social norms. The hypothesis to be tested is that treatment will impact these normative beliefs which will in turn be correlated with reductions in violent behavior.

The Inventory of Beliefs about Wife Beating (Saunders, Lynch, Grayson and Linz, 1987) was included to measure generalized beliefs (internalized norms) about the legitimacy of spousal assault. Offenders were asked their level of agreement or disagreement (on a 7-point scale from strongly agree to strongly disagree) with statements reflecting support for, or criticism of, wife beating. After reversing the scoring on items 3, 4, 5, 6, 10, 12, 14, 16, 17, 22, 24, 26, 28, and 30 (marked with an (R) on the list in Exhibit A), the scores were summed across items to measure the level of support for wife abuse.

Beliefs about Control of Violence. The treatment programs also worked with offenders to change their behavior in specific situations. Offenders were assisted in identifying cues to building tension and specific situations in which violence was likely to occur, and were offered techniques for avoiding violence. These included the use of conflict resolution skills and anger control techniques. One goal was to change the ability of offenders to avoid losing control. This strategy assumes, of course, that violence is the result of loss of control and that offenders are motivated to want to change--assumptions that may not be warranted. To the extent that offenders need and want to change their violent behavior, the programs seek to increase offender confidence in high risk situations.

This model of behavior change is similar to that used in addiction treatment in which a key process by which cessation occurs is through increasing perceived self-efficacy. Unlike general measures of perceived personal control such as those defined in locus of control indicators, self-efficacy is situation specific and consists of beliefs that unwanted behaviors can be avoided, beliefs developed by personally experiencing control in high-risk situations. Offenders were asked, before and after treatment, how confident they were that they could

keep from getting violent in specific situations in which they were at risk of violence. The ratings of 1 (not confident at all) to 5 (absolutely confident) were averaged across the items illustrated in Exhibit A.

Perceived Deterrence. Criminal justice system intervention and court-mandated treatment may prevent violence through offender perceptions of the negative consequences (legal and extra-legal) to subsequent abuse. Perceptions of personal costs of violence in the forms of informal social sanctions and formal legal sanctions are factors that may deter offenders. While the literature in criminology distinguishes between general and specific deterrence, it is not possible to do so in this study since offenders experienced some sanctions and, through exposure to the courts and other offenders in treatment, experienced others indirectly. The hypothesis to be tested is that participation in treatment increased perceptions of the negative consequences of violence by acting as a sanction and/or by exposing offenders to increased opportunities for learning about negative consequences to violence.

The deterrent value of intervention by the criminal justice system is argued to be a function of the perceived likelihood and severity of the consequences of subsequent domestic violence. The measures of perceived deterrence were based on scales developed by Williams and Hawkins (1988). These scales included ratings of the extent to which selected negative consequences were likely to occur (sanction certainty), and the extent to which these consequences would be personally serious if they occurred (sanction severity). The negative consequences included formal, legal sanctions, informal sanctions by friends and relatives, and self-sanctioning that results from the violation of personal standards.

Offenders rated the likelihood and seriousness of each consequence on a scale of 0 to 10. The scale score is calculated by multiplying the likelihood by the seriousness of each item and summing over items.

Victim Safety. An absolutely critical standard in evaluating court-ordered treatment for domestic violence offenders is the extent to which this alternative improves or protects the safety of victims. Victim shelters have long recognized the importance of planning for victim safety and the risk that involvement of the police and courts may occasion increased efforts to control and abuse victims. Treatment provided under court order must not place victims in jeopardy, either by failing to incarcerate dangerous offenders or by providing opportunities for offenders to continue abusive behavior without penalty. Ideally, treatment should increase victim perceptions of safety if abusive behavior is prevented. Treatment participation by offenders was hypothesized to decrease the risk of victim injury across the treatment period and increase perceptions of future safety.

Achieved safety was measured by the questions illustrated in Exhibit A which asked victims about injuries received across the treatment period, between the first and second interviews. Because domestic violence victims often do not seek medical treatment when needed, affirmative responses to items 3 and 4 were combined (yes on either one) to measure incapacitation by injury and used to supplement the use of medical treatment reported in item 1.

Perceived safety was measured by asking all victims to rate how safe they felt in three domains: physically, emotionally and financially. These items were used separately as indicators of victims' perceived security. A separate overall rating of perceived safety was

based on victim ratings (on a scale of 0 to 10) of the probability of partner violence during the next year.

Confidence in partners' control of violence was measured using items parallel to those used to measure offender perceived self-efficacy. Victims were asked to rate how confident they were that their partners could keep from getting violent in specific high-risk situations. The average rating on a scale of 1 (not all confident) to 5 (absolutely confident) was used to measure confidence in partners' control of violence.

Contacts with the Justice System. Domestic violence is an offense that tends to be repeated, often in cycles, so that intervening effectively with offenders should reduce the demand for criminal justice services. Treated offenders should be less likely to engage in incidents that result in a call for police services or subsequent domestic violence charges. This hypothesis was tested using official records to identify offenders involved in a domestic violence call for police service or a subsequent domestic violence court case. For each case, the number of calls and court cases was calculated between the case disposition and the end of data collection in January 1991 (a period of 9 to 23 months). While the follow-up period differed from 9 to 23 months depending on when the offender's case was heard, the median amount of follow-up period for the two groups was more similar: the median follow-up period for the comparison group offenders was about one month longer than the median follow-up period for the treatment group-- this provides the comparison group an average of one additional month to reoffend. It is difficult to say, in the absence of more adequate research on timing of cycles of violence and the natural history of desistence, what portion of potential subsequent offenders were likely to be observed in this time frame, and thus the likelihood of cessation is reflected in these results.

## CHAPTER 5

### FINDINGS ON THE IMPACT OF COURT-ORDERED TREATMENT

This evaluation of the impact of court-ordered treatment draws on research on criminal careers in defining two related patterns of behavior--cessation of violence and desistance from violence. Cessation from violence is defined as abstaining entirely from abuse. In this study, cessation refers to the absence of violence across the study period and is a necessary, but not sufficient, condition for permanent cessation. Cessation from violence is the outcome to treatment that is the most desirable, but judging program impact by this standard alone may not capture important benefits of participation. Desistance is defined as reductions in the frequency and severity of violence--in a lessening of the use of violence. In this study, desistance refers to reductions in the frequency of violence and psychological abuse. Desistance may well precede cessation and represents a reduction in the risk to victims of subsequent abuse. For reasons discussed in earlier chapters, both cessation and desistance were measured by the combined reports of offenders and victims, as well as by evidence drawn from official records of contacts with the police and courts. The latter data not only provide an independent measure of the cessation and desistance reported by the offender and victim, but also can be used to evaluate the impact of treatment on the justice system--on the need for subsequent intervention by the police and courts.

While recognizing the well-established disjunctures between behavior and related attitudes and behavioral intentions, the evaluation also looked at the beliefs about violence

expressed by offenders and at perceptions of the risk of subsequent violence. The effect of program participation on perceptions of the likelihood of, and consequences to, future domestic violence were tested to assess the impact of treatment efforts to control violence by changing offenders beliefs about the risks and acceptability of continued violence. The deterrent value of court-ordered treatment was evaluated by comparing perceptions of the likelihood, and severity, of legal and social sanctions for subsequent violence among treated offenders and those not ordered to treatment. The educational role of treatment was assessed by comparing differences in beliefs that support the use of violence, while perceived behavioral improvements were evaluated using offender- and victim-reported probability of subsequent violence and control of violence in high-risk situations. A bottom-line measure of perceived gains in behavioral control was the victim's perception of future safety, as well as her actual safety across the treatment period. The procedures and variables used to measure these program outcomes were defined in Chapter 4, and the data collection procedures described in Chapter 3.

The impact analysis first compares treated offenders to those not ordered to treatment. To isolate changes that occurred following case disposition, the analysis controlled for abusive behavior and/or attitudes prior to intervention by the courts. Because the treatment and comparison groups in this quasi-experimental design were found to differ in the percent married, unemployed and having a criminal record, the tests of treatment impact were based on multivariate models that controlled for these variables.

The impact analysis subsequently examines the differential effects of treatment on cases that varied in how the case was handled by the criminal justice system and in

characteristics of the offender such as education, age, treatment history and history of childhood exposure to violence. The case handling variables emphasized justice system policies which: (1) might affect the deterrent value of the court order, and (2) could be revised if indicated. The offender characteristics examined were selected on the basis that they had been identified by earlier research as correlates of abuse--factors associated with increased probability of engaging in family violence. However, all the offenders in this study had been formally charged with a criminal family violence offense and it is important to note that the factors associated with initiating a criminal behavior may be quite different from either: (1) factors associated with cessation or desistence from that criminal behavior, and (2) factors that affect treatment impact. Thus, the offenders in both the treatment and comparison groups are likely to be higher than the general population in the risk of ever engaging in family violence and similar to each other in the tendency to cease or desist from violence. However, the focus of the analysis was on the crucial policy question for the courts--are there characteristics of cases or offenders that can be used to identify who should, and should not, be mandated to treatment? This question was examined by testing for significant interactions between program participation and variables associated with the propensity to family violence to identify differential responses to treatment.

### *Cessation from Violence*

Offenders and their victims were asked whether any incidents of 26 violent behaviors (see list in Chapter 4) occurred during the four months preceding the follow-up interview. Because offenders became eligible for the follow-up interview upon treatment completion

or a comparable period of time, this measures cessation during treatment for those offenders in a program. Reports of violence were classified into three categories by severity level as severe violence, physical aggression and threats of violence. To focus on cessation, the analysis of each type of violence was limited to cases which reported that type of violence prior to court intervention. For example, only cases that had a history of severe violence were included in the analysis of cessation of severe violence. Because the list of 26 behaviors is not an exhaustive catalog of violent behaviors, an indicator of any domestic violence incident was created from offender and victim responses to a series of questions about outcomes to incidents since the court disposition.

The results, shown in Table 5, indicate that offenders in treatment were no more likely to abstain from severe violence or threats of violence while in treatment than offenders not ordered to treatment. In both groups, 80 to 85 percent abstained from severe violence during this period, while just under half (47%) abstained from threats of violence. Contrary to expectations that treatment would reduce violence, a significantly smaller proportion of offenders in treatment abstained from physical aggression: the prevalence of cessation from physical aggression was 57 percent for the treated offenders, compared to 88 percent of those not ordered to treatment. Interestingly, the percentage of cases reporting no violent incident (measured without specifying the type of violent behavior) was just over 70 percent for both groups. This suggests that some of the behaviors reported on the physical aggression scale were not considered sufficiently violent or were not recalled in responding to general questions about the occurrence of violence.

**Table 5**  
**Cessation of Abuse Among Treated Offenders**  
**and Those Not Ordered to Treatment**<sup>18</sup>

<u>Cessation Measure</u>	<u>Treated Offenders</u>	<u>Offenders Not Ordered to Treatment</u>	<u>Significance of Differences Between Groups</u> <sup>19</sup>
No Severe Violence (n=98)	80%	85%	ns
No Physical Aggression(n=157)	57%	88%	p<.01
No Threats of Violence (n=157)	47%	47%	ns
No Domestic Abuse Incident (reported on interview) (n=162)	71%	75%	ns
No Domestic Violence Calls to Police (n=181)	50%	70%	p<.10
No New Domestic Violence Charges (n=181)	81%	93%	p<.05

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<sup>18</sup> Table entries are least-square means adjusted to control for group differences in percent married, unemployed, and having a prior criminal record.

<sup>19</sup> ns = not significant

Assessments of longer term cessation from violence were based on official records of incidents occurring after case disposition, a period that ranged from 15 to 29 months, depending on when the case entered the sample (up to 23 months after the follow-up interview). Because the sampling of offenders ordered to treatment was slower than the sampling of offenders not ordered to treatment, the period over which longer term cessation was measured averaged 28 days shorter for treated offenders. Although the shorter time during which subsequent incidents were monitored might be expected to favor the treatment group, the results indicated significantly lower cessation of incidents involving justice system intervention among treated offenders. No post-disposition domestic violence calls for police service were reported for 70 percent of the offenders not ordered to treatment, compared to 50 percent of those who completed treatment. Similarly, treated offenders were significantly more likely to face new domestic violence charges than offenders not ordered to treatment: 81 percent of those treated had no official record of new domestic violence charges, compared to 93 percent of those not ordered to treatment.

One explanation for the higher prevalence of incidents among treated offenders may be that earlier stages of treatment might be associated with increased risk of violence as the offender faces accepting responsibility for his behavior and examines painful issues, and that violence subsides only near the end of, or after, treatment. However, the official reports of violence do not indicate higher rates of cessation for treated offenders following treatment completion. The proportion of treated offenders for which no domestic violence calls were reported during treatment was almost identical to the proportion (50%) for which no calls

were received following treatment, and only slightly fewer faced new domestic violence charges following treatment completion than during treatment.

Overall, the analysis indicates that cessation of violence was lower among treated offenders than among those not ordered to treatment when measured by acts of physical aggression, calls to the police and new charges, and not significantly different when measured by acts of severe violence, threats of violence or interview-reported incidents. It is possible, however, that this type of treatment is effective for certain types of cases or offenders. To test for differential effects of treatment, a series of models were tested that included interaction terms between treatment and a set of factors hypothesized to affect involvement in domestic violence.

The factors hypothesized to affect the impact of treatment included:

- Arrest. In recent years, considerable attention has been devoted to the deterrent effects of arrest. Arrested offenders might be more likely to view the experience as a deterrent to subsequent violence and more likely to attempt to modify their behavior as a result of treatment compared to offenders charged as a result of a victim complaint. This hypothesis was tested by including an interaction term to contrast arrested offenders ordered to treatment to other offenders.
- Suspended prosecution. The type of case disposition may well affect the risk of a sanction for noncompliance: cases ordered to treatment as a condition of probation before judgment or a finding of guilty are more easily reopened than cases ordered to treatment as a condition of suspended prosecution. The hypothesis that suspended prosecution would affect treatment impact was tested by including an interaction term to contrast the outcomes for treated offenders in which prosecution was suspended to other cases.
- Age. Although rates of domestic violence are higher among younger men than among older men, younger men are less likely to have an extended history of violence with female partners and may be less habituated to violent behavior. The hypothesis that younger men would respond to treatment

differently from older men was tested by introducing an interaction term that contrasted treated offenders 18 to 25 years of age with other offenders.

- Marital status. Offenders married and living with the victim after the case disposition might be more motivated to benefit from treatment and thus show better outcomes than other offenders. Conversely, these offenders might have more opportunity for renewed incidents of domestic violence than offenders with less intimate contact with their victims. To test these effects, violence among married offenders who received treatment was contrasted with violence among other offenders.
- Lived with victim after the case disposition. Because many offenders were not married to the victim and many married offenders did not live with their spouses after the disposition, the analysis tested the significance of the interaction between treatment and living with the victim after the case disposition (defined as lived one week or more with the victim versus did not live with the victim) was tested.
- Employment status. Economic stress, particularly unemployment, has been found to be correlated with battering and may interfere with treatment impact. The effects of economic stress on treatment impact were assessed with an interaction term that contrasts unemployed men in treatment with other offenders.
- Past criminal history. Offenders with a prior criminal record may be more committed or habituated to deviant behavior and/or less deterred by the threat of sanctions for noncompliance and thus less likely to benefit from treatment. Conversely, repeated intervention by the courts may create a motivation for behavior change. The outcomes for treated offenders with a criminal record (any prior conviction versus no prior conviction) were contrasted with those for other offenders.
- Prior domestic violence treatment. Repeated exposure to domestic violence treatment may have cumulative effects over time, with the result that offenders attending treatment for a second time might show better outcomes. Conversely, these offenders might be particularly resistant to behavior change, given their failure after initial treatment, and thus less likely to benefit from additional treatment. The analysis contrasted outcomes for those in treatment for a second (or third) time with those of other offenders.
- Alcohol or drug involvement. Substance abuse is reported to be widespread among batterers and may well affect the extent to which treatment is successful. Although the most serious negative effects would be likely to occur among drug or alcohol abusers, the data from the interviews were not

sufficient to identify patterns of abuse. The measure of alcohol or drug involvement used in this analysis is based on items that indicate: (1) offender use of alcohol or drugs at the time of incident, and/or (2) current or past treatment for substance abuse, reported by either the offender or victim. The interaction between treatment and indications that the offender used alcohol or drugs at the time of an incident or had a history of abuse was used to compare treated offenders with this history to other offenders.

- Victim had children living with her. Victims with children living with them may be particularly vulnerable to domestic abuse, through economic dependence on the offender and/or continued contact with the offender over issues related to their children. The effects on impact were examined using an interaction term to compare treated offenders whose victims had children living with them to other offenders.
- History of nonstranger violence. Offenders were asked whether they had ever hurt or been violent with pets, children, parents, in-laws, brothers or sisters, or friends. This self-report history of violence towards family members and others was used to create an indicator of history of nonstranger violence. Treated offenders with a self-reported history of nonstranger violence were contrasted with other offenders in the analysis of treatment impact.
- Offender witnessed parental violence. Offenders were asked if they had ever witnessed violent disputes between their parents. Such exposure to role models of violence could influence these offenders to emulate the behavior and/or to adopt beliefs legitimizing the use of violence. Treated offenders who reported witnessing parental violence were contrasted to other offenders in the analysis.
- Offender victim of violence as a child. Offenders who reported that they had been physically hurt as children by a parent or guardian might be more likely to act in an abusive way to their partners, based on findings of the intergenerational transmission of patterns of family violence. Treated offenders who reported being hurt by a parent or guardian were contrasted with other offenders.

The results, shown in Table 6, indicate that relatively few of the characteristics found in prior research to predict involvement in domestic violence were related to treatment impact measured by cessation, after controlling for group differences.<sup>20</sup> The significant interactions indicated that:

- Among cases with a history of severe violence, treated offenders who were married to the victim and/or lived with the victim were significantly ( $p < .10$ ) more likely than other offenders to cease severe violence.
- Among cases with a history of physical aggression, treated offenders whose victims had children living with them were significantly ( $p < .05$ ) more likely than other offenders to cease physical aggression.
- Among cases with a history of physical aggression, treated offenders who were involved with drug or alcohol use were significantly ( $p < .10$ ) more likely than other offenders to cease their physical aggression.
- Treated offenders with a past criminal record were significantly more likely than other offenders to be involved in a subsequent incident reported by the offender or victim on the interview.

Thus, on some measures, treated offenders with family ties were more likely to abstain from violence across the treatment period, but the pattern of correlates is not consistent across outcome measures nor across family tie indicators. In general, the absence of consistent patterns does support the general thesis that treatment has differential effects related to these case and offender characteristics. However, the failure to detect significant interactions may be due in part to the relatively small sample sizes for detecting interaction effects and limitations in the measurement of case and offender characteristics.

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<sup>20</sup> Significance tested using logistic regression models.

**Table 6**  
**Cession of Violence: Significance of Interactions**  
**between Case Characteristics and Treatment**  
**in Predicting Post-Treatment Violence <sup>21</sup>**

<u>Case Characteristics</u>	<u>Any Severe Violence</u>	<u>Any Physical Aggression</u>	<u>Any Threats of Violence</u>
Arrested	ns	ns	ns
Deferred Prosecution	ns	ns	ns
Offender Age 18-25	ns	ns	ns
Married, Living with Victim	p < .10	ns	ns
Offender Lived with Victim Across Treatment Period	p < .10	ns	ns
Offender Unemployed	ns	ns	ns
Past Criminal Offense	ns	ns	ns
Prior Domestic Violence Treatment	ns	ns	ns
Offender Involved with Drugs or Alcohol	ns	p < .10	ns
Children Live with Victim	ns	p < .05	ns
History of Nonstranger Violence	ns	ns	ns
Offender Witnessed Parental Violence	ns	ns	ns
Victim of Violence as Child	ns	ns	ns

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<sup>21</sup> ns = not significant

+ = main effect of case characteristic significant at the p < .10 level

\* = main effect of case characteristic significant at the p < .05 level

Table 6, Continued

<u>Case Characteristics</u>	<u>Any Incident of Domestic Violence</u>	<u>Any Domestic Violence Call to Police</u>	<u>Any Charges of Domestic Violence</u>
Arrested	ns	ns	ns
Deferred Prosecution	ns	ns	ns
Offender Age 18-25	ns	ns	ns
Married Living with Victim	ns	ns	ns
Offender Lived with Victim Across Treatment Period	ns	ns	ns
Offender Unemployed	ns	ns	ns
Past Criminal Offense	p < .05	ns	ns
Prior Domestic Violence Treatment	ns	ns	ns
Offender Involved with Drugs or Alcohol	ns	ns	ns
Children Live with Victim	ns	ns	ns
History of Nonstranger Violence	ns	ns	ns
Offender Witnessed Parental Violence	ns	ns	ns
Victim of Violence as Child	ns	ns	ns

### *Desistance from Violence*

Offenders and their victims were asked how frequently 26 violent behaviors (see list in Chapter 4) occurred during the four months preceding the follow-up interview. These responses were coded by the mid-point into the monthly incidence of two levels of violence: physical aggression and threats of violence. No indicator of the frequency of severe violence was created due to the low prevalence of this behavior. In addition, a measure of the frequency of psychologically abusive behavior, measured on the 4-point ordinal scale described in Chapter 4, was included to reflect desistance from abusive behavior involving intimidation and manipulation of the victim short of threats of violence. Longer term desistance over the 15 to 29 months following case disposition was measured by the number of calls to the police for domestic violence and the number of new domestic violence charges filed with the courts. In addition, a frequency measure of the use of conflict resolution skills taught in the treatment programs was included. Improvement is reflected in higher measures on this indicator, while desistance is indicated by lower scores on the other measures.

The results, shown in Table 7, indicate no significant differences between treated offenders and those not ordered to treatment in the frequency of physical aggression, threats of violence, or use of conflict resolution skills. Treated offenders were significantly ( $p < .10$ ) more likely to desist from psychological abuse than offenders not ordered to treatment, although the relatively small differences in the two groups in the adjusted means of this 11-item scale indicate that there was little variation among offenders in the level of psychological abuse. The measures of longer term desistance based on official records indicate that treated offenders had significantly ( $p < .001$ ) more post-disposition domestic violence calls to the police than offenders not ordered to treatment, despite

a somewhat shorter average follow-up period. The number of new domestic violence charges was also higher among treated offenders (.20 compared to .10 for offenders not ordered to treatment), but this difference did not quite attain significance at the  $p < .10$  level.

On most measures, no significant differences between treated offenders and offenders not ordered to treatment were observed. Treated offenders were found to engage in psychological abuse less frequently than those in the comparison group. However, treated offenders were found to have a record of more post-disposition police calls for domestic violence than those not ordered to treatment. Thus, treatment appears to have some positive behavioral effects, but these did not appear to translate into reduced demand for police intervention.

To identify the differential impact of treatment on desistence, the analysis of desistence tested models that included interactions between treatment and the set of case and offender characteristics described above. The results are shown in Table 8. Again the pattern of significant interactions does not indicate case or offender characteristics that are consistently associated with better or worse treatment outcomes. The significant interactions indicated that compared to other offenders:

**Table 7**  
**Desistance of Abuse Among Treated**  
**Offenders and Those Not Ordered to Treatment<sup>22</sup>**

<u>Frequency of:</u>	<u>Treated</u> <u>Offenders</u>	<u>Offenders</u> <u>Not Ordered</u> <u>to Treatment</u>	<u>Significance of</u> <u>Differences</u> <u>Between Groups<sup>23</sup></u>
Physical Aggression <sup>24</sup> (n = 144)	.20	.11	ns
Threats of Violence <sup>6</sup> (n = 157)	.48	.32	ns
Psychological Abuse <sup>25</sup> (n = 181)	2.6	2.7	p < .10
Use of Conflict Resolution Skills <sup>2</sup> (n = 181)	1.7	1.8	ns
Number of Calls for Police Service (n = 191)	.93	.40	p < .001
Number of New Domestic Violence Charges (n = 191)	.20	.10	ns

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<sup>22</sup> Table entries are least-square means adjusted to control for group differences in percent married, unemployed, and having a prior criminal record.

<sup>23</sup> ns = not significant

<sup>24</sup> Original categories recoded to midpoint to indicate monthly incidence as follows: once in 4 months = .25, several times in 4 months = .67, once a month = 1, several times a month = 3, once a week = 4.3, more than once a week = 6.4.

<sup>25</sup> Frequency scored on a scale: 0 = never, 1 = rarely, 2 = sometimes, and 3 = often.

**Table 8**  
**Desistence of Violence: Significance of Interactions**  
**between Case Characteristics and Treatment**  
**in Predicting Post-Treatment Violence <sup>26</sup>**

<u>Case Characteristics</u>	<u>Frequency of Physical Aggression</u>	<u>Frequency of Threats of Violence</u>	<u>Frequency of Psychological Abuse</u>
Arrested	ns	ns	ns
Deferred Prosecution	ns	p < .01	ns
Offender Age 18-25	ns	ns	ns
Married Living with Victim	ns	p < .05	p < .05
Offender Lived with Victim Across Treatment Period	p < .10	ns	ns
Offender Unemployed	ns	ns	ns
Past Criminal Offense	ns	ns	ns
Past Domestic Violence Treatment	ns	ns	ns
Children with Victim	ns	ns	ns
Offender Involved with Drugs or Alcohol	p < .05	ns	ns
History of Nonstranger Violence	ns	ns	p < .10
Offender Witnessed Parental Violence	ns	ns	ns
Victim of Violence as Child	ns	ns	p < .05

<sup>26</sup> ns = not significant

+ = main effect of case characteristic significant at the p < .10 level

\* = main effect of case characteristic significant at the p < .05 level

Table 8, Continued

<u>Case Characteristics</u>	<u>Frequency of Use of Conflict Resolution Skills</u>	<u>Number of Domestic Violence Calls to Police</u>	<u>Number of Charges for Domestic Violence</u>
Arrested	ns	ns	ns
Deferred Prosecution	ns	p < .01	ns
Offender Age 18-25	ns	ns	ns
Married Living with Victim	p < .05	ns	ns
Offender Lived with Victim Across Treatment Period	p < .10	ns	ns
Offender Unemployed	ns	ns	ns
Past Criminal Offense	ns	ns	ns
Past Domestic Violence Treatment	ns	ns	ns
Children with Victim	ns	ns	ns
Offender Involved with Drugs or Alcohol	p < .05	ns	ns
History of Nonstranger Violence	ns	ns	p < .10
Offender Witnessed Parental Violence	ns	ns	ns
Victim of Violence as Child	ns	ns	p < .05

- Use of physical aggression was less frequent among treated offenders who lived with the victim across the treatment period.
- Use of physical aggression was less frequent among treated offenders involved with alcohol or drugs.
- Threats of violence were more frequent among treated offenders ordered to attend treatment as a condition of deferred prosecution.
- Threats of violence were more frequent among offenders married and living with the victim.
- Psychological abuse was more frequent among treated offenders with a history of nonstranger violence.
- Psychological abuse was more frequent among treated offenders who had been victims of violence as children.
- Psychological abuse was less frequent among treated offenders who were married and living with the victim.
- Use of conflict resolution skills was more frequent among treated offenders who were married and living with the victim.
- Use of conflict resolution skills was less frequent among treated offenders who had witnessed parental violence.

These results indicate less desistance from abuse among treated offenders with a history of violence or exposure to family violence. Again, it is difficult to identify clearcut guidelines on which offenders are more or less likely to benefit from treatment. When desistance was measured by contacts with the justice system, the results showed that compared to other offenders:

- More domestic violence calls to the police were recorded for treated offenders.
- More new domestic violence charges were filed against treated offenders who were involved with alcohol or drugs.

- More new domestic violence charges were filed against treated offenders with a criminal history.

Judged on this standard, offenders with a criminal history or substance abuse involvement appear to be poor candidates for treatment.

### *Perceived Behavioral Control*

At the follow-up interview, victims and offenders were asked a series of comparable questions designed to indicate the level of control over violent behavior expected in the next year. The first scale, modeled on measures of self-efficacy, asked how confident the respondent was that the offender could abstain from violence in the next year in the face of specific situations in which disputes were likely to occur. Not surprisingly, offenders in general had higher levels of confidence in their ability to avoid violence in these situations than the victims. Table 9 lists the ratings for perceptions of risk. The offenders rated their confidence at 4.4 for the treated group and 4.3 for those not ordered to treatment, on a scale from 0 (not at all confident) to 5 (extremely confident). Victims were less sure: they rated their confidence at 3.2 on the same scale. There was no significant difference in confidence between the treatment and comparison groups of offenders or victims.

Elsewhere in the interview, offenders and victims were asked to rate the chances that the offender would hit the victim in the next year on a scale from 0 (no chance at all) to 10 (certain to happen). Again, the offenders were more confident that they would remain nonviolent. Treated offenders rated the chance of hitting their partner in the next year at 1.9, which was

**Table 9**  
**Perceptions of the Risk of Subsequent Domestic Violence**

	<u>Treated Offenders</u>	<u>Offenders Not Ordered to Treatment</u>	<u>Significance of Differences Between Groups<sup>27</sup></u>
<b>Confidence in Offenders Control of Violence in Next Year<sup>28</sup></b>			
Victim (n=175)	3.2	3.2	ns
Offender (n=167)	4.4	4.3	ns
<b>Perceived Probability of Violence in Next Year<sup>29</sup></b>			
Victim (n=172)	3.5	2.6	ns
Offender (n=156)	6.2	4.7	ns
<b>Victim Perceptions of Physical Safety in Next Year (n=175)<sup>30</sup></b>			
	1.7	1.7	ns

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<sup>27</sup> ns = not significant

<sup>28</sup> Confidence rated on a 5-point scale from 0 (no chance at all) to 5 (extremely confident)

<sup>29</sup> Rated on a scale from 0 (no chance at all) to 10 (sure to happen)

<sup>30</sup> Rated on a scale from 1 = very safe, 2 = somewhat safe, and 3 = not safe at all.

higher, but not significantly higher, than the rating of 1.4 provided by offenders not ordered to treatment.<sup>31</sup> Like the offenders, victims in the treatment group rated the chances of getting hit higher, but not significantly higher, than did victims in the comparison group (3.4 compared to 2.6). Asked to assess their overall physical safety in the next year, victims in both groups rated their safety as 1.7 on a 3-point scale from 1 (very safe) to 3 (not safe at all).

The perception of victims that they are "somewhat safe" may reflect actual risks of subsequent violence as well as learned caution based on the history of abuse in the relationship. Between the first and second interviews, 8 percent of the victims in the treatment group reported seeking medical treatment for an injury inflicted by their partner and 6 percent reported staying in bed or missing work due to injury. These percentages were higher, but not significantly higher, than those reported by victims in the comparison group. Four percent of the victims in the comparison group sought medical treatment for partner-inflicted injuries and 3 percent stayed in bed or missed work due to injury. Overall, the results do not suggest that offender participation in these treatment programs resulted in increases in the perceived or actual safety of the victims.

### *Beliefs about Wife Beating*

Treatment programs were designed to change batterers' beliefs that supported the use of violence and to make batterers' aware of their responsibility for controlling their violence. The Belief about Wife Beating Scale (Saunders, Lynch, Grayson and Lynch,

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<sup>31</sup> The significance of the differences between treated offenders and those not ordered to treatment was tested using general linear models that controlled for group differences in the percent married, unemployed and having a prior criminal offense.

1987), a measure of normative beliefs about wife assault, was used to assess treatment impact on these beliefs. The scale consists of statements including justifications often used to defend the use of violence, opinions about the acceptability/deviance of wife beating, and responsibility for violence. The items, shown in Table 10, were rated on a 7-point scale from strongly agree to strongly disagree, coded so that higher scores indicate endorsement of beliefs that support wife beating. The analysis tested the hypothesis that offenders who completed treatment would have lower scores on the items and on the total scale score (the average of the items) than offenders not ordered to treatment. Tests of differences in the mean scores on items indicate significant differences on only two items<sup>32</sup>, and for both, the treated offenders more strongly agreed with statements that endorsed wife beating than offenders not ordered to treatment. The agreement score on the item, "occasional violence can help a marriage," was 2.3 for treated offenders compared to 1.8 for those not ordered to treatment ( $p < .05$ ), while the agreement score on the item, "most wives secretly desire to be beaten," was 2.5 for treated offenders compared to 2.0 for the comparison group ( $p < .05$ ). On the total scale, treated offenders scored 2.9 compared to 2.7 for non-treated offenders, after controlling for earlier belief scores and differences in the percent married, unemployed and having a prior criminal offense conviction. This difference just barely failed to reach significance ( $p = .1013$ ). Given that the analysis controlled for

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<sup>32</sup> The significance of item score differences was based on a t-test of differences in means. The significance of differences in the total scale score was assessed with a general linear model that controlled for beliefs at the initial interview and for group differences in the percent married, unemployed and having a prior criminal offense.

**Table 10**  
**Beliefs About Wife Beating**  
**by Treatment Status**

	<u>Treated</u> <u>Offenders</u>	<u>Offenders</u> <u>Not Ordered</u> <u>to Treatment</u>	<u>Offenders</u> <u>Significance</u> <u>of Differences</u> <u>Between Groups</u>
Social agencies should do more	2.0	2.0	ns
No excuse for beating wife	2.0	2.0	ns
Wives try to get beaten *	3.1	2.6	ns
A woman who refuses sex is asking to be beaten	2.0	1.8	ns
Wives could avoid being battered if they stopped talking	3.8	3.5	ns
Beating wife's fault *	2.7	2.7	ns
When women lie they do not deserve a beating	2.8	2.4	ns
Women should be protected by law	2.0	1.9	ns
Wife-beating, a high priority as a social problem	2.7	2.6	ns
Sometimes OK to beat wife *	2.0	1.8	ns
Women feel pain and no pleasure when beat-up	2.4	2.2	ns
A sexually unfaithful wife deserves to be beaten *	2.3	2.3	ns
Wife-beating fault of the husband	4.0	3.8	ns
Battered wives try to get partners to beat them for attention	2.6	2.6	ns
Husbands who batter should be responsible for the abuse	3.3	3.2	ns
If heard woman attacked, best to do nothing *	3.2	3.1	ns

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\* Score of item was reversed. Higher scores indicate support for wife beating. Items were rated on a 7-point scale from strongly agree to strongly disagree.

Table 10, Continued

	<u>Treated Offenders</u>	<u>Offenders Not Ordered to Treatment</u>	<u>Significance of Differences Between Groups<sup>33</sup></u>
Battered wives intended it to happen *	2.6	2.5	ns
If wife is beaten, she should divorce	5.0	5.2	ns
Husbands responsible because they intended to do it	4.6	4.5	ns
Deal with wife-beating by arresting the husband	4.0	3.8	ns
When a wife's behavior challenges manhood, not justified in beating	2.5	2.3	ns
Wife beating caused by her behavior *	3.4	3.2	ns
A wife should move out if beaten	3.0	2.8	ns
Wives who are battered should have foreseen it would happen *	3.4	2.9	ns
Husband has no right to beat if she breaks agreements	2.1	1.9	ns
Occasional violence can help maintain the marriage *	2.3	1.8	p < .05
Wife doesn't deserve beating even reminding husband of points of weaknesses	2.4	2.3	ns
Most wives secretly desire to be beaten *	2.5	2.0	p < .01
If heard a woman attacked, call the police	2.7	2.6	ns
It would do wives good to be beaten *	2.4	1.9	ns
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Overall Support of Wife Beating Scale	2.9	2.7	ns

<sup>33</sup> Significance of group differences in item means tested using t-tests. Significance of scale score tested using a general linear model that controlled for the scale score at the initial interview and group differences in the percent married, unemployed and having a past criminal offense.

group differences and the level of support for wife beating prior to the treatment period, the results indicate that the treated offenders showed no improvement in these beliefs.

### *Beliefs about Consequences of Future Violence: Perceived Deterrence*

An issue of particular interest to courts is the deterrent value of court-ordered treatment perceived by offenders mandated to attend. Deterrence refers the inhibiting effects of negative sanctions on individuals who have experienced sanctions directly (specific deterrence) or indirectly through the experience of others (general deterrence). Perceived deterrence refers to the sanctioned individual's belief that negative sanctions are: (1) likely to occur, and (2) are serious. The perceived deterrence of two types of sanctions was considered: legal sanctions and informal social sanctions, as defined in Chapter 4. Legal sanctions included reports to the police, domestic violence charges, a return to court, a conviction, a fine and jail. Informal social sanctions referred to negative responses by the victim, friends or relatives, as well as self-condemnation. The overall deterrent effects of these negative consequences to future violence was calculated by multiplying the perceived likelihood of occurrence by their perceived seriousness.

Across the study period, most offenders not ordered to treatment faced no sanction other than the threat of renewed prosecution or revocation of probation (before or after judgment): jail time, fines and community service requirements were rare and not linked to the order to attend treatment. Thus, the requirement to attend treatment represented a sanction in excess of requirements generally imposed on offenders not ordered to treatment. The treatment order required offenders to do something that most did not

want to do--at least initially--and, in many cases, to pay for it. Perceptions of the potential for justice system sanctions were further reinforced by the treatment programs emphasis on the offenders' responsibility for violence. For these reasons, treated offenders were expected to express higher levels of concern about sanctions for future violence.

The analysis examined the deterrent effects of the legal sanctions and the combined effects of both legal and social sanctions (any negative consequences). In general, the legal sanctions were rated as more serious than the combined set of legal and social sanctions, as reflected in the higher average rating shown in Table 11. The comparison of treated offenders to offenders not ordered to treatment indicates that treated offenders rated the seriousness of sanctions significantly higher than offenders not ordered to treatment. On a scale of 0 (not bad at all) to 10 (extremely bad), treated offenders rated legal sanctions at 9.0, compared to the 7.8 rating of offenders not ordered to treatment ( $p < .01$ ). The difference between treated offenders and the comparison group in the perceived seriousness of legal and social sanctions combined (8.4 compared to 7.1) was even more significant ( $p < .001$ ).

Overall, the ratings of the likelihood of being sanctioned were considerably lower, averaging between 5.0 and 5.9 on the same scale. Legal sanctions were rated slightly, but not significantly, more likely than informal social sanctions. The difference in likelihood ratings of treated offenders and those not ordered to treatment was not significant. As a result, neither deterrent effects of legal sanctions or the combined deterrent effects of legal and social sanctions differed across groups. This outcome suggests that offenders were well aware that the risk of facing consequences for future violence from the courts and police, as well as from acquaintances, was relatively low.

**Table 11**  
**Offenders Beliefs about Consequence to Future Domestic**  
**Violence by Treatment Group**

	<u>Treated</u> <u>Offenders</u>	<u>Offenders</u> <u>Not Ordered</u> <u>to Treatment</u>	<u>Significance</u> <u>of Differences</u> <u>Between Groups</u>
Likelihood of legal sanctions <sup>34</sup>	5.9	5.2	ns
Seriousness of legal sanctions <sup>35</sup>	9.0	7.8	p < .001
Overall deterrence of legal sanctions <sup>36</sup>	53.3	46.7	ns
Likelihood of any negative consequences	5.4	5.0	ns
Seriousness of any negative consequences	8.4	7.1	p < .001
Overall deterrence of negative consequences	47.1	40.0	ns

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<sup>34</sup> Likelihood items rated on a scale from 0 (no chance at all) to 10 (sure to happen).

<sup>35</sup> Seriousness items rated on a scale from 1 (not bad at all) to 10 extremely bad).

<sup>36</sup> Calculated by multiplying the likelihood by the seriousness for each item and averaging across items.

## CHAPTER 6

### SUMMARY AND RECOMMENDATIONS

#### *Scope of the Evaluation*

This evaluation of the impact of court-ordered treatment for domestic violence offenders was based on a quasi-experimental design that compared a sample of offenders ordered to treatment to those not ordered to treatment as part of the disposition of a misdemeanor criminal case heard in Baltimore County District Courts. The three programs to which these offenders were ordered provided 8 to 12 weekly group sessions based on a cognitive-behavioral approach. The treatment consisted of behavioral training in interpersonal communication, cognitive restructuring to change embedded beliefs about violence, training in self-observation of build-ups to violence and techniques for avoiding violence, and education on the cycle of violence, sex role stereotyping, and the negative consequences of abusive behavior. Primary treatment goals were: (1) to increase the offender's responsibility for his battering behavior; (2) to develop behavioral alternatives to battering; (3) to increase constructive expression of all emotions, listening skills, and anger control; (4) to decrease dependency on and control of the relationship; and (5) to increase the batterers' understanding of the family and social facilitators of wife battering.

The District Court judges ordered offenders to attend batterer treatment: (1) as a sentencing condition under a finding of guilt, (2) as a condition of deferred prosecution (a STET), or (3) as a condition of deferred judgment (probation before judgment). Offenders ordered to treatment were told to contact the Domestic Violence Referral Program (DVRP) within five days. The DVRP referred offenders to one of three treatment programs in the county, depending primarily on where the offender lived and to a lesser extent on scheduling

considerations. The DVRP program was operated directly by the Office of the Criminal Justice Coordinator to facilitate intense monitoring of treatment compliance. Regular contact between the DVRP and the treatment programs was maintained to ensure that offenders made contact and complied with treatment orders.

The treatment outcomes evaluated in this study were the behaviors and attitudes which the programs were attempting to change. These included violent behavior, psychological abuse, and use of non-violent conflict resolution skills during disagreements. Attitudes that were the target of program content included beliefs justifying or condemning the use of violence, perceived control of violence in specific situations, and perceived deterrent effects of criminal sanctions. In addition, victim perceptions of their safety, perceived risk of violence in the coming year, and reported satisfaction with the court intervention were included as measures of the bottom-line program objective--improved safety for the victims.

The effects of treatment were assessed by comparing the records and responses of treated offenders and their victims to those for offenders (and their victims) not ordered to treatment, using appropriate statistical controls for pre-treatment differences across offenders. Interviews with offenders and their victims were conducted shortly after case disposition and six months later, following the treatment period. Records from the Spousal Assault Unit of the Baltimore County Police Department and the District Court were reviewed across a period of 15 to 29 months following case disposition for indications of intervention by the police and courts. Additional information on case handling procedures and implementation of treatment orders was provided through interviews with judges, prosecutors, advocates, treatment providers, and others working with the Baltimore County agencies responsible for these cases as well as observations of treatment and court procedures.

### *Treatment Impact*

The treatment programs were successful in communicating specific educational messages. The large majority of treated offenders (85 percent or more) were familiar with subjects covered in treatment with slightly fewer indicating that sex role stereotypes, interrupting build-ups to a fight, negotiating skills, and what you say to yourself about violence were discussed in their treatment program. Most offenders also found treatment helpful--58 percent found it very helpful and 34 percent somewhat helpful. The topics covered in treatment were uniformly rated as useful, with "taking responsibility for violence" and "understanding the legal consequences of violence" receiving the highest ratings.

Questions about specific types of helpfulness revealed some interesting insights into the type of benefits imparted. Treatment was rated by well over half of the participants as very helpful in avoiding violence, recognizing their anger, and building confidence in their ability to resolve disputes. However, fewer than half reported that treatment was helpful in finding agreeable solutions to problems, getting along better with their partner, or understanding their partner's point of view.

These endorsements of the helpfulness of treatment by participants seem optimistic, however, in light of the limited improvements in behavioral control of violence reported by the offenders and their victims. Evaluation of control of violence focused on four categories of abusive behavior: severe violence, physical aggression, threats of violence, and psychological abuse. These categories represent a continuum of power and control over the victim that ranges from life-threatening acts and illegal use of force to coercion. Severe violence includes potentially lethal threats or serious assaults, including those involving weapons. Physical aggression includes potentially less lethal assaults involving pushing, shoving, kicking and hitting. Acts in these two categories involve clear-cut instances of

illegal assault. Threats to harm or remove children, destruction of property and swearing are behaviors used to intimidate victims by implying the risk of violence if demands are not met. Such threatening behavior may well meet guidelines for criminal behavior. Psychological abuse is the use of more subtle coercive tactics to control and manipulate victims without threats of violence.

When measuring the effects of treatment on cessation of violence--defined as no violence across the study period-- offenders not ordered to treatment were found to be as likely as treated offenders to abstain from severe violence or threats of violence. Between 80 to 85 percent of all offenders in the study abstained from severe violence during the treatment period, while just under half (47%) abstained from threats of violence. Contrary to expectations that treatment would reduce violence, a significantly smaller proportion of offenders in treatment abstained from physical aggression: the prevalence of cessation of physical aggression was 57 percent for the treated offenders, compared to 88 percent of those not ordered to treatment. Similarly, longer term cessation from violence measured by domestic violence calls for police service after case disposition was significantly lower among treated offenders (50 percent had no police calls) than among offenders not ordered to treatment (70 percent had no police calls). In addition, treated offenders were significantly more likely to face new domestic violence charges than offenders ordered to treatment: 19 percent of the treated offenders had additional charges for domestic violence recorded in the court files, compared to 7 percent of those not ordered to treatment. Although earlier stages of treatment might be associated with increased risk of violence as the offender faces accepting responsibility for his behavior and examines painful issues, the timing of official reports on subsequent domestic violence is not consistent with this explanation, with renewed violence as likely after treatment as during treatment.

When the effects of treatment were assessed by desistence from violence--reductions in the frequency of abusive behaviors, no significant differences were found between treated offenders and those not ordered to treatment in the frequency of physical aggression, threats of violence, or use of conflict resolution skills, although treated offenders were significantly more likely to reduce their psychological abuse than the comparison group. Treated offenders had significantly more post-disposition domestic violence calls to the police than offenders not ordered to treatment, despite a somewhat shorter average follow-up period. The number of new domestic violence charges was also higher, but not significantly higher, among treated offenders.

Extensive efforts to identify cases particularly likely to benefit from treatment were not successful. Tests for significant interactions between treatment participation and offender characteristics such as the offenders' history of violence, criminal history, alcohol or drug involvement, employment status, and marital status or case handling characteristics such as deferred prosecution or arrest failed to identify consistent patterns of differential treatment impact.

Victim and offender perceptions about control of violence also revealed no significant differences between treated offenders and those not ordered to treatment. Confidence that the offender could abstain from violence in the next year either generally or in the face of specific situations at risk for violence did not differ between treated offenders and others, nor among the victims of these two groups.

Overall, the results do not suggest that participation in these treatment programs resulted in increases in the perceived or actual safety of the victims. Victims in both groups rated their physical safety in the next year as slightly better than "somewhat safe." These perceptions of victims may reflect actual risks of subsequent violence as well as learned

caution based on the history of abuse in the relationship. Victim injuries across the treatment period were reported by some victims (under 10 percent) in both groups. Slightly, but not significantly, more victims of treated offenders than victims of offenders not ordered to treatment reported seeking medical care for an injury inflicted by their partner and/or staying in bed or missing work due to injury.

Treatment also failed to show significant impacts on offender normative beliefs about the use of violence against wives, with the overall score on the scale used to measure endorsement of beliefs used to justify violence slightly, but not significantly higher for treated offenders than others, after controlling for pre-treatment differences in beliefs.

The treatment programs were effective, however, in conveying the seriousness of sanctions for future domestic violence. Treated offenders rated both legal and the combined effects of legal and social sanctions as more serious than offenders not ordered to treatment. This was consistent with treated offender reports that the programs were helpful in making them understand the legal consequences of their violence. Unfortunately, the likelihood of experiencing sanctions was rated considerably lower by both treated offenders and the comparison group. As a result, there was no discernable deterrent effect of treatment participation, despite its educational value in conveying an understanding of the consequences to violence. This outcome suggests that offenders were well aware that the risk of facing consequences for future violence from the courts and police, as well as from acquaintances, was relatively low.

### ***Why Didn't Treatment Work?***

Cumulatively, these findings indicate that the court-ordered treatment programs evaluated in this study failed to meet the expectations of the victims, the courts, and the

treatment providers in stopping or reducing violence, improving victim safety, and reducing the demand for justice system intervention. In the face of these findings, it is imperative to consider why these programs failed to have a positive impact. Among the possible explanations, the following deserve further analysis.

The treatment models tested were inadequate. One explanation for the lack of impact is that the three programs represent treatments that are too weak or inappropriate--because they were too short, not intense enough, or used ineffective treatment strategies. Debates in the field rage over the effectiveness of alternative treatment models. The debates center on the duration of treatment--with the range of treatment duration ranging from short-term 5-week educational programs to programs extending over several years. Many programs have been extended to 18 to 26 weeks, although one rigorous evaluation of alternative treatment duration found no gains associated with longer treatment (Edleson, 1990). The debate over treatment approaches interacts with the debate about duration. Some argue that education must be coupled with psychotherapeutic strategies for addressing underlying personality disorders. Still others advocate couples and family therapy to focus on the patterns of interpersonal dynamics in the relationship. Certainly the literature about comparative treatment models is inconclusive, with little existing evidence on the preferred approach. One feature included in many court-affiliated programs, regular contact and safety checks with the victim, was noticeably absent in these programs.

The treatment procedures were inadequately implemented. Two of the treatment programs experienced some interruptions in service, due to staff turnover at one program and a fire at another. In addition, long waiting periods for placement in a group and even longer waits for case disposition introduce considerable lags between the incident and the remedial efforts. These delays may have had a negative effect on treatment impact by

allowing offenders to avoid responsibility. However, delays such as these are not uncommon in court implementation of mandated treatment, thus the impact of delays should receive close scrutiny in treatment evaluations and in jurisdictions mandating treatment. The high level of familiarity with program content and the perceived helpfulness of the program topics suggest, however, that program messages were understood by the offenders. This was clearly demonstrated by the self-reported familiarity with the seriousness of legal sanctions and the translation of this into perceived consequences of future violence.

The response to domestic violence cases in Baltimore County included several features likely to contribute to successful criminal justice system intervention in these cases. The police department's Spousal Assault Unit kept records of calls for domestic violence and was able to identify repeat calls from the same address. The DVRP program provided close monitoring of the offenders ordered to treatment. The Baltimore County Domestic Violence Coordinating Committee met regularly with representatives from the treatment agencies and courts to discuss and resolve case handling problems. These efforts have been identified as important components of a coordinated domestic violence response and were in place during the treatment evaluation.

Failure to sanction noncompliance reduced treatment impact. A second drawback and related to the implementation problem was noncompliance and the failure to penalize noncompliance. More than a quarter of those ordered to treatment did not complete it. In some cases, the court order never reached the DVRP; in other cases, cases ordered to treatment under deferred prosecution could not be reopened due to lack of evidence. As a result, no offenders were penalized for failure to complete the court-ordered treatment. Those who completed treatment, as well as the dropouts, might be aware that the risk of penalties for future offenses would be minimal--as indicated by their responses to questions

on the likelihood of legal sanctions for future violence. Because implementation problems of this type are not at all rare in systems using court-ordered treatment, their effects on treatment impact need to receive closer scrutiny.

Limitations in the treatment evaluation. It must be remembered that this study examined only three programs operating in a single jurisdiction. Features of the setting and treatment programs not measured in this evaluation might well have influenced the observed outcomes, and the study should be replicated in different settings before concluding that similar treatments are not effective. Other problems in evaluation include the potential, as in any quasi-experimental design, for unmeasured differences between the treatment and comparison group to bias the analysis against those going to treatment. However, interviews with the judges indicated a slight preference for assigning cases to treatment that were perceived as less serious (hence the lower proportion of offenders with a prior criminal history) and offenders thought to be more motivated to change (hence the higher proportion of offenders currently married to and living with the victim). These differences, controlled statistically in the analysis, might tend to exaggerate, not underestimate, positive treatment impacts. Similarly, because of sampling problems, the treatment offenders were monitored for a slightly shorter post-disposition period, which would have overestimated treatment effects, if it had an effect at all. Finally, treatment attrition removed from the treatment group offenders who were younger and less stable economically, but these participants are not those expected to show the greatest gains from treatment. Thus, to the extent that distortions in assessing program impact can be attributed to problems in implementing the study, these would appear to increase the probability of observing positive treatment effects.

### *Recommendations*

First, and most importantly, this single site study must not be taken as definitive. The study should be replicated. It is also very important to generalize appropriately from these findings. They apply to similarly structured and implemented programs and do not apply to batterer treatment programs that differ in duration and content. As noted above, the interventions tested are only one of several models currently used to treat batterers. The findings suggest greater attention and investment in comparative analyses of alternative treatment approaches, and tests of the impact of longer, more intensive programs. However, the findings do raise serious questions about the use of the models considered in this evaluation.

The findings also indicate that courts ordering offenders to treatment need to look closely at practices such as long delays in hearing cases and in starting treatment. Even more basic is the need to not only monitor compliance with treatment orders, as was the case in this jurisdiction, but to provide sanctions for noncompliance. Treatment in court settings is very likely to require a mix of the carrot and the stick--incentives for change and penalties for not changing. The effects of sanction certainty are well documented in the criminological literature. This requires a high level of coordination among multiple agencies working with offenders, which may well be crucial in this type of case.

Courts also need to be aware that victims may need protection while offenders are in treatment. Certainly, some of the victims in this study needed protection across the treatment period. Court-affiliated treatment programs may need to get agreement from participants to regularly check on victim safety, arrange a victim safety plan, and, if necessary, violate the offenders confidentiality if they believe violence is imminent.

The final recommendation is a plea for caution. Courts need to be wary of allowing the promise of effective treatment to divert attention from the primary fact that a crime was committed--a crime for which the offender should be held accountable. Although many constituencies--courts, advocates, treatment providers and certainly victims--would like to see treatment work, it may prove to be a limited remedy and less effective than more punitive sanctions. Courts need to explore alternative sanctions -- to use in combination with, or in place of, treatment. The justice system needs to continue to work to protect the interests of victims of domestic violence.

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