



An Examination of Maryland Abuser Intervention Programs' (AIPs) Impact on Domestic Violence Recidivism

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Executive Summary

Abuser Intervention Programs (AIPs) are one of the primary responses to domestic violence offenders in the state of Maryland (MD). At the same time, there is very little information available regarding the effectiveness of MD AIPs. This research (1) examined recidivism data for the 2014-2015 cohort of domestic violence offenders who successfully completed AIP in a representative sample of MD AIPs, (2) examined recidivism data for a group of domestic violence offenders who were not identified as participants in the sampled MD AIPs, (3) empirically evaluated differences between domestic violence offenders who successfully completed AIP compared and those who did not present for AIP services; (4) empirically evaluated differences between domestic violence offenders who successfully completed AIP compared to those who were referred to AIP but did not successfully complete AIP; and (5) developed initial profiles of risk factors related to recidivism among MD AIP participants.

The sample includes an AIP group comprised of the cohort of domestic violence offenders who were referred to one of eight Maryland AIPs during calendar year 2014-2015 ($n=1,916$) and a control group of randomly selected offenders ($n=400$) who received a domestically related charge in the counties served by the participating AIPs, but who did not present for services at any of the participating AIPs during the study period. AIP group participants completed from 0 to 76 treatment sessions with an average of approximately 14 treatment sessions ($SD=12$). The vast majority of AIP clients received group counseling only (89.2%) while 10.5% received both group and individual counseling, and 2.6% received only individual counseling. About 40% of AIP group participants successfully completed treatment while 24.0% completed some treatment (i.e., AIP dropouts), and 22.0% completed the intake assessment but did not complete any treatment sessions (i.e., AIP no-shows). Control group participants primarily received jail time (55.3%) as the disposition for their domestically related charge, probation before judgement (14.2%), fines (6.5%), probation (2.3%), and STET (1.0%) were also used; 3.0% were not prosecuted.

Data collection for the AIP group, included AIP treatment file reviews by the Study Investigators and trained graduate student research assistants. A range of variables associated with AIP treatment completion and reductions in IPV recidivism as indicated by prior research (e.g., substance use and mental health problems, children with the victim, employment, age) were extracted from treatment files. Maryland Case Search was used to obtain criminal history and criminal recidivism data for AIP treatment clients. Name and birthdate were used as identifiers. For the control group, IPV offenders who were (1) charged with a domestically-related crime in 2014 in any one of the counties served by AIP programs participating in the research, but who (2) did not appear in the AIP client sample, Maryland Case Search was used to obtain gender, race, criminal history, and criminal recidivism data. Name and birthdate were used as identifiers.

Data analysis utilized univariate, bivariate, and multivariate statistical models to compare control group participants and AIP group participants regarding (1) the number of any recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of any violent recidivism offenses. Further analyses compared recidivism for AIP completers with that of AIP no-shows (i.e., AIP participants who completed an AIP intake assessment but did not

complete any treatment sessions) and AIP dropouts (i.e., AIP participants who began treatment but did not complete AIP). Domestic violence recidivism risk profiles were also developed for the AIP group; distinct risk profiles were identified for high-risk (i.e., 2 or more DV crimes) and low-risk AIP participants. Finally, recidivism and risk for recidivism was discussed in regard to AIP content and the MD AIP Guidelines.

Several key findings and recommendations were developed:

- 1) AIP completion has a positive impact on recidivism among domestic violence offenders: AIP completers had the lowest average rate of any recidivism and the lowest average rate of violent recidivism of the four groups compared in this report (AIP completers, AIP dropouts, AIP no-shows, and controls), and these differences were statistically significant. AIP completer's average rate of domestic violence recidivism was also lower than AIP dropouts and (statistically) significantly lower than AIP no-shows. While the control group had the lowest average rate of domestic violence recidivism of the four groups, the difference in the mean rate of domestic violence recidivism between the control group and the AIP completer group was small and not statistically significant. *Given that control participants had significantly less prior criminality than the AIP completer group, these reductions in recidivism among AIP completers are especially noteworthy.*
- 2) The positive impact of AIP on recidivism holds even when control variables (gender, race, age at first offense, and criminal history) were introduced to the model: AIP completers continued to have significantly less total recidivism than the other three groups, significantly lower violent recidivism than AIP dropouts and AIP no-shows, and significantly lower domestic violence recidivism than AIP no-shows. However, the difference in control's and AIP completer's domestic violence recidivism reached statistical significance once these controls were introduced in the model, with controls yielding significantly lower domestic violence recidivism than AIP completers once gender, race, age at first offense, and criminal history were held constant. Again, this finding is unsurprising given how "different" the control group was from the AIP group in regard to their offending trajectories. These differences call into question the usefulness of comparisons between the control and AIP groups, with comparisons between those actually referred to AIP (completers, dropouts, and no-shows) likely yielding more useful findings.
- 3) Better data collection and analysis regarding the disposition of domestic violence crimes in Maryland is needed. Unfortunately, there is no current indicator in the Maryland Criminal Justice Information System (CJIS) data which identifies whether an offender who is sentenced for a domestically related crime in Maryland has been referred to AIP by the court. As such, the control group for the current study included a randomly selected sample of offenders who had been charged with a domestically related crime from 2014-2015 in the counties served by the sampled AIPs, but who did not appear for service at the AIP within the year following their domestically related crime.

The current analysis suggests that offenders charged with domestic violence crimes in Maryland who are not referred to AIP are more likely to be White and slightly older at their first criminal offense than DV offenders who are referred to AIP. These offenders have significantly shorter criminal records, with fewer prior crimes overall, and fewer previous domestic violence crimes and crimes of violence more generally. However, *DV offenders who are not referred to AIP are most often sentenced to jail time*. The reason(s) for the utilization of jail time rather than AIP is unclear. Potential reasons may include judicial discretion/preference or seriousness of the specific charge(s) associated with the domestically related crime, however, an examination of these possibilities was beyond the scope of the current project and should be a focus of future investigations.

- 4) Significant criminogenic risk factors including substance use, mental health problems, unemployment, and undereducation are highly prevalent among the domestic violence offenders referred to MD AIPs. These factors are significantly related to AIP dropout and AIP no-show compared to AIP completion. MD AIPs should provide wrap-around services and/or direct referrals for clients who need these ancillary services. Supportive services should be available during program intake given that these risk factors predict early non-compliance and AIP attrition.
- 5) AIP should be seen as an opportunity to mitigate criminogenic risk factors and reduce recidivism among domestic violence offenders. Results indicate that offenders who completed AIP had significantly lower recidivism compared to offenders who dropped out of AIP and offenders who completed an intake but did not complete any AIP treatment. These findings remained even when important risk factors for program non-compliance were controlled in the statistical model. AIP completers also had lower rates of recidivism for violent crime than those who received no AIP treatment sessions (i.e., AIP no-shows).
- 6) Given the statistically significant impact of AIP on general criminal recidivism and violent recidivism, the null relationship between AIP and domestic violence recidivism is likely a result of measurement error. The current study used MD Case Search to gather criminal history and criminal recidivism information. MD Case Search does not include an indicator for domestically related crimes, so in order to ensure the validity of the measure of domestic violence used here, only violations of personal protective orders and/or crimes associated with a PPO violation (i.e., PPO violation and a second-degree assault) were coded as a DV crime. Given that the “domestic violence” criminal history and recidivism variable had to be defined very narrowly using MD Case Search, this indicator likely excludes many DV crimes, and the “any violent” criminal history and recidivism measures are better indicators of offender’s DV crimes.
- 7) Continued efforts to increase participant motivation and engagement into AIP services through supportive counseling strategies and effective case monitoring are needed to increase program completion and reduce dropout.
- 8) Given that prior criminal history variables were the strongest predictors of recidivism risk, AIPs, in concert with referral sources, should identify and carefully monitor repeat

offender cases. Notably, the findings suggest that history of violent offenses other than DV as well as property crimes are relevant to risk of DV recidivism.

- 9) Resource constraints continue to impose significant limitations on the ability of AIPs to provide case-responsive services and appropriate levels of monitoring and case management. AIPs should be encouraged to access funding targeted at criminal rehabilitation and violence reduction.
- 10) Despite several risk factors examined in this study predicting DV recidivism, there was still a large portion of variance in DV recidivism left unexplained. Although some of this may be due to measurement error (e.g., different phrasing of questions across AIP sites), there are also likely key risk variables that are missing from the AIP intake assessments, and thus, missing from this investigation. Research with people who recidivate even after attending AIPs may help identify other important contributing factors.

Introduction

Abuser Intervention Programs (AIPs) are one of the primary responses to domestic violence offenders in the state of Maryland (MD). At the same time, there is very little information available regarding the effectiveness of MD AIPs. In keeping with the Governor's Office of Crime Control and Prevention's (GOCCP) priority to advance "evidenced-based recidivism reduction programs that, deliver services to and enhance successful outcomes for, ex-offenders in communities throughout Maryland," this evaluation empirically assessed recidivism among domestic violence offenders who successfully completed MD AIP and compared these outcomes to domestic violence offenders who did not participate in MD AIPs. Specifically, this research (1) examined recidivism data for the 2014-2015 cohort of domestic violence offenders who successfully completed AIP in a representative sample of MD AIPs, (2) examined recidivism data for a group of domestic violence offenders who were not identified as participants in the sampled MD AIPs, (3) empirically evaluated differences between domestic violence offenders who successfully completed AIP compared and those who did not present at an AIP for service; (4) empirically evaluated differences between domestic violence offenders who successfully completed AIP compared to those who were referred to AIP but did not successfully complete AIP; and (5) developed initial profiles of risk factors related to recidivism among MD AIP participants. Collectively, these findings measure the impact of Maryland AIP participation on domestic violence offender recidivism, providing information for a wide range of important stakeholders – the Maryland Governor's Family Violence Council, AIP providers, victim advocates, judges, and probation officers – to encourage continued evidence-based decision-making regarding Maryland's response(s) to domestic violence. Results also have the potential to support increased opportunities for accessing state and federal funding

for MD AIPs.

Project Background

Domestic violence (DV) is a major public health and safety issue in Maryland. In 2014, there were 27,242 domestic violence crimes¹ reported in Maryland, including 24,485 assaults (GOCCP, 2015). Given that criminological research demonstrates that domestic violence is severely underreported to police (Felson & Pare, 2005), the number of DV crimes in Maryland is likely much higher. Further, from 2014 to 2015, there were *42 DV related deaths* in the state (Maryland Network Against Domestic Violence, 2016). Court mandated treatment programs are one of the primary responses to domestic violence offenders in the United States with research estimating that approximately half a million men engage in AIPs each year in more than 2,500 programs nationwide (Boal & Mankowski, 2014). In Maryland, 32 Governor’s Family Violence Council certified AIPs (GVCC, 2014), in addition to other uncertified programs, are tasked with reducing domestic violence recidivism among the state’s domestic violence offenders. At the same time, very little is currently known regarding whether MD AIPs significantly impact domestic violence recidivism among participants. This “knowledge gap” has led to some skepticism among judges regarding referral of domestic violence offenders to AIP and impedes AIP providers from accessing much-needed funding sources.

Factors Associated with Domestic Violence Recidivism

Prior research demonstrates that a range of demographic and psychosocial factors increase the risk of domestic violence perpetration, and similarly, domestic violence recidivism.

¹ Under the Maryland UCR Program, the definition for a domestically related crime mirrors HB1146/SB647: “any crime committed by a suspect (respondent) against a victim who is a person eligible for relief, as defined in §4-501 of the Family Law Article or who had a sexual relationship with the suspect within 12 months before the commission of the crime. This also includes homosexual relationships.” A “person eligible for relief”, as defined in §4-501 of the Family Law Article includes: (1) The current or former spouse of the respondent; (2) A cohabitant of the respondent”;(3) A person related to the respondent by blood, marriage, or adoption; (4) A parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within 1 year before the filing of the petition; (5) A vulnerable adult; (6) An individual who has a child in common with the respondent.

In general, factors that are predictors of criminal offending – known as *criminogenic risk factors* – are also associated with perpetrating DV. For example, gender (male) and younger age are associated with criminal offending including DV perpetration. In addition, indicators of life stability or social bonds, such as being married, employed, and refraining from substances use, are associated with involvement in both general offending and domestic violence (Hovell, Seid, & Liles, 2006; Klein & Wilson, 2008).

Prior studies examining the “trajectories” or long-term patterns of offending among individuals arrested for DV have also found that few DV offenders “specialize” in domestic violence, but instead commit a mix of domestic violence and non-domestic violence crimes (Piquero, Brame, Fagan, & Moffitt, 2006; Richards, Jennings, Tomsich, & Gover, 2013; Piquero, Theobald, & Farrington, 2014). For example, Richards and colleagues’ analysis of domestic violence and non-domestic violence recidivism showed that recidivism patterns were similar across DV and non-DV crimes and that the predictors (i.e., prior DV arrest, prior drug/alcohol crimes, younger age) of domestic violence arrests were the same as those for arrests for crimes other than domestic violence. Additional findings from Lussier, Farrington, and Moffitt (2009) suggest that the longitudinal predictors of DV perpetration and recidivism mirror the longitudinal predictors of general offending. As such, programming targeted at domestic violence crimes (i.e., AIPs) will often necessarily serve offenders who commit other violent and non-violent crimes and thus have an opportunity to address these overlapping criminogenic risk factors for recidivism (e.g., substance abuse, unemployment).

Abuser Intervention Programs (AIP)

As previously noted, abuser intervention programs (AIP) (also commonly referred to as batterer intervention treatment) are a commonly utilized responses to intimate partner violence.

However, AIP does not represent a single homogenous intervention, but instead includes a wide range of approaches and philosophies (Healy, Smith, & O'Sullivan, 1998). A survey of AIPs across the United States (Price & Rosenbaum, 2009) indicated that that the vast majority of programs use a gender-specific group format. Many programs conceptualize partner violence as an expression of power and control, and many utilize change strategies derived from cognitive and behavioral therapies. Program length varies considerably. Programs as brief as 12 weeks or as long as 52 weeks are common, with the typical program requiring about 40 hours. Facilitator training also varies a great deal. Most programs have at least one staff person with an advanced degree in a mental health field, but fewer than half of states require AIP facilitators to hold a bachelors' degree. While no two programs are the same, AIPs generally incorporate some similar core goals and change targets such as increasing offender accountability, increasing offender recognition of triggers for violence, and reducing the use of violence towards intimate partners.

Research on AIP Effectiveness

Prior research has provided mixed evidence regarding AIP's effectiveness at reducing IPV recidivism. For example, two meta-analyses of rigorous experimental and quasi-experimental studies found that batterer intervention programs had a small effect on DV recidivism among domestic violence offenders (Babcock, Green, & Robie, 2004; Feder & Wilson, 2008). In addition, a recent examination of six clinical trials of Cognitive Behavioral Therapy-based AIPs found that only one of the six studies showed a significant impact of AIP on recidivism, and again, the impact was small (Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas, 2011).

Although these meta-analyses capture the most rigorous evaluations of AIP, as with all statistical techniques, some caveats must be noted. First, meta-analyses represent a pooled

analysis of results from a series of single-site studies all of which vary in regard to measurement decisions, individual program design, and program and participant context. As such, meta-analyses combine the results of evaluations of inherently different AIPs to produce this “bottom line” result (i.e., that AIPs produce small effects). In doing so, the impact of programs that produce moderate effects are “washed out” by studies of programs that produce no or slight effects. Further, as noted by Gondolf (2004) in his commentary regarding meta-analyses of batterer treatment, “small effects are still significant effects and may be a sufficient endorsement for a program” (p. 614). Gondolf goes on to explain that, “...the characteristics of program participants, available alternatives to the program, and costs of the program may make some programs with a so-called small effect worthwhile” (p. 614).

Another factor confounding existing research on AIP effectiveness is high rates of program attrition with many studies citing a dropout rate of more than 50% for male batterers who were court ordered to treatment (e.g., Beldin, 2008; Bennett, Stoops, Call, & Flett, 2007; Eckhardt & Utschig, 2007; Sartin, Hansen, & Huss, 2006). Examinations of predictors of program attrition have found that many of the factors associated with domestic violence recidivism are also associated with program drop out. For example, AIP clients who are employed, have higher incomes, do not report drug and/or alcohol abuse, and who are older are more likely to successfully complete batterer intervention programs (Jewell, Wormith, 2010; Olver, Stockdale, Wormith, 2011).

Project Objectives

The following objectives guided the project goals:

- 1) Identify recidivism associated with involvement in MD AIP by:
 - Providing rates of recidivism for clients at participating AIPsz

- Providing rates of recidivism for domestic violence offenders who were not clients at participating AIPs
- Comparing recidivism rates for AIP participants and DV offenders who do not participate in AIP while controlling for background characteristics

2) Create profiles of high and low risk AIP clients by:

- Identifying and describing the risk factors associated with recidivism among AIP clients with previous domestic violence crimes (i.e., high risk clients)
- Identifying and describing the risk factors associated with recidivism among AIP clients with no previous domestic violence crimes (i.e., low risk clients)

3) Identify ways in which the Maryland AIP Guidelines can facilitate and promote best practices by:

- Linking risk profiles to current components of Guidelines; and
- Describing recidivism rates in the context of program content identified in the ongoing process analysis of Maryland AIPs

Methodology

Data Collection

AIP Participant Data. AIP programs who participated in the previous research by the Study Investigators, “A process analysis of Maryland Abuser Intervention Treatment Programs’ (AIP) policies and guidelines,” (Richards & Murphy, 2016) were used as the sampling frame for the current study. The Process Analysis obtained participation from 20 Maryland AIPs that reflected the diversity of treatment programs across the state in regard to service area (e.g., urban/ suburban / rural), populations served (e.g., racial / ethnic and socioeconomic diversity) and services provided (e.g., single- versus multi-service agencies); programs served 19 of the 24

counties in Maryland. Of these 20 programs, eight programs agreed to participate in the current research. All eight programs held Maryland Abuser Intervention Program Certification from the Governor's Family Violence Council.

Study team members including the Study Investigators and trained graduate student research assistants visited the program sites during May-July 2017 and reviewed the agency files for the cohort of individuals who presented for services at each AIP site during calendar year 2014-2015. Team members extracted information from treatment files on a range of variables associated with AIP treatment completion and reductions in IPV recidivism as indicated by prior research (e.g., substance use and mental health problems, children with the victim, employment, age) and entered this information into an electronic database using code numbers to de-identify participants. Maryland Case Search was used to obtain criminal history and criminal recidivism data for AIP treatment clients. Name and birthdate were used as identifiers.

Control Group Data. A control group of IPV offenders who were not referred to AIP in 2014-2015 was developed by consulting the "domestically related crimes" data collected by the Maryland Statistical Analysis Center (MSAC). Specifically, since February 2013, MSAC has populated a dataset that includes information on domestically-related crimes in the state. Individuals who were (1) charged with a domestically-related crime in 2014 in any one of the counties served by AIP programs participating in the research, but who (2) did not appear in the AIP client sample were included in the control group. Maryland Case Search was used to obtain gender, race, criminal history, and criminal recidivism data for control group participants. Name and birthdate were used as identifiers.

Approximately half the offenders in the control group were drawn from Baltimore and Howard Counties (28.0% and 26.3%, respectively); offenders from Baltimore City (15.0%), and

Montgomery (9.3%), Frederick (8.5%), Howard (7.8%), Allegany (3.0%), Talbot (0.8%), Queen Anne's (0.8%), St. Mary's (0.3%), Somerset (0.3%), and Kent Counties (0.3%) were also included in the control group. Regarding the primary disposition associated with their domestically related charge during the study period (2014-2015), the majority of offenders in the control group were sentenced to jail time (55.3%). Other primary dispositions included "probation before judgement" (14.2%), "fine" (6.5%), "were not prosecuted" (3.0%), "probation" (2.3%), and "STET" (1.0%).

Measures

Dependent Variables

Criminal History and Criminal Recidivism. Inclusion criteria in the treatment group is contingent on participation in AIP, while most participants were court ordered to AIP, some participants entered treatment voluntarily and some entered treatment in anticipation of a court order. Thus, all AIP participants did not progress from domestic violence offense, to arrest, court order, and AIP in a lock step linear progression. As such, for participants in the AIP group, AIP intake date, a consistent reference point across all participants in the AIP group, was used as the reference date to determine criminal history (i.e., crimes before intake) versus criminal recidivism (i.e., crimes after intake). For participants in the control group, the date associated with their domestically-related criminal charge was used as the reference point (i.e., crimes before the domestically-related charge vs. after the charge). Criminal history and recidivism were captured as dichotomous variables (0=no, 1=yes) as well as total number of offenses using continuous count variables.

To assess domestic violence and violent specialization, criminal history and recidivism offenses were also recorded using a categorical variables based on the specific criminal statute associated with an offense (Bouffard & Zedakar, 2016): (1) DV offenses (e.g., Personal

Protective Order [PPO], violation of PPO), (2) Other violent offenses (e.g., other assaults, other violent offenses, such as robbery and deadly conduct), (3) Property offenses (e.g., burglary, fraud), (4) Drug offenses (e.g., possession), (5) Driving while intoxicated/under the influence offenses), and (6) all other offenses (e.g., disorderly conduct, public urination).

Independent Variables

Demographic Variables. Demographic information was collected for all participant's age (continuous age in years), age at first criminal offense (continuous in years), gender (male=0, 1=female), and race (white=0, 1=non-white). File reviews for participants in the AIP treatment group yielded additional demographic information for AIP clients including marital status (to the victim) (1=no, 0=yes), high school/GED completion (1=no, 0=yes), and employment status (0=not employed, 1=employed).

Psychosocial Variables. Information was also collected for AIP treatment group participants regarding whether the client had any children with the victim, was living with the victim at the time of the IPV incident, and/or was living with the victim at the time of AIP intake. Self-reported substance abuse and current substance use (at the time of intake) was assessed, as was whether there was evidence of substance use at the time of the IPV incident (via client self-report and police reports). Self-reported mental health problems, experiences of homicidal ideation, threats, or attempts; suicidal ideation; and suicide attempts were also assessed. Client's self-reported exposure to intimate partner violence in their family of origin and experience with physical abuse was obtained. All psychosocial information was coded as dichotomous variables (0=no, 1=yes).

Analytic Plan

We began by examining descriptive statistics for all study variables (see Table 1) and

significance tests were used to examine potential differences between the AIP group and the control group regarding age, gender, and race.

Recidivism Analyses. Analysis of Variance (ANOVA) was used to estimate differences between AIP completers, AIP no-shows (i.e., AIP participants who completed an AIP intake assessment but did not complete any treatment sessions), AIP dropouts (i.e., AIP participants who began treatment but did not complete AIP), and the control group regarding (1) the number of any recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of any violent recidivism offenses. Bonferroni tests were used for post hoc comparisons, with alpha set at $p < .05$.

Then, multinomial logistic regression was used to compare AIP completers with AIP no-shows, AIP dropouts, and the control group regarding (1) the number of any recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of any violent recidivism offenses while controlling for the demographic variables available for both the AIP and control groups – race, age at first criminal offense, and gender – as well as criminal history. Finally, multinomial logistic regression was used to compare AIP completers with AIP no-shows and AIP dropouts regarding (1) the number of any recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of any violent recidivism offenses while controlling for both demographic variables and psychosocial variables obtained from AIP treatment files. Modelling began with a fully specified model inclusive of all available control variables; models were reduced to exclude variables that were (1) not statistically significant and/or (2) did not add distinct substantive information to the results.

Multinomial regression allows for analysis of both continuous and categorical predictors with a nominal dependent variable that contains more than two categories, such as our

categorical measure of AIP engagement that includes AIP completers, AIP no shows, AIP dropouts, and the control condition (i.e., participants who were not referred to AIP). The analysis produces one set of coefficients for each category of the dependent variable, minus one for the reference category that is omitted (Pampel 2000). In the present study, “AIP completion” is the omitted reference category of the dependent variable. This allows us to directly examine how recidivism variables are associated with varying levels of AIP completion relative to non-completion (i.e., control group participants). Alpha was set at $p < .05$ for all multinomial regression models.

Risk Profiles. In order to examine DV recidivism risk profiles among those who had presented to AIPs for services, we first separated AIP participants into groups based on whether or not they had an extensive DV history (i.e., 2 or more DV crimes) prior to AIP intake. Logistic regression was utilized to investigate whether this variable was associated with higher risk of DV recidivism. Next, we examined bivariate correlations between DV recidivism and psychosocial and criminal history variables for each of the DV history groups. This was done to explore any differences in psychosocial risk factors between high and low risk clients based on DV history.

Sample

The sample includes an AIP group comprised of the cohort of domestic violence offenders who were referred to one of eight Maryland AIPs during calendar year 2014-2015 ($n=1,916$) and a control group of randomly selected offenders ($n =400$) who received a domestically related charge in the counties served by the participating AIPs, but who were not referred to AIP during the study period. Descriptive information for the AIP group and the control group are presented in Table 1. No significant differences were identified between the treatment and the control group regarding age or gender: both groups yielded an average age of

approximately 34 years old and were majority male, but the AIP group included a significantly greater proportion of non-White offenders compared to the control group (78.0% vs. 38.5%, respectively).

Regarding the AIP group, the majority had at least a high school education, and less than half were employed at intake. Less than 15.0% of clients were married to their victim, and about 40% had at least one child with their victim. Almost 22.0% of clients reported living with their victim at their intake appointment.

Regarding substance use, almost half of clients reported past substance abuse and 25.4% reported substance use at the time of the IPV incident. Nearly 25.0% of clients reported a past or current mental health problem, 11.9% reported a history of suicidal ideation, and 3.7% reported a prior suicide attempt. More than 16.0% of clients reported witnessing domestic violence in their family of origin and 10.2% reported experiencing physical child abuse.

AIP group participants completed from 0 to 76 treatment sessions with an average of approximately 14 treatment sessions ($SD = 12$). The vast majority of AIP clients received group counseling only (89.2%) while 10.5% received both group and individual counseling, and 2.6% received only individual counseling. About 40% of AIP group participants successfully completed treatment while 24.0% completed some treatment (i.e., AIP dropouts), and 22.0% completed the intake assessment but did not complete any treatment sessions (i.e., AIP no-shows). Additionally, 4.1% of AIP group participants were deemed inappropriate for treatment by the AIP, 0.9% sought treatment elsewhere, 0.2% were incarcerated after their AIP treatment referral, and 0.1% committed suicide after their AIP treatment referral. Finally, no file could be located for 6.8% of AIP group participants.

Table 1. Descriptive Statistics for Control Group, AIP Group, and AIP Sites

	Control Group N = 400		AIP Group N = 1,916		Site 1 n = 184		Site 2 n = 9		Site 3 n = 1,122		Site 4 n = 180		Site 5 n = 191		Site 6 n = 72		Site 7 n = 61		Site 8 n = 97	
	N	%	N	%	N	%	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Age ^a	M= 34.00 (SD=10.90) Range =17-75		M= 34.82 (SD=10.66) Range = 18-86		M = 36.50 (SD = 11.92) Range = 18-69		M = 31.13 (SD=7.53) Range = 25-48		M = 34.09 (SD = 10.35) Range = 19-86		M = 35.03 (SD = 10.51) Range =18-63		M = 37.19 (SD = 11.28) Range = 19-70		M = 38.65 (SD = 12.51) Range = 18-62		M = 33.56 (SD = 9.74) Range = 19-57		M = 33.44 (SD = 8.31) Range = 20-56	
Female ^a	95	25.5%	263	13.7%	29	15.8%	0	-	193	17.2%	15	8.3%	0	-	23	31.9%	3	4.9%	0	-
Non-White ^b	154	38.5%	1,495	78.0%	118	64.1%	9	22.2%	967	86.2%	110	59.8%	165	86.4%	38	52.8%	16	26.2%	97	100%
Married to victim	-		281	14.7%	57	31.0%	2	22.2%	110	9.8%	57	31.0%	22	11.5%	24	33.3%	16	26.2%	20	20.6%
Children with victim	-		736	38.4%	110	59.8%	2	22.2%	400	35.7%	110	59.8%	59	30.9%	35	48.6%	14	23.0%	50	51.5%
Living with victim	-		419	21.9%	57	31.0%	6	66.7%	170	15.2%	57	31.7%	49	25.7%	24	33.3%	24	39.3%	32	33.0%
In relationship with victim	-		590	30.8%	79	42.9%	4	44.4%	276	24.6%	71	39.4%	65	34.0%	33	45.8%	28	45.9%	34	35.1%
High school/GED or more	-		1,072	55.9%	146	79.3%	-	-	594	52.9%	91	50.6%	112	58.6%	60	83.4%	50	81.9%	20	20.6%
Employed	-		807	42.1%	118	64.1%	7	77.8%	373	33.2%	115	63.9%	71	37.2%	47	65.3%	25	41.0%	51	52.6%
Substance abuse problem	-		952	49.7%	157	92.4%	9	33.3%	762	72.6%	149	54.4%	-	-	72	81.9%	61	57.4%	86	88.4%
Substance use at time of IPV incident	-		486	25.4%	55	29.9%	3	33.3%	152	13.5%	27	15.0%	190	99.5%	14	19.4%	6	9.8%	41	42.3%
Prior substance use treatment	-		366	19.1%	26	14.1%	0	-	168	15.0%	59	32.8%	59	30.9%	29	40.3%	23	37.7%	2	2.1%
Mental health problem	-		463	24.2%	71	38.6%	0	-	215	19.2%	26	14.4%	50	26.2%	38	52.8%	21	34.4%	26	26.8%
Suicidal ideation	-		228	11.9%	40	21.7%	0	-	99	8.8%	20	11.1%	29	15.2%	23	31.9%	11	18.0%	6	6.2%
History of suicide attempts	-		71	3.7%	11	6.0%	0	-	22	2.0%	3	1.7%	15	7.9%	9	12.5%	5	8.2%	6	6.2%

	Control Group		AIP Group		Site 1		Site 2		Site 3		Site 4		Site 5		Site 6		Site 7		Site 8	
	N = 400		N = 1,916		n = 184		n = 9		n = 1,122		n = 180		n = 191		n = 72		n = 61		n = 97	
	N	%	N	%	n	%	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Prior mental health treatment	-		369	19.3%	94	51.1%	0	-	201	17.9%	-	-	47	24.6%	-	-	22	36.1%	5	5.2%
IPV in family	-		312	16.3%	38	20.7%	3	33.3%	154	13.7%	36	20.0%	20	10.5%	23	31.9%	20	32.8%	18	18.6%
CA in family	-		195	10.2%	30	16.3%	2	22.2%	52	4.6%	24	13.3%	43	22.5%	10	13.9%	18	29.5%	16	16.5%
Number of total treatment sessions	-		<i>M</i> = 13.77 (<i>SD</i> = 12.08) Range = 0-76		<i>M</i> = 9.82 (<i>SD</i> = 13.41) Range = 0-58		<i>M</i> = 21.78 (<i>SD</i> = 6.22) Range = 7-26		<i>M</i> = 11.83 (<i>SD</i> = 12.08) Range = 0-56		<i>M</i> = 16.84 (<i>SD</i> = 11.42) Range = 0-26		<i>M</i> = 14.27 (<i>SD</i> = 14.50) Range= 0-76		<i>M</i> = 18.24 (<i>SD</i> = 10.41) Range=0-29		<i>M</i> = 16.52 (<i>SD</i> = 7.98) Range=0-22		<i>M</i> = 21.81 (<i>SD</i> = 9.02) Range= 0-28	

^a no significant difference between AIP client group and control group

^b significant difference between AIP client group and control group

- indicates that the variable was not included in the intake assessment at that Site.

*p <0.05, **p <0.01, ***p <0.001

Project Findings

RQ1a: Describe recidivism for clients at participating AIPs and for domestic violence offenders who were not clients at participating AIPs.

To begin, age at first criminal offense, criminal history, and criminal recidivism for the AIP group and the control group were identified and t-tests were used to determine whether the AIP group and the control group were statistically different regarding these variables. Criminal history and recidivism were operationalized in three ways as previously described in the “Measures” section of this report: (1) total number of all offenses, (2) total number of domestic violence offenses, and (3) total number of all violent offenses (including DV and non-DV). Findings are presented in Table 2.

Results indicated that participants in the control group were significantly older on average at the time of their first criminal offense compared to the AIP group ($t(560) = -2.86, p = .004$). Specifically, control group participants were more than 27 years old on average at the time of their first offense compared to less than 26 years old for AIP group participants. In addition, control group members had approximately half the number of criminal history offenses as the AIP participants, 2.63 versus 5.53; these differences were statistically significant ($t(1275) = 15.48, p < .001$). There were no significant differences between AIP participants and control group participants in regard to criminal recidivism offenses.

Next, criminal history and recidivism were measured with greater specificity to reflect (1) domestic violence and (2) any violence. Control group participants had significantly lower rates of domestic violence history and domestic violence recidivism and any violence history and any violence recidivism than AIP group participants. For example, control group participants had an average of 0.14 domestic violence offenses prior to their current domestic violence offense compared to AIP participants' 1.12 domestic violence history offenses ($t(1611) = 19.44, p <$

.001). In addition, control group participants had an average of 0.16 domestic violence recidivism offenses compared to AIP participant's 0.34 domestic violence recidivism offenses ($t(588) = 4.89, p < .001$). Regarding all violent offenses, control group participants had an average of 0.94 violent offenses prior to their current domestic violence offense while AIP participants had an average of 2.86 prior violent offenses ($t(1100) = 18.64, p < .001$). Finally, control group participant's average rate of violent recidivism was 0.50 compared to 0.68 for AIP participants ($t(552) = 3.00, p = .003$).

Table 2. Description of Criminal History and Recidivism for Control Group, AIP Group, and AIP Sites

	Control Group N = 400	AIP Group N = 1,916	T-test	Site 1 n = 184	Site 2 n = 9	Site 3 n = 1122	Site 4 n = 180	Site 5 n = 191	Site 6 n = 72	Site 7 n = 61	Site 8 n = 97
	<i>M (SD)</i> Range			<i>M (SD)</i> Range							
Age at first offense	27.22 (10.22) 16-75	25.62 (9.68) 14-86	-2.86**	30.75 (12.77) 17-69	30.5 (7.92) 24-48	23.76 (8.24) 14-86	26.51 (10.08) 16-63	25.95 (10.30) 15-63	29.85 (11.35) 17-58	24.33 (8.17) 17-57	32.17 (8.32) 14-56
All criminal history incidents	2.63 (2.29) 0-18	5.53 (5.79) 0-39	15.45***	3.89 (5.24) 0-28	1.42 (1.62) 0-4	6.39 (6.68) 0-39	3.12 (1.89) 0-5	3.49 (.95) 1-4	2.63 (1.31) 0-4	3.07 (1.23) 1-4	0.95 (0.99) 0-4
All criminal recidivism Incidents	0.97 (1.25) 0-11	1.07 (1.61) 0-12	1.33	0.91 (1.76) 0-10	0.74 (1.11) 0-3	1.19 (1.78) 0-12	0.65 (0.97) 0-3	0.89 (1.05) 0-3	0.72 (1.01) 0-3	0.84 (1.12) 0-3	0.39 (0.86) 0-3
Domestic violence history Incidents	0.14 (0.55) 0-5	1.12 (1.69) 0-12	19.44***	1.26 (1.85) 0-13	0.29 (0.49) 0-1	1.49 (1.89) 0-18	0.55 (0.93) 0-5	0.12 (0.39) 0-2	0.91 (0.97) 0-4	0.19 (0.51) 0-2	0.33 (0.61) 0-2
Domestic violence recidivism Incidents	0.16 (0.58) 0-7	0.34 (0.77) 0-6	4.89***	0.36 (0.75) 0-4	0.43 (1.13) 0-3	0.43 (0.88) 0-6	0.21 (0.53) 0-3	0.55 (0.28) 0-2	0.39 (0.70) 0-3	0.05 (0.22) 0-1	0.16 (0.48) 0-3
Violent criminal history incidents	0.94 (1.34) 0-13	2.82 (3.03) 0-25	18.64***	2.63 (3.39) 0-20	0.72 (0.95) 0-2	3.64 (3.46) 0-25	1.62 (1.37) 0-5	1.67 (1.29) 0-5	1.82 (1.25) 0-5	1.93 (1.23) 0-5	0.94 (0.87) 0-4
Violent criminal recidivism incidents	0.50 (0.94) 0-9	0.68 (1.17) 0-8	3.00**	0.55 (1.03) 0-4	0.71 (1.11) 0-3	0.83 (1.33) 0-8	0.34 (0.68) 0-3	0.47 (0.79) 0-3	0.48 (0.77) 0-3	0.41 (0.80) 0-3	0.35 (0.83) 0-3

*p < 0.05, **p < 0.01, ***p < 0.001

Next, AIP participants were separated into three distinct groups dependent on their level of AIP engagement: (1) AIP completers, (2) AIP drop outs, and (3) AIP no-shows. “AIP completers” included AIP group participants whose treatment file indicated that had successfully completed AIP treatment, “AIP dropouts” included AIP group participants who completed at least one AIP treatment session after their AIP intake assessment, but did not successfully complete AIP treatment, and “AIP no-shows” comprised AIP group participants who completed an AIP intake assessment but did not complete any AIP treatment sessions.

Univariate ANOVA tests were used to examine whether there were significant differences among AIP completers, AIP dropouts, AIP no-shows, and controls regarding age at first criminal offense and criminal history. Criminal history was operationalized in three ways as previously described in the “Measures” section of this report: (1) total number of all offenses, (2) total number of domestic violence offenses, and (3) total number of all violent offenses (including DV and non-DV). Findings are presented in Table 3.

Results indicated significant differences between groups regarding age at first offense ($F(2713) = 29.32, p < .001$). AIP completers and control group members were significantly older on average at the time of their first criminal offense than AIP dropouts and AIP no-shows (27.21 and 27.64 years old versus 24.68 and 22.65 years old, respectively). AIP dropouts were also significantly older than AIP no-shows. Regarding criminal recidivism, significant differences were uncovered between the groups ($F(1634) = 61.08, p < .001$); control group members had significantly fewer prior criminal offenses than AIP completers, AIP dropouts, or AIP no-shows (2.63 compared to 4.18, 6.02, and 7.33 offenses, respectively). AIP completers also had significantly fewer prior offenses than AIP dropouts and AIP no shows and AIP dropouts had significantly less prior criminality than AIP no-shows.

Next, criminal history was measured with greater specificity to reflect (1) prior domestic violence and (2) prior violence against any victim. Control group participants had significantly lower rates of domestic violence history and domestic violence recidivism and any violence history and any violence recidivism than AIP group participants. Again, significant differences existed between the groups ($F(106) = 44.46, p < .001$). Control group participants had an average of 0.14 domestic violence offenses prior to their current domestic violence offense compared to AIP completer's 0.96, AIP dropout's 0.99, and AIP no-shows' 1.46 prior domestic violence offenses. Regarding all violent offenses, significant differences were identified between groups ($F(448) = 58.42, p < .001$). Control group participants had an average of 0.94 violent offenses prior to their current domestic violence offense while AIP completer's 2.40, AIP dropout's 2.81, and AIP no-shows' 3.61 prior violent offenses. Control group participants had significantly fewer violent offenses than AIP completers, AIP dropouts, and AIP no-shows, while AIP completer's and AIP dropout's rates of prior violence were significantly lower than that of AIP no-shows.

Table 3. ANOVA Testing Differences in Criminal History Variables for Control Group, AIP Completers, AIP Dropouts, and AIP No Shows

	Control Group (CG) <i>N</i> = 400	AIP Completers (C) <i>n</i> =800	AIP Dropouts (DP) <i>n</i> =460	AIP No-Shows (NS) <i>n</i> =421	<i>F</i>	Post Hoc
	<i>M (SD)</i> Range					
Age at first offense	27.21 (10.22) 16-75	27.64 (10.68) 15-86	24.68 (9.06) 14-64	22.65 (7.17) 16-66	29.32 ***	C<DP *** C<NS *** D<NS* CG<DP*** CG<NS***
All criminal history incidents	2.63 (2.29) 0-18	4.18 (4.67) 0-32	6.02 (5.58) 0-39	7.33 (7.07) 0-37	61.08 ***	C<DP*** C<NS*** D<NS** CG<C*** CG<DP*** CG<NS***
Domestic violence history incidents	0.14 (0.55) 0-5	0.96 (1.39) 0-10	0.99 (1.71) 0-15	1.46 (2.13) 0-18	58.42 ***	C<NS*** D<NS*** CG<C*** CG<DP*** CG<NS***
Violent criminal history incidents	0.94 (1.34) 0-13	2.40 (2.49) 0-16	2.81 (3.03) 0-25	3.61 (3.73) 0-21	44.46 ***	C<NS*** D<NS** CG<C*** CG<DP*** CG<N***

*p <0.05, **p <0.01, ***p <0.001

Univariate ANOVA tests were also used to examine whether AIP completers had significantly lower rates of recidivism when compared to AIP dropouts, AIP no-shows, and controls (see Table 4). Again, recidivism was measured multiple ways: (1) the number of any criminal recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of violent recidivism offenses. Results are presented in Table 4.

The first model examined the number of any recidivism offenses across the four groups. Findings showed significant differences across the groups [$F(3, 1867) = 31.65, p < .001$]. Post hoc analyses further showed that AIP completers had significantly lower average rates of any recidivism offenses ($M = 0.69$) relative to AIP dropouts ($M = 1.20$), AIP no-shows ($M = 1.56$), and the control group ($M = 0.97$).

The second model tested significant differences in the number of domestic violence recidivism offenses across AIP completers, AIP dropouts, AIP no-shows, and controls. Results again showed significant differences among the four groups ($F(3, 1867) = 12.77, p < .001$), however, post hoc analyses demonstrated that AIP completers' average rate of recidivism was significantly lower than AIP no-shows only ($M = 0.26$ versus $M = 0.47$, respectively). The control group had the lowest average rate of domestic violence recidivism ($M = 0.16$) which was significantly lower than the average rate of domestic violence recidivism among the AIP no-show and AIP dropout groups ($M = 0.33$ and $M = 0.47$). AIP drop outs also had significantly lower rates of domestic violence recidivism compared to AIP no-shows ($M = 0.47$ versus $M = 0.33$).

The third model examined the number of any violent recidivism offenses across AIP completers, AIP dropouts, AIP no-shows, and controls. Findings showed significant differences among the groups ($F(3, 1867) = 17.68, p < .001$), with AIP completers yielding the lowest

average rate of violent recidivism ($M = 0.48$). Post hoc analyses showed that AIP completers' average violent recidivism was significantly lower than that of both AIP no-shows ($M = 0.70$) and AIP dropouts ($M = 0.95$). In addition, control group participants' average violent recidivism was significantly lower than AIP no-shows ($M = 0.50$ versus $M = 0.70$).

Table 4. ANOVA Predicting Recidivism for AIP Completers, AIP Dropouts, AIP No Shows, and Control Group

		N	M	SD	Range	F(3, 1867)	Post Hoc
Number of any recidivism offenses	AIP Completers (C)	737	0.69	0.61	0-7	31.65***	C<DP*** C<NS*** C<CG*
	AIP Dropouts (DP)	410	1.20	1.05	0-10		
	AIP No-Shows (NS)	390	1.56	1.36	0-12		
	Control Group (CG)	334	0.97	0.83	0-11		
Number of domestic violence recidivism offenses	AIP Completers (C)	737	0.26	0.21	0-5	12.77***	C<NS*** DP<NS* CG<DP* CG<NS**
	AIP Dropouts (DP)	410	0.33	0.25	0-6		
	AIP No-Shows (NS)	390	0.47	0.39	0-5		
	Control Group (CG)	334	0.16	1.00	0-7		
Number of violent recidivism offenses	AIP Completers (C)	737	0.48	0.90	0-7	17.68***	C<DP*** C<NS*** CG<NS**
	AIP Dropouts (DP)	410	0.70	1.22	0-8		
	AIP No-Shows (NS)	390	0.95	1.39	0-9		
	Control Group (CG)	334	0.50	0.94	0-9		

*p <0.05, **p <0.01, ***p <0.001

RQ1b: Compare recidivism rates for AIP participants and DV offenders who do not participate in AIP while controlling for background characteristics.

First, a series of multinomial regression models testing the impact of AIP engagement on recidivism while controlling for differences in participants' gender, race, age at first criminal offense, and criminal history were estimated; AIP dropouts, AIP no-shows, and control group participants were compared to AIP completers. Separate models were estimated to predict (1) the number of any criminal recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of violent recidivism offenses. Findings are presented in Table 5.

The multinomial regression model produces Odds Ratio (OR). The OR coefficients can be interpreted as the effect of a one-unit change in the independent variable (i.e., any criminal recidivism, domestic violence recidivism, and violent recidivism) on the logged odds of each category of the dependent variable (i.e., AIP no-shows, AIP dropouts, and controls), relative to the reference category (here, AIP completion) (Pampel, 2000). Odds ratios greater than 1.0 reflect increased likelihood of an association with an independent variable, whereas odds ratios of less than 1.0 reflect a lower likelihood of an association with an independent variable. Odds ratios can also be converted to a "percent change" in this association by subtracting 1 and then multiplying this number by 100.

Regarding the number of any criminal recidivism offenses, results from the first model demonstrated that being an AIP dropout was associated with a 25.0% increase in one's number of criminal recidivism offenses compared to being an AIP completer while holding gender, race, age at first offense, and criminal history constant. Further, being an AIP no-show was associated with a 35.0% increase in the number of criminal recidivism offenses while membership in the control group was associated with a 27.0% increase in the number of criminal recidivism offenses compared to being an AIP completer, again while controlling for gender, race, age at

first offense, and criminal history.

The second model examines the impact of AIP engagement on domestic violence recidivism. Findings showed that being an AIP no-show was associated with a 31.0% increase in one's number of domestic violence recidivism offenses compared to being an AIP completer while holding gender, race, age at first offense, and criminal history constant. Comparatively, membership in the control group was associated with an 18.0% decrease in one's number of domestic violence recidivism offenses compared to being an AIP completer while controlling for gender, race, age at first offense, and criminal history. There was no statistically significant difference between AIP dropouts and AIP completers regarding domestic violence recidivism once gender, race, age at first offense, and criminal history were held constant (see Table 4 for a model without controls).

The third model examined the impact of AIP engagement on violent recidivism. Findings showed that membership in the AIP no-shows group was associated with a 16.0% increase one's number of violent recidivism offenses compared to being an AIP completer while controlling for gender, race, age at first offense, and criminal history. In addition, being an AIP dropout was associated with a 30.0% increase in one's number of violent recidivism offenses compared to being an AIP completer; gender, race, age at first offense, and criminal history were held constant. There was no significant difference between AIP completers and the control group regarding violent recidivism once gender, race, age at first offense, and criminal history were introduced as controls (see Table 4 for a model without control variables).

Table 5. Multinomial Regression Predicting Recidivism for AIP Dropouts, AIP No Shows, and Control Group versus AIP Completers

		AIP Dropouts			AIP No Shows			Control Group		
		<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Any Recidivism	Intercept	-0.70	0.28		-0.17	0.31		1.51	0.29	
	Female	-1.20	0.27	0.30***	-0.83	0.26	0.44***	-0.48	0.22	0.62*
	Non-White	0.49	0.17	1.64**	0.17	0.17	1.18	-1.36	0.15	0.26***
	Age at first offenses	-0.02	0.01	0.98**	-0.05	0.01	0.95***	-0.03	0.01	0.97***
	Number of criminal history offenses	0.04	0.01	1.04**	0.05	0.01	1.05***	-0.22	0.03	0.81***
	Number of any recidivism offenses	0.22	0.05	1.25***	0.30	0.05	1.35***	0.24	0.06	1.27***
Domestic Violence Recidivism	Intercept	-0.44	0.27		0.21	0.30		1.79	0.29	
	Female	-1.21	0.27	0.30***	-0.84	0.26	0.43**	-0.48	0.22	0.62***
	Non-White	0.49	0.17	1.63***	0.16	0.17	1.18	-1.36	0.14	0.26***
	Age at first offenses	-0.03	0.01	0.97***	-0.06	0.01	0.95***	-0.04	0.01	0.96***
	Number of criminal history offenses	0.04	0.01	1.04**	0.06	0.01	1.06***	-0.20	0.03	0.82***
	Number of domestic violence recidivism offenses	0.09	0.09	1.10	0.27	0.09	1.31**	-0.20	0.13	0.82***
Any Violent Recidivism	Intercept	-0.51	0.27		0.07	0.30		1.72	0.29	
	Female	-1.22	0.27	0.30***	-0.85	0.26	0.43***	-0.50	0.22	0.61*
	Non-White	.048	0.17	1.62**	0.14	0.17	1.15	-1.36	0.14	0.26***
	Age at first offenses	-0.03	0.01	0.98**	-0.05	0.01	0.95***	-0.04	0.01	0.96***
	Number of criminal history offenses	0.04	0.01	1.04**	0.06	0.01	1.06***	-0.21	0.03	0.81***
	Number of violent recidivism offenses	0.15	0.06	1.16*	0.27	0.06	1.30***	0.11	0.08	1.12

¹ The reference category for the dependent variable is “AIP Completers.” For the independent variables, the reference categories are “female” and “White”.
 *p <0.05, **p <0.01, ***p <0.001

Finally, a series of multinomial regression models testing the impact of AIP engagement on recidivism while controlling for a host of demographic and psychosocial factors obtained from the AIP treatment files were estimated; AIP dropouts and AIP no-shows were compared to AIP completers. Separate models were estimated to predict (1) the number of any criminal recidivism offenses, (2) the number of domestic violence recidivism offenses, and (3) the number of violent recidivism offenses. Findings are presented in Tables 6-8.

The first model examined all criminal recidivism (Table 6). Membership in the AIP dropout group was associated with a 20.0% increase in number of criminal recidivism offenses compared to AIP completers while the other variables in the model were held constant. AIP dropouts were also significantly more likely to be male, younger, be non-White, have a greater number of prior criminal offenses, have a self-reported mental health problem, and be using substances at the time of the IPV incident than AIP completers. AIP dropouts were also significantly less likely than AIP completers to be employed. Comparatively, being an AIP no-show was associated with a 22.0% increase in one's number of criminal recidivism offenses compared to being an AIP completer, again while controlling for the other variables in the model. AIP no-shows were also significantly more likely to be younger and significantly less likely to have at least a high school diploma/GED or be employed compared to AIP completers. The variable controlling for participant's specific AIP treatment site was not significant in either model indicating that the impact of AIP treatment was consistent across sites.

Table 6. Multinomial Regression Predicting Any Recidivism for AIP Dropouts and AIP No Shows versus AIP Completers

	AIP Dropouts			AIP No Shows		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Intercept	-1.36	0.44		0.37	0.57	
Female	-1.12	0.23	0.33***	-0.59	0.32	0.56
Age at first offense	-0.02	0.01	0.98*	-0.04	0.01	0.96**
Non-White	0.62	0.20	1.85**	-0.43	0.23	0.65
Number of prior offenses	0.04	0.02	1.04**	0.02	0.02	1.02
In relationship with victim	0.06	0.18	1.07	0.47	0.22	1.60*
High school/GED or more	-0.02	0.16	0.98	-0.44	0.20	0.65*
Living with victim	0.15	0.21	1.16	-0.16	0.25	0.85
Children with victim	-0.10	0.15	0.91	-0.19	0.20	0.83
Married to the victim	0.09	0.23	1.09	0.44	0.27	1.55
Self-reported mental health problem	0.41	0.17	1.51*	0.11	0.21	1.11
Substance use at time of incident	0.47	0.16	1.60**	-0.10	0.22	0.90
Employed	-0.40	0.15	0.67**	-0.62	0.20	0.54**
AIP site	0.07	0.05	1.07	-0.07	0.07	0.93
Number of any recidivism offenses	0.18	0.05	1.20**	0.20	0.06	1.22**

¹ The reference category for the dependent variable is “AIP Completers.” For the independent variables, the reference categories are “female,” “White,” “not in a relationship with the victim,” “less than HS diploma/GED,” “not living with victim,” “no children with the victim,” “not married to the victim,” “no self-reported mental health problem,” “no self-reported substance at time of incident,” and “not employed”.

*p <0.05, **p <0.01, ***p <0.001

The next multinomial regression model examined domestic violence recidivism (Table 7). Findings showed that neither the AIP dropout group nor the AIP no-show group had significantly lower numbers of domestic violence recidivism offenses compared to AIP completers in light of the demographic and psychosocial variables in the model. As reported in the previous model, AIP dropouts were significantly more likely to be male, younger, non-White, have a greater number of prior criminal offenses, have a self-reported mental health problem, and be using substances at the time of the IPV incident than AIP completers. AIP dropouts were also significantly less likely than AIP completers to be employed. AIP no-shows were significantly younger at their first offense, significantly more likely to be in a relationship with the victim and significantly less likely to have at least a high school diploma/GED or be employed compared to AIP completers. AIP site was not a significant predictor of domestic violence recidivism in either model.

Table 7. Multinomial Regression Predicting Domestic Violence Recidivism for AIP Dropouts and AIP No Shows versus AIP Completers

	AIP Dropouts			AIP No Shows		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Intercept	-1.16	0.44		0.56	0.56	
Female	-1.12	0.29	0.33***	-0.58	0.32	0.56
Age at first offense	-0.02	0.01	0.98*	-0.05	0.01	0.96***
Non-White	0.62	0.20	1.86**	-0.43	0.23	0.65
Number of prior offenses	0.04	0.02	1.04**	0.03	0.02	1.03
In relationship with victim	0.05	0.18	1.05	0.46	0.22	1.58*
High school/GED or more	-0.04	0.16	0.97	-0.45	0.20	0.64*
Living with victim	0.18	0.21	1.19	-0.13	0.25	0.88
Children with victim	-0.07	0.15	0.93	-0.16	0.19	0.85
Married to the victim	0.04	0.23	1.04	0.38	0.27	1.46
Self-reported mental health problem	0.43	0.16	1.54**	0.12	0.21	1.13
Substance use at time of incident	0.46	0.16	1.59**	-0.10	0.22	0.91
Employed	-0.44	0.15	0.64	-0.67	0.20	0.51***
AIP site	0.07	0.05	1.07	-0.07	0.07	0.93
Number of domestic violence recidivism offenses	0.11	0.10	1.12	0.16	0.12	1.17

¹ The reference category for the dependent variable is “AIP Completers.” For the independent variables, the reference categories are “female,” “White,” “not in a relationship with the victim,” “less than HS diploma/GED,” “not living with victim,” “no children with the victim,” “not married to the victim,” “no self-reported mental health problem,” “no self-reported substance at time of incident,” and “not employed”.

*p <0.05, **p <0.01, ***p <0.001

The final multinomial regression model examined violent recidivism (Table 8). No significant differences were identified regarding AIP dropouts and AIP completers regarding number of violent recidivism offenses; however, membership in the AIP no-show group was associated with an 18% increase in one's number of violent recidivism offenses compared to membership in the AIP completer group while controlling for the other variables in the model. Similar to the previous models, AIP dropouts were significantly more likely to be male, younger, non-White, have a greater number of prior criminal offenses, have a self-reported mental health problem, and be using substances at the time of the IPV incident than AIP completers. AIP dropouts were also significantly less likely than AIP completers to be employed. AIP no-shows were significantly younger, significantly more likely to be in a relationship with the victim, and significantly less likely to have at least a high school diploma/GED or be employed compared to AIP completers. AIP site was not significantly associated with violent recidivism for either AIP dropouts or AIP no-shows compared to AIP completers.

Table 8. Multinomial Regression Predicting Any Violent Recidivism for AIP Dropouts and AIP No Shows versus AIP Completers

	AIP Dropouts			AIP No Shows		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Intercept	-1.21	0.44		0.50	0.56	
Male	-1.13	0.29	0.32 ***	-0.60	0.32	0.55
Age at first offense	-0.02	0.01	0.98*	-0.04	0.01	0.96**
Non-White	0.61	0.20	1.84**	-0.45	0.23	0.64
Number of prior offenses	0.04	0.02	1.04**	0.03	0.02	1.03
In relationship with victim	0.06	0.18	1.06	0.47	0.22	1.61*
High school/GED or more	-0.02	0.16	0.98	-0.43	0.20	0.65*
Living with victim	0.16	0.21	1.17	-0.15	0.25	0.86
Children with victim	-0.08	0.15	0.93	-0.17	0.19	0.84
Married to the victim	0.06	0.23	1.06	0.41	0.27	1.50
Self-reported mental health problem	0.42	0.16	1.52**	0.11	0.21	1.12
Substance use at time of incident	0.46	0.16	1.58**	-0.11	.22	0.90
Employed	-0.43	0.15	0.65**	-0.65	0.20	0.52**
AIP site	0.07	0.05	1.07	-0.07	0.07	0.93
Number of any violent recidivism offenses	0.12	0.07	1.13	0.17	0.08	1.18*

¹ The reference category for the dependent variable is “AIP Completers.” For the independent variables, the reference categories are “female,” “White,” “not in a relationship with the victim,” “less than HS diploma/GED,” “not living with victim,” “no children with the victim,” “not married to the victim,” “no self-reported mental health problem,” “no self-reported substance at time of incident,” and “not employed”.

*p <0.05, **p <0.01, ***p <0.001

RQ2a: Identify and describe the risk factors associated with recidivism among AIP clients with previous domestic violence crimes (i.e., high risk clients).

The sample was first divided into AIP clients who had extensive DV history (i.e., 2 or more DV crimes prior to intake; $n = 450$) and those who did not ($n = 1301$). Logistic regression was used to determine whether extensive DV history predicted having any DV recidivism. The model was statistically significant, $\chi^2(1) = 63.62, p < .001$, and those with extensive DV history had greater odds of recidivating (OR = 2.70, $p < .001$). Next, bivariate correlations were estimated between DV recidivism and a range of psychosocial and criminal history variables for those with an extensive DV history. These results are displayed in Table 9. Among those with extensive DV history, still being in a relationship with the identified victim at intake was negatively associated with number of DV recidivism offenses as well as any DV recidivism. Additionally, being employed at time of intake was negatively associated with having any DV recidivism. Regarding criminal history, number of other violent offenses prior to intake and total number of crimes were positively associated with number of DV recidivism offenses and any DV recidivism. All effect sizes for these findings were small.

Table 9. Bivariate Correlations Between Domestic Violence Recidivism and Psychosocial/Criminal History Variables among Clients with an Extensive DV History ($n = 450$)

Psychosocial and Criminal History Variables	Number of Domestic Violence Recidivism Offenses	Any Domestic Violence Recidivism
Female	-0.03	0.01
Age at intake	-0.02	-0.08
Non-White	-0.05	-.006
In relationship with victim	-0.11*	-0.11*
High school/GED or more	-0.02	0.00
Living with victim	0.01	0.01
Children with victim	0.03	-0.01
Married to the victim	-0.02	0.00
Self-reported mental health problem	0.06	0.05
Substance use at time of incident	-0.04	-0.06
Employed	-0.10	-0.10*
Protection order	-0.04	-0.02
On probation	0.05	-0.05
Number of other violent offenses prior to intake	0.17***	0.16***
Number of property crime offenses prior to intake	0.06	0.09
Number of drug crime offenses prior to intake	0.09	0.05
Number of DUI offenses prior to intake	0.07	0.01
Number of other offenses prior to intake	0.05	0.05
Total number of crimes prior to intake	0.19***	0.16***

¹ For the psychosocial variables, the reference categories are “female,” “White,” “not in a relationship with the victim,” “less than HS diploma/GED,” “not living with victim,” “no children with the victim,” “not married to the victim,” “no self-reported mental health problem,” “no self-reported substance use at time of the incident,” “not employed,” “no protection order,” and “not on probation.”

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

RQ2b: Identify and describe the risk factors associated with recidivism among AIP clients with no previous domestic violence crimes (i.e., low risk clients).

Similarly, bivariate correlations were estimated between DV recidivism and a range of psychosocial and criminal history variables for clients with no extensive DV history (i.e., fewer than 2 DV crimes prior to intake). These results are displayed in Table 10. Among this low risk group, age at intake, substance use during the referring incident, and being employed at intake were negatively associated with number of DV recidivism offenses as well as any DV recidivism. Additionally, having children with victim was positively associated with risk for any DV recidivism, and the presence of a protection order against the client was negatively associated with number of DV recidivism offenses. Regarding criminal history, the number of property crime offenses prior to intake and the total number of crimes were positively associated with number of DV recidivism offenses and any DV recidivism. All effect sizes for these findings were small.

Table 10. Bivariate Correlations Between Domestic Violence Recidivism and Psychosocial/Criminal History Variables among Clients without an Extensive DV History ($n = 1301$)

Psychosocial and Criminal History Variables	Number of Domestic Violence Recidivism Offenses	Any Domestic Violence Recidivism
Female	0.00	0.02
Age at intake	-0.09**	-0.10***
Non-White	0.05	0.03
In relationship with victim	0.02	0.02
High school/GED or more	-0.02	0.00
Living with victim	0.03	0.04
Children with victim	0.04	0.06*
Married to the victim	0.00	-0.02
Self-reported mental health problem	0.05	0.02
Substance use at time of incident	-0.07*	-0.07*
Employed	-0.08**	-0.08**
Protection order	-0.08*	-0.06
On probation	-0.04	-0.02
Number of other violent offenses prior to intake	0.05	0.05
Number of property crime offenses prior to intake	0.08**	0.07*
Number of drug crime offenses prior to intake	0.02	0.02
Number of DUI offenses prior to intake	0.05	0.03
Number of other offenses prior to intake	0.03	0.01
Total number of crimes prior to intake	0.07**	0.06*

¹ For the psychosocial variables, the reference categories are “female,” “White,” “not in a relationship with the victim,” “less than HS diploma/GED,” “not living with victim,” “no children with the victim,” “not married to the victim,” “no self-reported mental health problem,” “no self-reported substance use at time of the incident,” “not employed,” “no protection order,” and “not on probation.”

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

RQ3a: Link risk profiles to current components of Guidelines

In order to help identify suggestions for promoting best practices through the Governor's Family Violence Council's Operational Guidelines for Abuse Intervention Programs in Maryland (hereafter referred to as the MD Guidelines), the results of these risk profile analyses were considered in light of specific requirements of the MD Guidelines.

The first key consideration is the utility of prior criminal history in the assessment of risk for recidivism. Notably, AIP participants with a history of 2 or more DV crimes prior to program intake (who can be thought of as "repeat offenders"), were approximately 3 times more likely than other program participants (who can be thought of as "first time" offenders), to have DV recidivism. In addition, for both low- and high-risk groups, the total number of prior criminal incidents significantly predicted DV recidivism. For high risk cases, the number of previous violent crimes was also an important predictor of DV recidivism.

According to the MD Guidelines, during the program intake, *"The AIP shall develop a history and profile of the abuser's violent behavior based on descriptions from criminal justice agencies, the victim(s), treatment programs, and other relevant persons or agencies."* The current findings provide strong support for this Guideline, and highlight the potential value of extending best practice recommendations to include the use of publicly-available criminal justice data during program assessment to help programs identify first-time versus repeat DV offender cases. The results also support additional best practice recommendations focused on sharing of criminal history information from referring sources to AIP providers, and a recommendation to consider other violent offenses and the entire extent of criminal history involvement, in addition to DV-specific offenses, in assessing participant risk. Unfortunately, the current ability to

distinguish DV-specific versus other crimes is greatly limited by the data collection and recording processes in the State.

A second, and related consideration derives from the finding that the presence of a protection order at program intake was associated with decreased recidivism risk, but only for the lower risk group. This result supports the idea that first-time offenders may experience greater deterrence from further abuse due to fear of further legal complications. The MD Guidelines encourage AIPs to obtain *“a copy of the criminal or civil intimate partner violence record and a copy of the police report, statement of charges, and petitions for protective orders.”* The current findings suggest the potential for a best practice recommendation that would include reviewing the details of protection orders with AIP participants and encouraging their full compliance with existing orders.

A third consideration of the risk profile results relative to the MD Guidelines involves the importance of assessing and addressing contextual factors, including aspects of the participants’ relationship context and life challenges associated with recidivism risk. The MD Guidelines provide a best practice recommendation that programs should consider engaging with *“Community resources that can provide supportive services such as employment assistance, parenting classes, housing assistance, responsible fatherhood support groups, etc.”*

The current findings strongly support this practice recommendation, particularly in the area of employment assistance given that employment predicted lower recidivism for both high and low risk cases. Interestingly, the potential value of employment has been long recognized in general criminal rehabilitation but has received very little attention in AIP research. In order to refine or extend best practice recommendations, additional effort may be necessary to identify

effective employment assistance strategies for AIP participants, and any exemplary practices already in place in the State.

In addition to employment, relationship status with the identified victim and having children together emerged as significant recidivism predictors but were different for low versus high risk offenders. For high risk participants, those who were still together in a relationship with the victim at program intake were less likely to have DV recidivism than those who were separated from the victim. This finding may reflect ongoing risk for harassment and abuse after relationship separation, and/or risk for DV with a new relationship partner. Despite these uncertainties, this result provides clear evidence that ending the abusive relationship in itself does not appear to reduce recidivism risk for high risk cases. These results support the MD Guideline that encourages AIP to contact *“the current partner and all previous partners with whom the participant has children”* in addition to the identified victim and suggests that this should be a best practice recommendation in working with repeat offenders. This result may also be helpful in educating judges and prosecutors to avoid using relationship dissolution to influence decisions about AIP referral or other legal system consequences for repeat offenders.

Having children together with the identified victim was associated with increased risk for DV recidivism, but only for the lower risk group. This result supports the MD Guideline best practice recommendation for interventions to support responsible parenting and may encourage additional reference to effective co-parenting.

A final set of considerations focuses on the assessment and treatment of factors that may contribute to abusive behavior, including substance use and mental health disorders. Surprisingly, having a mental health disorder was not predictive of DV recidivism for either high

or low risk cases. However, this variable was associated with program completion in previous analyses, as AIP drop outs were significantly more likely to have a self-reported mental health problem than AIP completers. In addition, it is important to note that the assessment of mental health problems for most sites was limited to a small number of self-report questions during intake, and generally referred to problems at any point in life (rather than active problems at the present time). These limitations in assessment make it difficult to draw definitive conclusions about recidivism risk.

The presence of substance use at the time of the referral incident predicted lower recidivism for the low risk cases. It is possible that reduction in alcohol or drug use may explain this result, although that cannot be tested with the available data. Also, as for mental health problems, the presence of substance use during the referring incident was more common among AIP dropouts than among completers, so this factor also appears to be important in program compliance. The lack of predictive findings for recidivism from substance use is inconsistent with a number of prior research studies on this topic, and may reflect limitations in the data available for the current project. Most notably, past research indicates that the ongoing abuse of substances confers risk for recidivism (e.g., Snow & Gondolf, 2001). However, the available file data for the current project focused only on substance use at the time of the referring incident, which is a very limited indicator of substance use problems.

Thus, the present results should not be taken as a lack of support for the MD Guideline which requires programs to screen for mental health and substance use problems, and to have a process in place for relevant treatment or referrals. However, the current project findings do not provide any details that would help to extend or clarify the MD Guideline which states: *“The AIP shall either provide or refer abusers for treatment services to address factors contributing to*

the abusive behavior.”

RQ3b: Describe recidivism rates in the context of program content identified in the ongoing process analysis of Maryland AIPs.

Our prior process analysis of Maryland AIPs revealed important themes regarding program practices and challenges that, together with the current outcome findings, may be helpful in enhancing best practices at Maryland AIPs. First, AIP providers highlighted the crucial importance of strategies to enhance participant accountability and program engagement. The current project findings indicate that AIP completers have lower recidivism than non-completers, and that participants who receive some AIP services tend to have lower recidivism than those who drop out prior to receiving any AIP services. These findings bolster the experience and observations of providers, many of whom identified a need for supportive, relationship-building strategies to enhance participant engagement.

Along similar lines, our prior AIP process analysis revealed considerable variation in quality control for the monitoring case referrals to AIP and participant compliance. Together with the current outcome data, these findings provide strong evidence of the need for consistent case monitoring practices that including effective communication between referring sources and AIP staff regarding referrals and compliance, as well as meaningful legal interventions in response to non-compliance. The enhanced recidivism risk observed for repeat offenders further highlights the importance of timely and effective interventions for noncompliance among those cases.

Our process analysis revealed substantial variation in the manner in which AIP providers assess and address key problems that may impact recidivism risk, including substance abuse problems and mental health concerns. Most programs rely on a small number of self-report

questions during program intake to determine whether participants have substance use or mental health problems. These limitations significantly impeded our ability to conduct a robust analysis of substance abuse and mental health problems as recidivism risk predictors. There appears to be a significant need for program support in these areas, including the provision of reliable and valid assessment resources that are readily accessible and straightforward to administer. Such efforts would help programs conduct more standardized risk assessment and case management. As a related concern, our process analysis revealed considerable variability in the availability of, and collaborative arrangements with community partners who can provide services for these associated problems.

Another concern identified by AIP staff centered on the myriad of life challenges faced by some AIP participants. Practitioners often need to help AIP participants to reduce life chaos and address problems such as unstable housing or employment before participants can productively focus on personal change. The current project findings highlight employment problems as a very important factor in this regard. Very few AIPs reported specific assessment or intervention partnerships for employment assistance.

Resource constraints were identified as a major concern by over 80% of participating AIPs. The results from the current study highlight the potential importance of assessing and addressing additional problems such as parenting and co-parenting concerns and employment difficulties. The ability for AIPs to maintain compliance with the current MD Guidelines is greatly impacted by resource constraints, and their ability to enhance best practices, such as enhanced monitoring and intervention for high risk cases, is unlikely without additional resources.

The current project, and prior work by the PI (Richards et al., 2013), indicate that AIP participants share many characteristics with the general criminal offender population. Many AIP participants have extensive criminal histories, both for DV-related and other crimes. Similar to general offender populations, the extent of criminal history is a key factor in predicting recidivism risk. These results provide strong support for enhancements in the ability for Maryland AIPs to access federal and state funds allocated to crime prevention and offender rehabilitation. Such efforts may also reduce perceived competition, both within and across agencies, for resources needed to provide services and support for partner violence victims.

Recommendations and Conclusions

- 1) AIP completion has a positive impact on recidivism among domestic violence offenders: AIP completers had the lowest average rate of any recidivism and the lowest average rate of violent recidivism of the four groups compared in this report (AIP completers, AIP dropouts, AIP no-shows, and controls), and these differences were statistically significant. AIP completer's average rate of domestic violence recidivism was also lower than AIP dropouts and (statistically) significantly lower than AIP no-shows. While the control group had the lowest average rate of domestic violence recidivism of the four groups, the difference in the mean rate of domestic violence recidivism between the control group and the AIP completer group was small and not statistically significant. *Given that control participants had significantly less prior criminality than the AIP completer group, these reductions in recidivism among AIP completers are especially noteworthy.*

- 2) The positive impact of AIP on recidivism holds even when control variables (gender, race, age at first offense, and criminal history) were introduced to the model: AIP completers continued to have significantly less total recidivism than the other three groups, significantly lower violent recidivism than AIP dropouts and AIP no-shows, and significantly lower domestic violence recidivism than AIP no-shows. However, the difference in control's and AIP completer's domestic violence recidivism reached statistical significance once these controls were introduced in the model, with controls yielding significantly lower domestic violence recidivism than AIP completers once gender, race, age at first offense, and criminal history were held constant. Again, this finding is unsurprising given how "different" the control group was from the AIP group in regard to their offending trajectories. These differences call into question the usefulness of comparisons between the control and AIP groups, with comparisons between those actually referred to AIP (completers, dropouts, and no-shows) likely yielding more useful findings.
- 3) Better data collection and analysis regarding the disposition of domestic violence crimes in Maryland is needed. Unfortunately, there is no current indicator in the Maryland Criminal Justice Information System (CJIS) data which identifies whether an offender who is sentenced for a domestically related crime in Maryland has been referred to AIP by the court. As such, the control group for the current study included a randomly selected sample of offenders who had been charged with a domestically related crime from 2014-2015 in the counties served by the sampled AIPs, but who did not appear for service at the AIP within the year following their domestically related crime.

The current analysis suggests that offenders charged with domestic violence crimes in Maryland who are not referred to AIP are more likely to be White and slightly older at their first criminal offense than DV offenders who are referred to AIP. These offenders have significantly shorter criminal records, with fewer prior crimes overall, and fewer previous domestic violence crimes and crimes of violence more generally. However, *DV offenders who are not referred to AIP are most often sentenced to jail time*. The reason(s) for the utilization of jail time rather than AIP is unclear. Potential reasons may include judicial discretion/preference or seriousness of the specific charge(s) associated with the domestically related crime, however, an examination of these possibilities was beyond the scope of the current project and should be a focus of future investigations.

- 4) Significant criminogenic risk factors including substance use, mental health problems, unemployment, and undereducation are highly prevalent among the domestic violence offenders referred to MD AIPs. These factors are significantly related to AIP dropout and AIP no-show compared to AIP completion. MD AIPs should provide wrap-around services and/or direct referrals for clients who need these ancillary services. Supportive services should be available during program intake given that these risk factors predict early non-compliance and AIP attrition.
- 5) AIP should be seen as an opportunity to mitigate criminogenic risk factors and reduce recidivism among domestic violence offenders. Results indicate that offenders who completed AIP had significantly lower recidivism compared to offenders who dropped out of AIP and offenders who completed an intake but did not complete any AIP treatment. These findings remained even when important risk factors for program non-compliance were controlled in the statistical model. AIP completers also had lower rates

of recidivism for violent crime than those who received no AIP treatment sessions (i.e., AIP no-shows).

- 6) Given the statistically significant impact of AIP on general criminal recidivism and violent recidivism, the null relationship between AIP and domestic violence recidivism is likely a result of measurement error. The current study used MD Case Search to gather criminal history and criminal recidivism information. MD Case Search does not include an indicator for domestically related crimes, so in order to ensure the validity of the measure of domestic violence used here, only violations of personal protective orders and/or crimes associated with a PPO violation (i.e., PPO violation and a second-degree assault) were coded as a DV crime. Given that the “domestic violence” criminal history and recidivism variable had to be defined very narrowly using MD Case Search, this indicator likely excludes many DV crimes, and the “any violent” criminal history and recidivism measures are better indicators of offender’s DV crimes.
- 7) Continued efforts to increase participant motivation and engagement into AIP services through supportive counseling strategies and effective case monitoring are needed to increase program completion and reduce dropout.
- 8) Given that prior criminal history variables were the strongest predictors of recidivism risk, AIPs, in concert with referral sources, should identify and carefully monitor repeat offender cases. Notably, the findings suggest that history of violent offenses other than DV as well as property crimes are relevant to risk of DV recidivism.
- 9) Resource constraints continue to impose significant limitations on the ability of AIPs to provide case-responsive services and appropriate levels of monitoring and case

management. AIPs should be encouraged to access funding targeted at criminal rehabilitation and violence reduction.

10) Despite several risk factors examined in this study predicting DV recidivism, there was still a large portion of variance in DV recidivism left unexplained. Although some of this may be due to measurement error (e.g., different phrasing of questions across AIP sites), there are also likely key risk variables that are missing from the AIP intake assessments, and thus, missing from this investigation. Research with people who recidivate even after attending AIPs may help identify other important contributing factors.

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