

FAMILY VIOLENCE COUNCIL'S DOMESTIC VIOLENCE ABUSER RESEARCH  
COLLABORATIVE

**Position on Effectiveness of Abuser Intervention Programs**

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Attempting to interpret and generalize the findings of current research literature regarding the effectiveness of abuser intervention programs presents several challenges, but also suggests some important conclusions. The most significant finding presented in the discussion that follows is:

**Researchers have consistently identified a positive benefit from AIP counseling in reducing the prevalence of intimate partner violence and arrests associated with intimate partner violence.**

### Challenges

One challenge to assessing what research tells us about the effectiveness of AIPs is the lack of consistent definitions for key terms such as *abuse*, as well as agreement as to what constitutes a *successful outcome* or *effectiveness*. For example, one study may consider only physical trauma injuries, while another study may look at other abusive behaviors including one or more of the following: threats of bodily harm, aggressive and coercive sexual behaviors, and a range of controlling and emotionally abusive behaviors such as the destruction of personal property, verbal intimidation, efforts to limit the victim's activities and social contacts, and denigrating or humiliating acts.

Similarly a successful outcome in one study may be defined as the total cessation of abuse, whereas in another study success may be defined as an improvement from a baseline measure, e.g., a reduction in the frequency and/or severity of physical partner violence.

Further, some researchers may choose to focus on outcomes other than cessation or reduction of abuse, such as reductions in partner homicide or criminal re-offense, or improvements in the victim's perceptions of safety, and the victim's emotional well-being and/or the well-being of children and other family members.

While the inconsistencies noted above are vexing and affect the comparability of research findings, in reality there are a number of socially valid and important outcomes of AIPs to be considered, and different outcomes may be more or less important to different constituencies. For example, criminal re-offense is a highly valid outcome with respect to the criminal justice system and the allocation of social resources to the problem of intimate partner violence. Injuries are of particular interest to health care providers and public health specialists, whereas the victim's experience of safety and well-being may be of primary concern to shelter advocates, etc.

With regard to the quality and scope of available research, relatively few of the studies to date have used the "gold standard" of random assignment to counseling versus no-counseling control groups. Many studies have relied on a comparison of those who complete counseling and those who refuse or drop out. Obviously, however, these two groups are likely to differ in a variety of ways other than their exposure to counseling, including their motivation to change, their financial resources, the presence of substance use problems, and other factors. Interestingly, however, at least one large scale recent study found that

program completion was associated with lower violence recidivism, even after accounting for many factors that predict poor attendance. This is an important finding given the ethical issues that often prevent abuser intervention studies from using no counseling control groups.

The source of outcome data is also quite variable across studies. Many have relied only on criminal justice outcomes which underestimate rates of partner aggression since many abusive acts go undetected by the criminal justice system. Other studies have relied primarily on victim reports, but often have low rates of victim follow-up. This limits the ability to generalize findings, as abusers whose victims respond to follow-up surveys may be different in a variety of ways from those whose victims do not.

The nature and extensiveness of the abuser counseling program vary considerably across studies, with interventions ranging from about 10 weeks to six months. Approaches and philosophies vary. Virtually all of the studies to date have examined group counseling formats, so other intervention methods such as individual counseling have not been examined. The research can only apply conclusions to programs that hold to a similar philosophy and curriculum.

Finally, response to counseling programs is a very complex issue, and many confounding factors may alter response. Examples of such factors include: illiteracy, substance abuse, age, employment status, abuse history, readiness to change, learning deficits, criminal justice system involvement, treatment approach, self-esteem levels, definition of gender roles, level of education, presence of children in common and motivation for violence.

## **Findings**

While the research conducted on AIP effectiveness suffers from methodological problems as described above, making it difficult to draw far-reaching conclusions from the available studies, and while many of the available studies use small samples which limits the ability of researchers to detect significant effects, nevertheless, researchers have consistently identified a positive benefit from AIP counseling in reducing the prevalence of intimate partner violence and arrests associated with intimate partner violence. It is also significant to note that the magnitude of the positive effect does not decrease as the quality of the research improves. Conversely, there is no data that supports abuser intervention programs having harmful effects.

Reviewers and researchers, however, have differed considerably in their assessment of the strength of the counseling effect. The most thorough and detailed review to date used a statistical method for combining results from different studies (Green & Babcock, 2001). This review indicated the following: 1) AIPs have a measurable, positive effect on reducing recidivism, 2) the effect of AIPs is seen in both experimental studies with a no-counseling control group and in uncontrolled studies comparing those who complete AIPs to those who drop out from counseling; 3) the average AIP effect observed across studies is rather small in magnitude – for example the average recidivism rate for those who complete AIP programs is about 5-10% lower than the average recidivism rate for those who either drop out from AIPs or are assigned to a no-counseling control group. Other reviewers have argued that AIPs have a more sizeable effect in preventing recidivism (Davis & Taylor, 1998).

In comparing AIPs to other types of interventions for other problems, the magnitude of the AIP effect is modest. This is understandable given that aggressive behavior in general tends to be difficult to alter

through traditional psycho-social interventions. Family and couple relationships are likewise challenging areas for intervention. Further, these findings must be scrutinized in light of the limited scope and quality of research to date as well as the complexity of partner violence. In recent years, researchers have found that partner violence offenders are a heterogeneous group, that range along a continuum of severity. Research has also identified a number of important factors that may limit individual response to AIP interventions, including alcohol or drug problems, serious personality disorders, and neuropsychological deficits resulting from head trauma. The relatively modest effects of AIP programs are understandable in light of the complex nature of the abuser population.

Moreover, many important prevention efforts in medicine, are based on interventions with effect sizes that are equally modest. For example, the use of aspirin to prevent heart attacks is widespread, yet the effect size of that intervention is in the same small range of magnitude as those reported for AIPs. Similarly, efforts to rehabilitate serious criminal offenders or delinquent youth generally have small but positive benefits. Like these other interventions, AIPs, despite their modest effect size, can produce significant social benefits.

Finally, research shows that abuser interventions, in any form, tend to have cumulative effects. Therefore, an offender who is arrested, prosecuted, put on probation, sentenced to community service and ordered to attend an AIP is likely to have a better outcome than one who is simply arrested and put on probation or one who is simply ordered to attend an AIP. Evidence is emerging that AIP outcomes are better in communities with a strong coordinated community response.

### **Implications for Practice**

- § Programs that offer group counseling abuser interventions of about four to six months (with 30-50 hours of intervention) should proceed with a reasonable level of confidence that they are causing no harm while producing some positive impact on their partner abusing clients.
- § Programs should be sensitive to the fact that abuser participation in counseling may influence the victim/partner's decision to remain in the relationship, or willingness to have contact with the abuser. Partner contact should be sensitive to the victim's hopefulness and optimism and the possibility that counseling may produce a false sense of security.
- § Programs should evaluate and address substance abuse.
- § Programs that promote motivation/working alliances may improve program involvement and outcomes.
- § To the extent that programs become more aware of heterogeneity in the abuser population and modify programs to better meet the needs of targeted populations, outcomes may improve.
- § Working to promote a network of criminal justice and community systems that hold abusers accountable for their actions (coordinated community response) should enhance AIP outcomes.
- § Strengthening systems for victim tracking and victim follow-up will enhance the ability of researchers to assess program effectiveness.

## **Implications for Future Research**

- § A better picture of AIP effectiveness and societal impact will emerge when researchers expand their scope to consider not just criminal re-offense and violence / no-violence outcomes, but also homicide rates, injury rates, sexual aggression and coercion, victim perceptions of safety and victim emotional well-being, impact on other family members, and social or health costs.
- § Future research must identify which program characteristics influence and improve treatment outcomes.
- § Researchers should continue to identify personality characteristics and other factors that may limit individual response to AIP interventions, and identify program characteristics that enhance outcomes for “treatment resistant” offenders.

## **Resources**

- Babcock, J. C. & La Taillade, J. J. (2000). Evaluating interventions for men who batter. In J. Vincent & E. Jouriles (Eds.), *Domestic violence: Guidelines for research informed practice* (pp. 37-77). Philadelphia: Jessica Kingsley.
- Davis, R. C. & Taylor, B. G. (1998). *Does batterer treatment reduce violence? A synthesis of the literature*. NY: Victim Services Research.
- Green, C. & Babcock, J. (2001). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Paper presented at the meeting of the 7th International Family Violence Research Conference, Portsmouth, NH.
- Iovanni, L. & Miller, S. L. (2001). Criminal justice system responses to domestic violence: Law enforcement and the courts. In C. M. Renxetti, J.L. Edleson & R. K. Bergen (Eds.), *Sourcebook on Violence Against Women* (pp. 303-327). Thousand Oaks, CA: Sage Publications.
- Langhinrichsen-Rohling, J., Tuss, M. T. & Ramsey, S. (2000). The clinical utility of batterer typologies. *Journal of Family Violence*, 15, 37-53.
- Murphy, C.M., Musser, P.H., & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence*. 13: 263-284.
- National Research Council (1998). *Violence in Families: Assessing prevention and treatment programs*. Washington, DC: National Academy Press.
- Syers, M., & Edleson, J. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence*. 7: 490-502.
- Thistlethwaite, A. Wooldredge, J., & Gibbs, S. (1998). Severity of dispositions and domestic violence recidivism. *Crime and Delinquency*, 44, 388-398.
- White, R. J. & Gondolf, E. W. (2000). Implications of personality profiles for batterer treatment. *Journal of Interpersonal Violence*, 15, 467-488.