Do Batterer Intervention Programs Work? Two Studies
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For more than a decade, courts have been sending convicted batterers to intervention programs rather than to prison. But do these programs work? Two studies in Florida and New York tested the most common type of batterer intervention. Their findings raise serious questions about the effectiveness of these programs. However, problems conducting the research raise questions about the studies’ findings.

What did the researchers find?

Batterer intervention programs do not change batterers’ attitudes and may have only minor effects on behavior, according to these studies. The Florida study found no significant differences between those who had treatment and those who did not as to whether they battered again or their attitudes toward domestic violence. The study did find an apparent relationship between whether an offender was employed or owned a house and whether he reoffended: Those with the most to lose were the least likely to reoffend. In New York, batterers in a 26-week program were less likely to reoffend than those in an 8-week program, but neither group showed any change in attitudes toward women or domestic violence.

What were the studies’ limitations?

Researchers face serious problems in studying batterer intervention programs:

- Batterers drop out at high rates.
- Victims often relocate or become difficult to find.
- No measures have been designed to specifically assess batterers’ attitudes.
- To protect victims, judges often override random assignment of batterers to a control group.

These research limitations can affect the quality of the collected data, which can, in turn, affect researchers’ ability to draw verifiable conclusions. Although both studies tried to address these limitations, they could not avoid them entirely.
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Batterer intervention programs have been proliferating in the United States for the past two decades. These programs give batterers an alternative to jail. They usually involve several months of attendance at group therapy sessions that attempt to stop the violence and change the batterers’ attitudes toward women and battering.

Mounting evidence indicates that the programs might be ineffective.

Two recent evaluations, one in Broward County, Florida, and the other in Brooklyn, New York, evaluated interventions based on the Duluth model, which is the most commonly used program in the Nation—many States mandate its use (see “Types of Batterer Interventions”). The Broward County study found that the batterer intervention program had little or no effect, and the Brooklyn study found only minor improvement in some subjects. Neither program changed subjects’ attitudes toward domestic abuse.

However, limitations in the studies raise additional issues. Are the evaluations correct that these programs don’t change batterers’ behavior and attitudes, or do shortcomings in the evaluations cover up program effects? There is no adequate answer to this question. Both issues may need to be addressed in future programs and studies.

**Broward County: Does stake-in-conformity matter most?**

The Broward County study found no significant difference between the treatment and control groups in attitudes toward the role of women, whether wife beating should be a crime, or whether the State has the right to intervene in cases of domestic violence. It also found no significant difference between these groups in whether victims expected their partners to beat them again. Moreover, no significant difference was found in violations of probation or
TYPES OF BATTERER INTERVENTIONS

The Broward County and Brooklyn batterer intervention programs were based on the Duluth model. The Duluth model’s underlying theory is that batterers want to control their partners and that changing this dynamic is key to changing their behavior. Its curriculum uses a “power and control wheel” depicting tactics abusers use to control their partners. Themes counteracting these tactics are discussed in classes and group sessions that attempt to induce batterers to confront their attitudes and behavior.

There are several alternatives to the Duluth model. Cognitive-behavioral intervention views battering as a result of errors in thinking and focuses on skills training and anger management. Another model, group practice, works from the premise that battering has multiple causes and is best addressed through a combined approach that includes an individual needs assessment. Proponents of these programs believe that a more long-term approach than the Duluth model is necessary.*

Programs based on batterer typologies or profiles are gaining popularity. These interventions profile the batterer through a psychological assessment, then classify him by level of risk, substance abuse, and other factors that may influence which intervention is most likely to work for him. Programs based on this approach are still relatively new and not fully evaluated.

A controversial intervention is couples therapy, which views men and women as equally responsible for creating disturbances in the relationship. It is widely criticized for assigning the victim a share of the blame for the continuation of violence.

Notes

offender was employed (a stake-in-conformity variable) seemed to have more influence on whether he was rearrested.

**Brooklyn: Is longer treatment more effective?**

The Brooklyn study unintentionally had two experimental groups of offenders. After the study was underway, defense attorneys objected to the 26-week program’s duration and cost and advised their clients not to participate. To preserve the study, offenders were offered an accelerated 8-week program, which created a second experimental sample.

Batterers assigned to 26 weeks of treatment were less likely than the control group and those assigned to 8-week classes to be arrested again for a crime against the same victim. Neither program changed batterers’ attitudes toward domestic violence. There were significant differences in reoffending, however. Even though more offenders completed the shorter program, the 26-week group had fewer criminal complaints than either the control group or the 8-week group.

Men who attended the longer treatment committed fewer new violent acts than those who attended the shorter treatment or those who had no treatment. This may suggest that providing treatment for a longer period of time helped reduce battering during the term of treatment and for some time thereafter.

**Program and research issues**

Concerns about research methodology cloud most batterer intervention program evaluations, and these two studies were no exception. The major issues are—

- **Maintaining sample integrity.** Keeping assignments to batterer programs truly random is consistently a challenge.\(^2\)

- **Low attendance, high attrition, difficulty following up.** High dropout and low response rates can lead to overly positive estimates of program effects.

- **Inadequate data sources.** Official records used to validate batterer and victim reports may be collected inconsistently across jurisdictions; also, they capture
only those violations that reach the authorities. Evidence suggests that batterers often avoid rearrest by switching to psychological and verbal abuse.³

- **Difficulty measuring outcomes.** Evaluators lack good survey instruments to measure batterer behavior and attitudes. The revised Conflict Tactics Scale (CTS2) used in these studies was not designed for before and after measurements.⁴ The Brooklyn study raised another issue common to batterer intervention program studies: Do evaluations examine the effects of the intervention or the effects of assignment to a treatment group?⁵

- **Who is defining success?** A final concern is broader in scope: Is a mere reduction in violence enough? These studies considered a reduction in violence to be a success based on the premise that it is unrealistic to expect batterers to abandon violent behavior after one intervention. But a “statistically significant reduction in violence” may mean little to a battered woman.⁶

### New directions for protecting victims

The bottom line is: What are the best ways to protect victims? Batterer intervention programs are one approach, although much remains to be learned about them—specifically, which program works best for which batterer under which circumstances.⁷ But perhaps what is needed is a whole new approach.

**Rethinking intervention.**

The models that underlie batterer intervention programs may need improvement. New approaches based on research into the causes of battering and batterer profiles⁸ may be more productive than a one-size-fits-all approach.⁹ Researchers may also draw lessons from other disciplines, such as substance abuse interventions—for example, that length of treatment may influence the outcome.¹⁰

Improvements in how programs are put into practice may also be necessary, since variations in how programs are carried out may reduce their effectiveness. Researchers have noted greater effects in demonstration programs implemented by researchers than in practical programs.
implemented by juvenile or criminal justice agencies. Thus, the degree to which a program is faithful to the intervention model may determine how well it works. For example, some programs have few sanctions for dropping out, whereas others closely monitor attendance. This suggests the need to test the effectiveness of close monitoring and required attendance.

**Linking batterer programs to other programs and responses.** Batterer intervention programs may be effective only in the context of a broader criminal justice and community response to domestic violence that includes arrest, restraining orders, intensive monitoring of batterers, and changes to social norms that inadvertently tolerate partner violence.

If monitoring is partly responsible for lower reoffense rates, as the Brooklyn experiment suggests, judicial monitoring may be a useful approach. The Judicial Oversight Demonstration initiative—a collaboration among the National Institute of Justice, the Office on Violence Against Women, and three local jurisdictions—is testing this idea. Other innovations might include mandatory intervention (indeterminate probation) until the batterer no longer endangers his partner, an approach that has been used with sex offenders.

**Improving evaluations.** Although the quality of batterer intervention program evaluations has improved, barriers remain. By collaborating, researchers, practitioners, and policymakers may be able to develop better strategies and improve the rigor of experimental evaluations.

For example, researchers need to find better ways to maintain contact with batterers and victims and better instruments than the revised CTS2. They need to develop more reliable ways of validating batterer and victim reports than relying strictly on official records of rearrests and probation violations. Statistical tools can be applied to although these studies focus on male batterers, women batter as well. The dynamics of battering appear to differ for men and women, which suggests a need for intervention programs designed specifically for female batterers. Currently, it appears that most women batterers are being placed in male-dominated batterer intervention programs.
correct for nonrandom assignment and other problems.\textsuperscript{16}

Since batterer intervention programs are a relatively new response to a critical social problem, it is too early to abandon the concept. More work needs to be done to determine the causes of battering and test new responses.

Notes


2. Compromises in random assignment may have diluted the Brooklyn program's impact.


5. The Broward study statistically tested for this possibility and found no treatment effect.


DO BATTERER INTERVENTION PROGRAMS WORK?


Additional reading


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