

Research Evidence on Batterer Program Effectiveness

Introduction: Claims and counterclaims about the effectiveness of batterer programs have led to some confusion over their utility and support. Selective research, bottom-line statements, and factional bias have also distorted what the bigger picture has to offer. A brief review of both of “specific” and “generic” evidence, and broader criminal justice studies, presents support for gender-based, cognitive-behavioral batterer programs and their current direction toward risk management and system support. (See “Note” below for definition of program approach.)

PROGRAM EFFECTIVENESS

1. According to multi-site evaluation of batterer intervention, those batterers completing at least 3 months of a program were 50% less likely to re-assault their partners in the 15-month follow-up compared to a comparable group who did not complete the program.
2. The trends for re-assault showed, a sharp de-escalation of abuse over time: at the 4-year follow-up of the multi-site study, fewer than 10% had re-assaulted a partner in the previous year.
3. Statistical modeling using the comprehensive database of the multi-site evaluation confirmed the moderate program effects. It simulated experimental conditions while also controlling for the program context and treatment actually received (The latter two influential aspects were not addressed in the experimental evaluations cite below). A second multi-site study in Illinois used statistical modeling and produce similar results for re-arrest.

EXPERIMENTAL EVALUATIONS

4. The four major experimental evaluation of batterer programs show little program effect, but have several conceptual and methodological problems that make them difficult to apply.
5. The random assignment of the experiments was difficult to implement and the results do not account for all the dropouts from the “experimental” or program group (treatment actually received is not considered). The experiments also do not account for the influence of screening, court oversight, and risk management (i.e., program context).
6. The most notable meta-analysis of these studies was done by the acclaimed Cochrane Collaboration and concludes “The methodological quality of the included studies was generally low....The research evidence is insufficient to draw conclusions about the effectiveness of cognitive-behavioral interventions for spouse abusers...”

PROGRAM APPROACH

7. The gender-based, cognitive-behavioral approach has been directly compared to a psychodynamic approach in only one small experimental study with batterers. That study showed at least equivalent outcomes.
8. The gender-based, cognitive-behavioral approach appears to be appropriate for the vast majority of batterers who show high levels of narcissism and antisocial tendencies, according to the psychological tests used in several studies. Program outcome studies also show cessation of abuse among a variety of profiles. In other words, “one size” appears to fit most. (See also #14 and #15 below.)

9. The extensive research on programs with violent offenders, sex offenders, and substance abusers show similar cognitive-behavioral approaches to be the most effective in reducing criminal and problem behavior. Several meta-analyses confirm this finding.

10. Alternative approaches to batterer treatment (e.g., specialized treatment for attachment disorders, personality types, change stages, and couples counseling) have weak evidence to support them. There are no controlled outcome evaluations to substantiate their effectiveness over gender-based cognitive-behavioral approaches.

11. The available evaluations of couples counseling compared to batterer programs have been done with highly selective samples, extensive screening, and cognitive-behavioral approaches. The results therefore cannot be generalized to batterer program referrals.

IMPROVING PROGRAM OUTCOMES

12. Court oversight with a “swift and certain” response to non-compliant cases (e.g., program dropouts) improves outcomes according to preliminary research on domestic violence courts, and especially according to the extensive research on drug courts.

13. Program outcomes improve as a result of contact with women’s services and alcohol treatment during post-program follow-up.

14. Research with batterer programs identifies a sub-group of high-risk batterers that warrant more intensive supervision and additional treatment. Their “failure” should not be attributed to a batterer program alone.

15. Risk assessment and on-going risk management are shown to improve outcomes for batterers, as well as violent offenders in general. Risk assessment and management require a coordinated community response to obtain sufficient information and additional treatment, containment, and supports.

NOTE: The term “gender-based, cognitive-behavioral batterer programs” refers to a curriculum approach that focuses on identifying and taking responsibility for the behavior of concern (in this case, violence and abuse towards one’s female partner) and exposing and altering the attitudes, thought patterns, and beliefs that reinforce that behavior (that is, the “cognitive” aspects associated with certain behavior). “Gender-based” indicates that the cognitive aspects are generally rooted in socialization regarding male and female roles and expectations. Cognitive-behavioral approaches in the criminal justice field go well beyond the treatment associated with the more narrowly focused “cognitive-behavioral *therapy*” and include educational and discussion formats as well.

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