

Treating Female Perpetrators: State Standards for Batterer Intervention Services

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Although domestic violence has historically been considered primarily a crime perpetrated by men, increasing numbers of women are being arrested and mandated into batterer intervention programs. This study examined existing state policies to explore the degree to which they address the unique needs of women in batterer intervention programs. Nearly all existing standards were designed primarily to address the needs of heterosexual male clients. The goal of the study was to examine existing standards as they relate to female perpetrators and to make recommendations for future development of state standards.

KEY WORDS: *batterer intervention; domestic violence; female offenders; practice guidelines; social policy*

In the past 20 years, domestic violence has received increased attention from policymakers across the United States. Local laws have been strengthened, and legal policies have been enforced more consistently (Martin, 1994). Among the changes has been an attempt to standardize and supervise the operation of batterer intervention services. Most states have developed standards for the treatment of court-mandated and voluntary clients of batterer intervention services by looking to research-based, theoretical, and philosophical perspectives to develop the most effective services possible (Maiuro, Hagar, Lin, & Olson, 2001). However, few states have identified appropriate services for women who have been physically aggressive in relationships.

The goal of this study was to examine the existing standards guiding batterer intervention services and make recommendations for further policy change. The research consists of a qualitative content analysis. The research questions included the following: What are the core components of batterer intervention service standards? To what extent do service standards address services for women? To what extent do standards address the differential needs of men and women?

HISTORY OF BATTERER INTERVENTION SERVICES

Identifying appropriate services for female batterers is important in part because of changing police policies and procedures, including mandatory and dual arrests. Prior to the implementation of mandatory arrest, and proarrest, and mandatory prosecution, the legal system did little to enforce laws prohibit-

ing assaultive behavior against an intimate partner (Martin, 1994). Domestic crimes were less likely to be prosecuted than were similar crimes against strangers, and sentences were much more lenient. Police departments generally attempted to mediate situations or send one partner away for a short period of time to "cool off" (Stalans & Finn, 1995). Mandatory and proarrest policies were developed to encourage, if not require, officers to make an arrest if there is reasonable cause to believe that domestic violence has occurred. Furthermore, mandatory prosecution policies require that these cases be prosecuted when the evidence is sufficient, even if the victim chooses not to participate in the prosecution.

The proarrest changes have led to dramatically increasing arrest rates for women in the past decade (Martin, 1997). One factor driving increased arrest rates for women is *dual arrest*, which refers to the practice of arresting both parties in a domestic violence incident at the same time (Martin, 1997). Because it is often difficult to assess who is the actual perpetrator (Mignon & Holmes, 1995), police opt to leave that decision to the courts by arresting both parties. States report that dual arrests have accounted for between 11 percent and 50 percent of domestic violence arrests since the implementation of mandatory arrest (Martin, 1997).

Men arrested in a dual arrest are significantly different from dually arrested women. Martin (1997) found that such men were significantly less likely to have been a domestic violence victim in the past two years (40 percent for women compared with 0 percent for men). These men were also more

likely to have a history of domestic violence arrests than were the women (41 percent and 19 percent, respectively). In comparison, among men arrested in single-arrest situations, only 2 percent had a history of victimization, and 49 percent had a history of prior arrests. These findings may indicate that the contexts and motivations of women arrested for domestic violence are different from those of men arrested for the same crime. Therefore, the needs of women in batterer intervention services may be different from those of men.

Two years following the implementation of mandatory arrest policies, arrest rates for men had doubled, but arrest rates for women were 10 times higher than they had been prior to implementation (Hamberger & Arnold, 1990). From 1987 to 2000, the ratio of male to female arrests decreased from 18 to 1 to 4.5 to 1, indicating that women comprised an increased proportion of domestic violence arrests (DeLeon-Granados, Wells, & Binsbacher, 2006). In some states, 30 percent of all people arrested for domestic violence are female (Klein, 2001), with the national average being nearly 20 percent (Durose et al., 2005).

Another explanation for increasing female arrest rates may be increasing use of violence among women. Research also indicates that women, particularly adolescents, are perpetrating more violence than they did in the past. Arrest rates for female adolescents have grown at more than twice the pace of the rates for male adolescents since 1989 (U.S. Department of Justice, 1996). Although women account for 18 percent of aggravated assault arrests, arrests of women for violent crimes has increased by 55 percent, compared with 33 percent for men. If this trend continues, it is likely that rates of female-perpetrated domestic violence will increase.

Research on whether increasing arrest rates are indicative of the prevalence of female-perpetrated domestic aggression is inconclusive. Arrest and injury reports indicate that men make up a much larger proportion of perpetrators (Dobash, Dobash, Wilson, & Daly, 1992; Morse, 1995; Straus, 1999). Some national studies (O'Leary et al., 1989; Straus, Gelles, & Steinmetz, 1980; Vivian & Langhinrichsen-Rohling, 1994) have indicated that women are just as likely as men to behave aggressively in intimate relationships. Other studies have indicated that women make up a much smaller proportion of all perpetrators (Bachman, 1994; Johnson, 2001) and are often arrested for using

violence in self-defense (Smith, 2003). Differences in these findings may be attributable to differences in definitions of abuse. Research that measures behavior without consideration of context and severity may show disproportionately high levels of female aggression.

Although female perpetrators represent a minority of domestic violence arrests, a large number of women are arrested and mandated into programs. The goal of this study was to examine how the existing standards address service provision to women in batterer intervention programs. Currently, only one state, Illinois, has developed standards specifically to guide the treatment of women arrested for domestic violence. This study examined the Illinois standard and others that have been written to apply to both men and women.

WOMEN AS PERPETRATORS OF DOMESTIC VIOLENCE

In their early stages, domestic violence theories and practices were based on the assumption that men were perpetrators and women victims. The most widely adopted theory of batterers and batterer intervention services, the Duluth model, was developed with only male perpetrators in mind (Pence & Paymar, 1986, 1993). This approach combines feminist and cognitive-behavioral theories of the causes of domestic violence. This combination creates an intervention that uses a cognitive psychoeducational approach to challenge male authority in relationships and teach skills that support egalitarian, respectful relationships (Healey, Smith, & O'Sullivan, 1998; Pence & Paymar, 1993).

As attempts have been made to apply this and other theories to interventions more broadly, certain limitations have become evident. For example, feminist theories, as summarized by McCall and Shields (1986), are based on the assumption that domestic violence results from patriarchal social structures. Although an important consideration for male-on-female violence, this theory appears to provide little information on the nature of female-perpetrated violence given that the gendered power imbalance should serve to deter this type of violence.

In addition, motivational and contextual factors are important considerations in understanding women's use of force. Johnson (2001) identified four types of violent domestic relationships. *Intimate terrorism* refers to the commonly understood form of relationship violence in which one partner—similar to the

batterer identified by Pence and Paymar (1986)—acts violently with the goal of gaining control over the other partner. *Mutual violent control* describes a relationship in which both partners use violence and control. *Common couple violence* involves aggression by both parties without the desire to control. *Violent resistance* is the use of force in response to ongoing abuse (intimate terrorism) from a partner. Although much of the research indicates that women use force primarily in self-defense, it cannot be ignored that some women may be primary aggressors (Archer, 2002; Smith, 2003).

Little is known about the counseling needs of these women and the appropriateness of existing treatment models (Johnson, 2001; Smith, 2003). Research indicates that most female domestic aggression does not fit the definition of intimate terrorism. Instead, women are more likely to be motivated to use violence in response to ongoing abuse by a partner—violent resistance—rather than out of a desire to control the partner (Barnett, Lee, & Thelen, 1997; Hamberger & Guse, 2002; Hamberger, Lohr, & Bonge, 1994; Saunders, 1988; Smith, 2003). Hamberger (1997) found that 60 percent of female aggressors reported self-defense to be a motivating factor, with retaliation also being an important motivator (Smith, 2003). It has been found that approximately 80 percent of intimate terrorists are men (National Institute of Justice, 2000). These distinctions are likely to have important implications for the provision of batterer intervention services.

Several treatment approaches have been developed to address the distinctly different needs of female batterers (Heyman & Schlee, 2003; Larance, 2006; Leisring, Dowd, & Rosenbaum, 2003). Larance described one approach to providing batterer intervention services with women; this program recognizes that female use of force is commonly a response to ongoing abuse by a partner. This approach balances addressing a woman's needs as a victim and the need for her to be accountable for her own behavior in a supportive environment (Larance, 2006). Other approaches are based on didactic models similar to those commonly used with men but also explore posttraumatic stress disorder and safety issues (Leisring et al., 2003). Alternatively, couples counseling may provide an opportunity to teach nonaggressive conflict skills (Heyman & Schlee, 2003) within the context in which violence occurs. However, this may not be safe or appropriate

for all couples, and it requires specialized training on the part of the therapist. Although very little research is available to assess the impact of services for female aggressors, the research seems to indicate that specialized programs that address the differing needs of women are more effective and appropriate (Larance, 2006).

Batterer intervention services offer an important opportunity to provide services in a relationship in which violence is occurring, even when the female partner is not the primary aggressor (Dowd, 2002). Many women mandated into services following arrest might not have otherwise sought victim services (Larance, 2006). In addition, although use of force may stop or slow the escalation of imminent abuse for violent resistors, in the long term, it places them at greater risk for further abuse (Smith, 2003; Swan, 2000). Batterer intervention services also provide an opportunity to intervene in relationships in which the woman is the primary aggressor, even if these are only a relative few.

State standards and policies of intervention, which were commonly designed with only male perpetrators in mind, must reflect the gender differences in domestic violence while applying policy that is gender sensitive without being gender discriminatory. Domestic violence theory and practice with men upholds the standard that there is no excuse for domestic violence. This standard must be maintained in theory, policy, and practice for women who use violence without abandoning sensitivity to the issue of women's victimization (Smith, 2003).

WHY PRACTICE STANDARDS?

Following the implementation of mandatory arrest policies, demand for batterer intervention services increased dramatically (Gelles, 2002). These services are offered largely on a fee-for-service basis, because of both a desire to hold perpetrators accountable and the limited availability of funding for domestic violence programs. The demand for services and the desire to secure an increasing percentage of the court-ordered market has brought some for-profit organizations into the business of batterer intervention, causing existing programs to look for innovative ways to provide services. According to Gelles (2002), this dynamic has "rewarded entrepreneurship over effectiveness" (p. 13). In an attempt to increase accountability to families and improve services, states have begun to develop standards to guide batterer intervention services.

Although policies vary widely from state to state, states are increasingly mandating that individuals convicted of domestic violence receive batterer intervention services (Healey et al., 1998). It is estimated that approximately 80 percent of participants in batterer intervention services throughout the United States are court mandated to attend (Healey et al., 1998). Because many participants are ordered into counseling, they may not have the option of selecting the treatment that they feel best addresses their needs. In addition, members of this population may be difficult to serve because they may not have the motivation to change or even to participate. This can result in high dropout rates or completion of time in the program without significant attitudinal or behavioral changes (Danis, 2003).

Research evaluating batterer intervention services has reported vastly different perspectives on effectiveness. Studies report that during counseling, 90 percent of men do not physically assault their partners, and two-thirds to three-quarters do not reoffend within a year following counseling (Edleson & Syers, 1991). However, it is not clear whether this change is attributable to treatment effects of the group, fear of legal outcomes, or lack of contact with the partner. During a two-year follow-up, nearly 40 percent of couples had separated, perhaps contributing to the changes in abusive behavior (Gortner, Gollan, & Jaconson, 1997). Because of these factors, it is difficult to determine the effectiveness of treatment.

Although use of physical violence may decrease during counseling, batterers who fear the legal repercussions from physical violence may resort to increased use of psychologically abusive tactics to continue to maintain control in the relationship (Edleson & Grusznski, 1988). Some research has indicated that batterers' reports of emotional and psychological abuse may stay the same or actually increase during treatment (Gortner et al., 1997). However, it is not known whether reports of emotional abuse increase as a result of improved ability of the batterer to recognize and admit emotional abuse (Gondolf, 1987).

Despite the inconsistencies in research on the effectiveness of batterer intervention services, the legal system continues to rely on these programs to treat those arrested for domestic violence. Danis (2003) contended that enrollment in mandated batterer intervention programs may provide victims with false hope that the abuse will end, despite research

that batterer intervention services may not be effective with some clients due to issues such as high dropout rates and interventions that are not tailored to the individual needs of clients. For these reasons, oversight is needed to ensure that programs are based on the best possible knowledge and practices so as to be accountable to the families served.

The majority of research examining the effectiveness of batterer treatment programs has focused exclusively on male use of violence. This further exacerbates the problem of providing services to female perpetrators. Not only is it unknown whether the theories and models that guide practice are appropriate for women, the outcomes of these interventions have not been examined.

METHOD

Available batterer intervention services standards were collected from a comprehensive collection compiled and posted on the Internet (http://www.biscmi.org/other_resources/state_standards.html) by the Batterer Intervention Service Coalition of Michigan. This organization is a coalition of service providers throughout the state of Michigan. Each of the standards collected contained citations and references to the organization or state coalition that published the standard. For those states that were not available on the Web site, services agencies and state domestic violence coalitions were contacted by telephone to attempt to retrieve standards. For each of these states, contacts were made to several agencies and coalitions to confirm that standards could not be obtained or did not exist prior to a state's being excluded from the analysis.

Fifty-three standards were collected from 42 states, seven counties, two cities, one island, and one tribal association. All of the standards had been developed between 1981 and 2003. Seventeen were identified as revisions. When a revision was available, it was included in the sample, and the original was discarded. These standards included legislation, necessary guidelines to obtain state funding, and unenforceable suggestions to providers.

The policies were collected and entered into a database program (Claris FileMaker Pro 6.0). The policies were then subjected to a systematic content analysis using an inductive grounded theory approach (Glaser & Strauss, 1967), following Kern (1997, 2001). In this approach, data are coded for the presence or absence of a variety of qualitative and quantitative characteristics in successive waves

of readings. Some coding categories were developed before analysis of these data because of the particular purposes of this study (for example, "gender neutral," "male perpetrators only"). However, this method also allows for flexibility of coding-category creation. Data were coded in successive waves, requiring the research team to read the data multiple times and then create additional coding categories. Such an approach allows the analyst to generate a coding frame that is based on the content of the standard and an increasingly expanded understanding of the data.

Coding definitions were explicitly written for each category prior to the beginning of coding. Definitions were discussed by the research team to ensure uniformity of understanding. Each standard was coded as 1 if the criterion was met and 0 if it was not. Coding categories included such things as discussion of women as perpetrators, specific treatment models and procedures, and policies regarding female clients. Each standard was coded independently by two trained members of the research team. Once the coding was completed, the interrater reliability was calculated for each item. Any differences between the two coders were then discussed and resolved to the satisfaction of both. When consensus could not be reached by the coders, the item was brought to the research team for discussion. Interrater reliability was found to be quite high ($M = 82$ percent, range = 68 percent to 100 percent), with most discrepancies being the result of coding error, not disagreement about content.

RESULTS

Overall, analysis of state and local guidelines from the 53 standards examined indicated that the policies were highly consistent in their recommendations for practice models used in batterer intervention. This finding supports previous research on 30 existing state standards (Maiuro et al., 2001). Most of the guidelines (78 percent) suggested use of an educational format, often the Duluth model (Pence & Paymar, 1986). A small percentage (6 percent) suggested use of a process-oriented model, and 15 percent favored a combination of the two. Nearly all (89 percent) indicated that programs should have no contact with the partners of participants except when such contact is required by duty to warn. However, 94 percent suggested that batterer intervention services providers should be affiliated with a domestic violence victim services agency, either for oversight or cooperation. The minimum

suggested length of programs varied widely, ranging from eight to 52 weeks.

In general, standards were developed primarily for men in batterer intervention services. More than half (55 percent, $n = 29$) stated that domestic violence is primarily perpetrated by men against women. Of these, most ($n = 27$) stated that women are most often the victims in heterosexual violence, and 20 stated specifically that men are most often the perpetrators of domestic violence. Although these statements do not exclude the possibility that the guidelines containing them could be applicable to women, in many cases, the only mention of women in the guidelines was a statement that they are not typically perpetrators.

Many of the standards (38 percent, $n = 20$) stated explicitly that they were written to apply to male perpetrators only. In addition, seven (13 percent) had an implied male focus, meaning that they used only masculine pronouns to refer to perpetrators or made no mention of the existence of female clients in batterer intervention programs. Thus, 51 percent ($n = 27$) of the standards had an obvious assumption of male perpetration. Most of the remaining standards ($n = 25$) were either vague or written to be gender neutral. Only one standard specifically addressed service provision to women in batterer intervention programs.

Fewer than one-quarter of the standards mentioned the availability of services for women (23 percent, $n = 12$). A greater number identified a need to serve women (64 percent, $n = 34$). Fewer asserted that standards are needed to guide practice with women (26 percent, $n = 14$). Only three mentioned a plan to develop standards for women (Santa Clara County, California; Delaware; and Maine) in the future.

Generally, standards suggested that women and men should participate in batterer intervention services in gender-segregated groups (44 percent, $n = 23$). The majority of these standards (66 percent, $n = 35$) were written in gender-neutral terms, suggesting that intervention approaches should be the same for men and women, just offered separately. Only one of the standards offered guidelines for treatment of women.

ILLINOIS: A MODEL STANDARD

Currently, Illinois is the only state that has specified guidelines for women receiving batterer intervention services. The Illinois standard incorporates the

most up-to-date research on women arrested for domestic violence (Illinois Department of Human Services, 2002). The goals of the standard are to provide appropriate services to both men and women and to increase the knowledge base by encouraging innovation and research.

The core component of the Illinois standard for women is the inclusion of a comprehensive screening and intake process for both men and women. This intake ensures appropriate placement by screening for prior victimization and making a determination of who is the primary aggressor in the relationship. Currently, only two other standards (Santa Clara County, California, and Delaware) mention screening for prior victimization, but it is unclear whether this information is used in making treatment decisions. One other standard (Iowa) mentions the importance of making a determination of who is the primary aggressor. However, this standard suggests that making this determination is the responsibility of law enforcement, not the batterer intervention services provider.

Using research on the differences between primary aggressor and violent resistors (Johnson, 2001), the Illinois standard suggests offering gender-segregated groups for violent resistors, either male or female, that are separate from those offered for individuals identified as the primary aggressor. Groups for violent resistors focus on both victimization issues and personal accountability for violent behavior. The group challenges revenge- or retaliation-based justifications for violence, and participants are encouraged to make nonviolent safety plans.

The Illinois standard requires continued evaluation of all programs to promote increased effectiveness. In addition, the standard provides a plan that encourages innovation in programming, with additional monitoring and evaluation required. This encourages programming that is based on new, empirically based research and development of interventions that reflect the cultural diversity of communities served.

DISCUSSION AND IMPLICATIONS FOR PRACTICE

The present findings suggest that there are few standards available to meet the growing need for services for female batterers. Although research has suggested that the needs of women in batterer intervention services differ from those of men (Hamberger & Guse, 2002; Saunders, 1988; Smith, 2003), many

standards continue to require similar treatment or provide no alternative. Although it is likely that many programs have developed appropriate and effective interventions (Larance, 2006; Leisring et al., 2003), without specific practice guidelines, programs have little accountability, or opportunity to share practice knowledge.

Although the male focus of existing standards reflects the majority of the service demands placed on batterer intervention services, the increasing number of women referred to such programs (Smith, 2003) speaks to the importance of taking women's quite different service needs into account when developing practice standards. Women most often perpetrate violence in a different context, and for different reasons, than do men (Hamberger & Guse, 2002; Smith 2003). Use of the power and control model typical of most batterer intervention services groups with women ignores the fact that most female aggressors are simply reacting to a consistent course of previous victimization. However, research has made great progress in determining how to meet the service needs of women (Hamberger & Potente, 1994; Koonin, Cabarcas, & Geffner, 2001; Margolies & Leeder, 1995; Smith, 2003), and practice standards have not kept pace. That said, it cannot be ignored that implementation of an intervention standard as flexible and inclusive as Illinois' would pose many problems in practice. Although these prospective barriers are many and varied, we have identified four major challenges.

First, complex family dynamics can make the sorting of the perpetrators of violence into the neat categories proposed by Johnson (2001) difficult. Although the model standard proposed by Illinois places a great deal of emphasis on the initial screening and assessment process, it is difficult for any expedient screening process to fully untangle the history of violence and relevant ancillary needs and effects (for example, drug dependency, mental health issues) in every case. In addition, such an effort may be in direct contradiction to some standards, such as California's, that prohibit contact with victims by the batterer intervention services program. That is not to say that social service providers and criminal justice professionals should abandon these efforts. Rather, further research may be needed to develop reliable measures of these complex dynamics.

A second major challenge is the level of cooperation within the criminal justice system, including both law enforcement and court systems. Because

police officers are very often the first responders to complaints of domestic violence, it is their application of the discretion that can set the stage for a successful implementation of any policy (Martin, 1997). Likewise, without the support of judges and other stakeholders in the court system, any recommended intervention strategy will not achieve its practice potential if offenders are not referred to appropriate programs. Proposals for changes to state batterer intervention services practice standards must enlist the support of the criminal justice community at the very first planning stages and continue to seek and use input from the stakeholders throughout the entire development process (Murphy, 2002).

Rural communities pose a third major challenge to the creation and execution of a relatively more complex batterer intervention services treatment standard than is typically in place in most states. Providers may not have large enough numbers of referrals to realistically divide their clients into groups on the basis of individual contexts and needs and stay within the constraints of their funding. For these reasons, women in rural communities report less satisfaction with the legal system and formal help-seeking resources (Shannon, Logan, Cole, & Medley, 2006). Thus, rural agencies must be considered when proposing changes to the standards of practice for an entire state, which will likely include a mixture of urban and rural environments. In practice, it may be necessary to provide individual instead of group services for some clients.

Finally, as with nearly any social service, limited resources will always place constraints on the range of services that can be provided by an agency. Maximization of these resources is often achieved by providing standardized services to large groups of people who are assumed to have common characteristics and, thus, require similar intervention strategies. Increased specialization to match client needs increases the cost of delivering a service. Creating and implementing new batterer intervention services practice standards that assess individuals on the basis of the contexts of their offenses and offers them the other parallel social services requires a greater commitment of economic resources than is currently available in many communities. However, the one-size-fits-all approach has been found to be ineffective in preventing future violence (Davis & Taylor, 1999; Geffner & Rosenbaum, 2002). Although it may be an uphill battle to put such strategies into practice, a strong case can be made for the long-term benefits

of differential intervention strategies relative to less flexible and less contextually sensitive options.

Future research could support the needs of service providers, provider coalitions, and relevant governmental entities in three ways suggested by this study. First, evaluations of the success of models that provide for the different needs of women referred to batterer intervention services (for example, the Illinois standard) could provide much-needed rationale for overcoming the inertia that maintains the status quo of current practice standards. Much can be learned from the real-world implementation of such models, and studies of these efforts can help others to avoid "reinventing the wheel" in their own implementations. Second, further research into the effectiveness of varied intervention curriculums with the typologies of perpetrators of violence described by Johnson (2001) that also take into account gender and sexual orientation could provide empirically based guidance for the structure of new practice standards and lend increased credibility in the face of criticism from opponents of such change. Third, further research into the motivations for domestic violence and the contexts in which it occurs, particularly among relatively understudied populations like women, can provide practitioners with a better foundation for the development of specialized intervention curriculums that may increase the effectiveness of intervention efforts. **SW**

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