BATTERERS' TREATMENT PROGRAMS

JOHN HOWARD SOCIETY OF ALBERTA
2001

EXECUTIVE SUMMARY

> ...it is like you have knocked a glass of milk off the table. It has fallen onto the floor and the glass has shattered into hundreds of pieces. It has happened, there is nothing you can do about it, you cannot go back and undo it. But it is not over yet. It is not over until you have wiped up the spilled milk and have picked up the pieces of glass. I guess that is what we are doing here; we are trying to pick up the pieces.
>
> A Male Batterer, 1984

It is estimated that one in six women experience violence at the hands of an intimate partner. Their children may witness the violence or be battered as well. The actions of men who batter exact a painful toll on women, children, extended families, workplaces, the criminal justice system, social services and, not least, the batterers themselves.

The question of how best to address battering has been researched extensively but remains unanswered. Researchers have uncovered common risk markers for battering and for repeated battering, but many of these are factors such as age and childhood experiences that cannot be changed or undone. Research has also been performed to assess the effectiveness of criminal justice system responses and the effectiveness of batterers' treatment programs. Again, none has produced a definitive answer. While we are fairly certain that harsh treatment from the criminal justice system does not reduce recidivism among batterers, and while we can assume that treatment does more good than harm in preventing batterers from continuing their behaviour, the research is not conclusive. That is the bad news.

The good news is that there are some easily identifiable qualities of programming that are considered ingredients of a recipe for success in batterers' treatment. Rather than attempting to outline exactly what works when it comes to treating batterers, this examination seeks instead to build a framework, consisting of those qualities of programming that have been found to positively impact battering, within which effective batterers' treatment programs can be developed.

The other good news is that program design and delivery can vary widely and still be effective. It does not appear to matter whether a program is based on psychology, sociology, feminism or a combination of these. Similarly, it does not appear to matter whether a program is based on a clinical, educational or alternative model. Provided that the program is seated within an effective framework, the possibilities for effective batterers' treatment appear to be endless.

Following an examination of the factors that mark risk for battering and repeated battering, this paper outlines the available approaches to and models of batterers' treatment. Against this descriptive backdrop, certain elements that are essential to effective programming are presented along with a suggested framework within which effective batterers' treatment programs can be developed and delivered.

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INTRODUCTION AND HISTORY

Violence by men against known children and intimate partners, or "battering" as it is referred to in the present discussion, has been recognized as a distinct form of aggression since the early 1970s. Prior to that time, battering in the domestic sphere was largely ignored and there were no programs in Canada for batterers (Health Canada, 2000). Today, although men's violence in the home is, as a criminal offence, categorized together with other crimes of assault, aggravated assault, assault with a weapon, attempted murder and murder (Sonkin, Martin & Walker, 1985, p. 1), treatment of battering is approached very differently than treatment for other crimes of aggression. There are currently over 200 programs in Canada for batterers (Health Canada, 2000).

Over the past 20 years, law enforcement, the criminal justice system and social services have coordinated their efforts to address battering (Syers & Edleson, 1992). Treatment has developed greatly and batterers have increasing access to programming. Despite these developments, the Canadian Centre for Justice Statistics (1994, as cited in Johnson & Grant, 1999, p. ii) reported that 15% of women currently with male partners reported violence by their current spouse. According to a 1999 survey on victimization, 28% of women and 22% of men who had been in contact with a previous spouse in the five years prior to the survey had experienced some type of violence by that partner (Canadian Centre for Justice Statistics, 2001b, p. 2). Of all households with spousal violence in the five years prior to the survey, children heard or saw one parent assaulting the other in 37% of them (Canadian Centre for Justice Statistics, 2001a, p. 3). During the one year period ending March 31, 2000, a total of 57,182 women together with 39,177 children were admitted to 448 shelters across Canada, the majority fleeing violence at home (Canadian Centre for Justice Statistics, 2001a, p. 7).

Those working in the area of family violence prevention and treatment may emphasize that battering must be seen as inexorably linked to family violence and violence in society generally (Sonkin, Martin & Walker, 1985, p. 8-9). That is, battering will always exist unless power structures are altered so that violence is no longer tolerated within the home or within society. While it may be important to understand that patriarchy and other power structures contribute to battering, it is not enough to insist that society must change and then focus attention on that task. In the meantime, individual batterers must also change.

The task of changing individual batterers is the focus of the present discussion. It is meant to inform correctional service providers, community agencies and the general public about the type of programming that is most effective in treating batterers. Following a brief examination of the role of the criminal justice system with respect to battering, we turn our attention to: the profile of male batterers, including persistent male batterers, in the Canadian criminal justice system; the responses to battering that are currently available within the system; the types of treatment that are currently available to batterers; and the types of and approaches to treatment that are known to be most effective in reducing the likelihood that a batterer will continue his violent behaviour. Following this examination, a framework for effective batterers' treatment is suggested.

CRIMINAL JUSTICE SYSTEM RESPONSES TO BATTERING

Many batterers abuse their intimate partners and children for years without ever becoming formally involved with the criminal justice system. For those batterers who do come to the attention of police or other law enforcement, a number of responses might be triggered.

The batterer and his victim or victims are first introduced to the criminal justice system following a report of assault. The report may come from the batterer, a victim, a social services agency or some other interested party such as a neighbour or coworker.

Arrest

Within many police services in Canada, police arrests are mandatory where there are "reasonable and probable grounds to believe that an assault has occurred" (Rusen, 1992, p. 21). Mandatory arrest policies in cases of domestic abuse were initially developed in Canada in the early 1980s and have become common. Mandatory arrest policies have led to a significant increase in the number of arrests and charges laid as well as an increase in reports of abuse by victims (Rusen, 1992, p. 22).

The question remains, however, whether arrest reduces recidivism among batterers. In 1984, Sherman and Berk (cited in Syers & Edleson, 1992, p. 490-491) reported that arrest could reduce recidivism among batterers by half. While more recent research does not support Sherman and Berk's conclusion (see Garner, Fagan & Maxwell, 1995 and Hirschel, Hutchinson & Dean, 1992), Sherman published another report in 1992 (cited in Davis, Smith & Nickels, 1998, p. 435) that found that arrest does impact recidivism among batterers who have what Jackson Toby (1957, cited in Thistlethwaite, Wooldredge & Gibbs, 1998, p. 390) called a "stake in conformity." Offenders with a "stake in conformity" are, according to Toby's hypothesis, those who are married, less transient, employed, more educated and of higher socioeconomic status. That there are so many conflicting reports of the effect of arrest on recidivism shows that the debate is still open.

The ineffectiveness of arrest may be explained in part by the fact that prosecution of battering cases through to the late 1980s was rare (Syers & Edleson, 1992, p. 491), meaning that most arrests are not followed by conviction. It has been argued that arrest without effective prosecution cannot be expected to deter battering (Davis et al., 1998, p. 435, citing Hirschel, Hutchinson, Dean & Mills, 1992). Unfortunately, this issue is also unresolved.

Prosecution

Following arrest, charges against a batterer may or may not be pursued. Batterers who are not prosecuted may be subjected to a restraining order (Davis et al., 1998, p. 435).

Researchers have long grappled with the question of whether arrest or prosecution reduce the likelihood that a batterer will reoffend. Davis et al. (1998) could find no evidence that prosecution affects the likelihood that a batterer will recidivate (p. 441).

Sentencing

Batterers who are convicted most commonly receive probation and they may also be required to attend a batterers' treatment program.

As with their findings about prosecution itself, Davis et al. (1998) found that the likelihood of recidivism was "indistinguishable for cases resulting in nolles (no prosecution), dismissals, probation with batterer treatment program, and jail sentences" (p. 441). Although their findings are methodologically deficient (p. 441) and contradicted by other studies that have found that appropriate treatment does reduce recidivism, their findings do point to one undeniable difficulty with the criminal justice system's ability to respond to battering:

> To put it simply, domestic violence cases are messy: The people involved often have strong reasons (children in common, economic interdependency, emotional bonds) for remaining in close proximity. Furthermore, habitual behavior that occurs in the privacy of people's homes and out of the public eye is likely to be highly resistant to change in many instances. The criminal justice system has an important role to play in protecting victims from abuse by more powerful persons, but we should not be surprised if criminal justice intervention is not always the controlling factor in interpersonal relationships governed by complex forces. (p. 442)

This difficulty is echoed by Hanson and Wallace-Capretta (2000b), who found in their study of the factors that are associated with recidivism among batterers that the expectation of getting caught and punished showed "no meaningful relationship with recidivism" (p. 23 of 27). That is, batterers were not deterred from battering again by the prospect of being arrested, prosecuted or sentenced for their crimes.

Treatment

While the ability of the criminal justice system to affect recidivism is limited, a dim light of hope lies in the potential that treatment has to change the course of a batterer's life. Given this potential, the criminal justice system may play a role in reducing recidivism by encouraging or imposing participation in a batterers' treatment program. Treatment can be imposed on a batterer as part of a sentence of incarceration or probation. The court may or may not follow up on treatment to ensure that the batterer attends regularly.

Despite the findings of Davis et al. (1998) that prosecution outcome does not impact recidivism rates, other research has shown that appropriate treatment does appear to have potential to reduce

recidivism among batterers. The effectiveness of the criminal justice system's response to battering was studied by Syers and Edleson in 1992. The authors reported that batterers who were arrested and court ordered to treatment showed the lowest rates of recidivism, particularly where the arrest followed a first time visit by police. Those offenders who were arrested but not court ordered to treatment showed the highest rates of recidivism. Although their study was limited methodologically (p. 500), the findings are an indication that the combination of an arrest by police on a first visit with mandated treatment by the courts can reduce recidivism among batterers.

In Alberta, batterers' treatment is a part of the criminal justice system in a variety of ways. In at least two areas of the province (Edmonton and Lethbridge), batterers sentenced to probation may be required to attend a program delivered by the local community corrections office (Personal communication with staff member, Alberta Solicitor General, September 12, 2001).

In Calgary, the Home Front Project is a specialized first appearance domestic violence court that was developed and implemented by two local community committees, the Action Committee Against Violence and the Calgary Justice Working Committee. The court brings together police, crown prosecutors, probation officers, victim's advocates, defence attorneys, offenders and victims before selected judges in a specialized courtroom to address domestic violence offences. Treatment agencies, which specialize in the treatment of domestic violence offenders, provide treatment services for offenders directed immediately to treatment from the domestic violence court. (Government of Alberta, 2000, p. 2-3) The Home Front Project is currently a pilot project. The pilot project began in May 2000 and runs for four years. To date, most accused who appear in the court plead guilty and are then required to attend treatment as a condition of their probation. If they plead not guilty, they may be required to attend treatment as a condition of pretrial release. (Personal communication with staff member, City of Calgary, September 13, 2001)

Outside the criminal justice system, a batterer may enter treatment of his own accord, on his intimate partner's request or insistence, or on the advice of another interested party.

Having some degree of assurance that batterers' treatment programs have potential to reduce recidivism, we turn to an examination of the profile of batterers, including those who batter repeatedly. This examination will inform a discussion about existing approaches to batterers' treatment and of those aspects of treatment that appear to be most effective.

WHO BATTERS

Factors associated with battering may be called, among other things, "predictors," "risk markers," or "correlates." Some of them are factors that, if present in an individual who has not yet battered, may be considered predictive of battering. Others are factors that are commonly found in batterers who have made their way into the criminal justice system. In the present discussion, they are referred to as "risk markers," and they include aspects of a person's character and life experience that are strongly

associated with battering behaviour. These risk markers contribute to an understanding of who sits across from the therapist or within the group in a batterers' treatment program.

Harway and Hansen (1994), in their text on assessing and treating batterers and their victims, present a checklist of predispositions that they consider predictive of battering (p. 67):

1. Unreasonable jealousy
2. Controlling behaviour, initially presented as for the woman's safety and well-being
3. Quick involvement and pressure to make a quick commitment
4. Unrealistic expectations that the partner will meet all of his needs
5. Isolation or cutting the woman off from all resources
6. Blaming others for all his problems
7. Blaming others for his feelings
8. Hypersensitivity: easily insulted or hurt
9. Cruelty to animals and children
10. "Playful" use of force in sex
11. Verbal abuse
12. Rigid sex roles
13. Dr. Jekyll and Mr. Hyde: abrupt mood changes

** 14. Past Battering
** 15. Threats of violence (e.g., "I'll beat the hell out of you")
** 16. Breaking or striking objects, especially prized possessions
** 17. Use of any force during an argument

The authors note that items marked with a "**" are almost always predictive of battering.

In addition to understanding the factors that are considered predictive of battering, it is important to understand where a batterer fits within a broad spectrum of battering types. Holtzworth-Munroe and Stuart (1994) have identified three distinct types of male batterers. These are the family only batterer, the dysphoric/borderline batterer and the generally violent/antisocial batterer. The family only batterer aligns far more closely with nonviolent comparison groups than the generally violent/antisocial batterer. The family only batterer is less likely to have witnessed family violence, is more stable, has been married longer and is more committed to an intimate relationship, is more satisfied with his intimate relationship, has more liberal role attitudes and feels more guilty about his behaviour than the generally violent/antisocial batterer. The generally violent/antisocial batterer, on the other hand, is more likely to have witnessed family violence, is less stable, has multiple intimate partners is less attached to intimate partners, is more controlling in intimate relationships and has more conservative role attitudes than the family only batterer. The dysphoric/borderline batterer lies in between these two typologies. The authors developed their typologies based on a broad review of previous typologies. They concluded that treatment should focus on the type of batterer in question in order to be most effective. Although their research has not been empirically

validated, the authors hoped to "provide others with a theory-driven framework for future research" (p. 496).

Finally, the qualities of a batterer may also be considered as part of an offender profile. Reporting on serious spouse abuse and the profile of federally sentenced male offenders, Johnson and Grant (1999) reported that:

> Demographically, most research has found that abusers tend to be unemployed, under-educated, males with low occupational status who are in their early thirties or younger, although these findings are not always consistent. Psychologically, spousal assault offenders have been found to have low self-esteem and experience depression, have a personality disorder, especially anti-social or borderline, have a high need for control and dominance, and are impulsive. Perpetrators of spousal assault have been found to become angrier in conflict situations than non-violent men and to have poor verbal skills in asserting wants and needs in close relationships.
>
> In terms of attitudinal variables, perpetrators of spouse abuse tend to externalize blame, engage in denial and minimization of the frequency and severity of assaults and have attitudes in favour of spouse specific violence. One consistent risk marker for spousal violence is witnessing or being a victim of physical abuse as a child. Empirical research has found a correlation between overall drinking behaviour or alcoholism and risk of spouse abuse offending....
>
> Men who are more violent outside of the family tend to inflict more severe assaults on spouses....Particularly relevant is the finding that severe abusers tend to be involved in a criminal lifestyle and often have their attitudes towards spouse abuse reinforced by friends. (p. ii-iii)

As stated by Gelles (1999), writing as part of a comprehensive text addressing the causes of men's violence against women, it is almost impossible to present a rigid profile of a batterer:

> One conclusion about the correlates and causes of men's violence toward women is inescapable. No one factor can explain the presence or absence of men's violence in intimate relationships. Characteristics of the individual, family, social situation, community, and society are related to which men are violent and under what conditions. Individual and emotional characteristics, psychological characteristics, and community factors, such as cultural attitudes regarding violence, are moderated and influenced by family structure and family situations. In addition, power and control are common features of nearly all forms of family and intimate violence. (p. 48)

This multifaceted profile of battering means that the task of addressing battering through treatment is extremely complex. To further complicate matters, research has shown that factors that are associated with battering are not always the same as factors that are associated with persistent battering. The following discussion will reveal that, in addition to understanding who batters, treatment providers must also understand who batters again.

WHO BATTERS AGAIN

Pagelow (Sonkin, Martin & Walker, 1985, p. 12) called the initial act of violence primary battering and repeated violence secondary battering. She pointed out that not all batterers continue the behaviour. Further, recent research tells us that the factors that are associated with primary battering do not correspond directly to the factors that are associated with persistent battering. Those batterers who continue their behaviour are of particular concern to correctional service providers who seek to prevent an established cycle of violence from recurring.

Available Research

Lenore Walker (Sonkin, Martin & Walker, 1985) breaks the cycle of domestic violence into three phases:

> (1) Tension will build up over a period of time with some minor altercations, during which time [the intimate partner] uses all of her coping skills. (2) Eventually the situation escalates to the point of no return, gets out of hand, and explodes in an acute violent episode. (3) Afterwards the husband is contrite, loving, and kind. He does not want to lose her. She wants to believe that this change in him will be permanent. (p. 11)

In 1992, an American researcher (Shepard) performed some preliminary research on the difference between treated batterers who recidivated and those who did not. Shepard found that the factors contributing to recidivism among the 100 men in the study were as follows:

> Duration of abuse was the largest contributor and indicates that recidivists were abusive for a shorter period of time prior to beginning the program than nonrecidivists. Recidivism is more likely to occur when a chemical dependency evaluation has been court ordered. Having undergone chemical dependency treatment contributed to recidivism to a lesser extent....Having been abused as a child and previous convictions for nonassault crimes were smaller contributors to recidivism. (p. 173)

In 1996, Aldarondo and Sugarman reported on the results of a study comparing violent men who ceased the violence for two years and violent men who persisted in using violence. A group of

nonviolent men was used for comparison and battered females were also included in the study in order to evaluate results from the perspectives of the victims. The three groups of men were referred to as the nonviolence, cessation and persistence groups. The authors reported that:

> Violence and persistence of violence are associated with…being younger in age, having a shorter duration of marriage, more marital conflict, and more verbal aggression.
>
> . . .
>
> In terms of socioeconomic risk markers…respondents [in] the nonviolence, cessation and persistence groups were significantly different in their level of family income but not in their occupational and employments status. Forty-two percent of the male respondents…in the violence persistence group reported an annual income of less than $15,000.
>
> . . .
>
> Concerning male respondents' experience of physical violence during their teenage years…a considerably larger percentage of men in the persistence group reported being hit by their parents during their adolescence than men in the nonviolent and cessation group.
>
> . . .
>
> With respect to witnessing spousal violence, men in the cessation and persistence group reported much more exposure to violence between their parents than men in the nonviolence group. (p. 1013-1014)

Taken together, these two studies provide the following risk markers of the persistent batterer (please note that this is a preliminary list and it will be modified at the end of this section):

- **Time is a factor.** Persistent batterers are younger (Aldarondo & Sugarman), married for a shorter period of time (Aldarondo & Sugarman), and/or abusive for a shorter period of time (Shepard);
- **Violence is a part of their childhood**. Persistent batterers were abused as children (Shepard) or adolescents (Aldarondo & Sugarman) and/or witnessed violence between their parents (Aldarondo & Sugarman);
- **Substance abuse is a problem for them.** Persistent batterers are more likely to have undergone a chemical dependency evaluation or treatment (Shepard);
- **They are involved in other criminal activity.** To a certain extent, persistent batterers have previous convictions for nonassault crimes (Shepard); and
- **They are socioeconomically disadvantaged.** Persistent batterers tend to have low annual incomes (Aldarondo & Sugarman).

Shepherd's and Aldarondo and Sugarman's results reflect what many service providers may believe about recidivism among batterers, but they are somewhat inconsistent with findings in more recent

studies. Canadian researchers Hanson and Wallace-Capretta (2000b) studied 320 male batterers in treatment programs across Canada to determine the factors that are associated with recidivating abusers. After a five year follow up period, 17.2% of the batterers had been rearrested for a new violent offence and 25.6% had been rearrested for any new offence (p. 15 of 27). Hanson and Wallace-Capretta (2000b) reported that, in general, the risk factors associated with recidivism among male batterers appear to be the same as those associated with recidivism in general criminal populations (p. 20 of 27) and that, in addition, persistent batterers are:

> Young, unmarried, have unstable lifestyles [frequent moves, poor accommodation, unstable employment, substance abuse problems], low verbal intelligence, negative attitudes [sexist, adversarial] and a history of criminal behaviour. (p. 20 of 27)

With respect to the relationship between treatment and batterer recidivism:

> The recidivists tended to be men who were poorly connected with the treatment programs. Recidivists were over-represented among those court-ordered to treatment, those who failed to complete treatment and those who had negative attitudes toward the treatment providers. (Hanson & Wallace-Capretta, 2000b, p. 21 of 27)

Post-treatment assessments failed to predict recidivism in the study. None of the men's characteristics were more strongly related to recidivism at post-treatment than pre-treatment. The authors explained that possibly this was because many of the high risk offenders failed to complete treatment, or because "men may have learned what to say on the questionnaires, but quickly reverted back to their typical values and behaviour after the program was over" (p. 21 of 27). Unfortunately, the authors concluded that "the present results suggest that it is difficult to assess whether abusive men have benefited from treatment" (p. 21 of 27).

Hanson and Wallace-Capretta also noted several factors that, contrary to popular belief, do not appear to contribute to recidivism. These factors include negative family background, marital satisfaction and having abusive peers.

With respect to negative family background, Hanson and Wallace-Capretta (2000b) confirmed previous findings that negative family background, including having been abused as a child or having witnessed family violence, is strongly associated with abusive behaviour (p. 5 of 27). However, in both their own study and in previous research, the association between negative family background and batterer *recidivism* was found to be negligible (p. 5 of 27). In their own study, the authors found that the men's reports of negative family background were strongly associated with abusive behaviour, but "there was no relationship between a negative family background and recidivism" (p. 15 of 27). As the authors suggest, "It may be that negative family background facilitates the development, but not the persistence, of abusive behaviour" (p. 5 of 27).

As for marital satisfaction, Hanson and Wallace-Capretta (2000b) found that:

> Men in abusive relationships reported low levels of marital satisfaction, perceived themselves as angry/hostile and wanted greater levels of control over what happened in the relationship. None of these factors, however, were related to recidivism. As well, the men's perception of who had the most control in the relationship (them or their partners) was unrelated to a history of abuse or recidivism. (p. 15 of 27)

Finally, questions on the risk assessment instrument about having abusive peers revealed that this factor was strongly correlated with a history of abuse, but it was unrelated to recidivism (p. 16 of 27).

Available Methods of Risk Assessment

Based on research about battering and batterer recidivism (such as that outlined above) as well as on some "educated guesses," various risk assessment tools have been developed to attempt to predict batterer recidivism.

In the United States, two types of risk assessment tools are used by correctional service providers to assess whether a batterer is likely to repeat his violence. The Spousal Assault Risk Assessment Guide [SARA] is a 20 item score sheet that includes risk factors for general violence and for spousal violence. Spousal violence risk factors include:

> Past physical assault; Past sexual assault/sexual jealousy; Past use of weapons and/or credible threats of death; Recent escalation in frequency or severity of assault; Past violation of "no contact" orders; Extreme minimization or denial of spousal assault history; Attitudes that support or condone spousal assault; Severe and/or sexual assault (most recent incident); Use of weapons and/or credible threats of death (most recent incident); Violation of "no contact order" (most recent incident). (Kropp & Hart, 2000, p. 103)

Goodman, Dutton and Bennet (2000) found SARA to have predictive accuracy when used in combination with "SARA-informed clinical judgment" (p. 65). Kropp and Hart (2000), in their study of 2,681 adult male offenders, found that SARA ratings significantly discriminated between offenders with and without a history of spousal assault and between recidivistic and nonrecidivistic spousal assaulters (p. 110-114).

The Danger Assessment Scale is a 15 item instrument originally used to assess the risk of homicide among batterers. The Danger Assessment Scale includes questions about:

> Escalation in physical violence, threats, availability of a gun, generality of the batterer's violence, whether he is psychologically abusive, and whether he uses drugs or alcohol. (Goodman et al., 2000, p. 67)

The Danger Assessment Scale is considered a short, simple method of assessing a batterer's risk of repeating his violence. The predictive validity of the Danger Assessment Scale has yet to be established but, according to the results of a pilot study, it has value in predicting the likelihood of repeat abuse within a short time frame (3 months) (Goodman et al., 2000, p. 65-66).

In Canada, one method of assessing recidivism risk among batterers is a modified version of the Level of Service Inventory–Revised [LSI-R]:

> Following recommendations of the scale's authors, the version of the LSI-R used in the current study was slightly adapted to focus on the problems associated with spousal assault. For example, rather than assessing attitudes tolerant of all kinds of crime, the men were specifically asked about attitudes tolerant of wife assault.... (Hanson & Wallace-Capretta, 2000a, p. 10)

The LSI-R is considered "one of the best measures of general criminal recidivism (Hanson and Wallace-Capretta, 2000a, p. 9-10, citing Gendreau, 1996), although its relationship to batterer recidivism has yet to be determined. Hanson and Wallace-Capretta did report in a later study in the same year (2000b) that, while the LSI-R was moderately successful at predicting general recidivism, "the adaptations of the LSI-R for abusive men were only partially successful" (p. 16 of 27). This may be because certain adaptations that have previously been thought to be associated with recidivism are actually only associated with a history of abuse. More study and revision of this risk assessment tool is needed to make it more appropriate for use with batterers.

Incorporating findings from Shepard's and Aldarondo and Sugarman's research with the more recent work of Hanson and Wallace-Capretta as well as with information contained in risk assessment instruments, it appears as though batterers who are likely to recidivate possess the following risk markers:

- **Time is a factor.** Persistent batterers are younger (Aldarondo & Sugarman and Hanson & Wallace-Capretta), unmarried (Hanson & Wallace-Capretta) married for a shorter period of time (Aldarondo & Sugarman), and/or abusive for a shorter period of time (Shepard);
- **Their lives are unstable.** They may have substance abuse problems (Shepard and Danger Assessment Scale), lower income (Aldarondo & Sugarman), learning problems, problems with unemployment and/or a transient lifestyle (Hanson & Wallace-Capretta);
- **They are involved in other criminal activity.** They may have previous convictions for nonassault crimes (Shepard) or other history of criminal activity (Hanson & Wallace-Capretta) including involvement in similar crimes (SARA); and
- **They have negative attitudes.** Their attitudes are adversarial, sexist or otherwise negative (Hanson & Wallace-Capretta), their attitudes minimize, deny or condone violence against an intimate partner (SARA) or they are psychologically abusive (Danger Assessment Scale);

- **Treatment is a challenge.** They are poorly connected with treatment programs, they must be court ordered to attend and/or they have negative attitudes toward treatment providers (Hanson & Wallace-Capretta).
- **Certain events tell us that violence is likely to recur.** They report a recent escalation in physical violence (SARA and Danger Assessment Scale), recent assault (SARA) or recent use of weapons or death threats (SARA).

Somewhat contrary to earlier findings, Hanson and Wallace-Capretta's (2000b) research indicates that certain factors are not risk markers for batterer recidivism:

- Although they may have witnessed or been the victims of family violence as children (Shepard and Aldarondo & Sugarman), these experiences are unrelated to recidivism (Hanson & Wallace-Capretta).
- Although they may report marital dissatisfaction, this dissatisfaction is unrelated to recidivism (Hanson & Wallace-Capretta).
- Although they may associate with abusive peers, this factor is unrelated to recidivism.

These risk markers, more than the risk markers for primary battering, are the characteristics and experiences that treatment providers must address in order to reduce the likelihood that a batterer will reoffend.

EXISTING APPROACHES TO BATTERERS' TREATMENT

Existing batterers' treatment programs may derive from one or a combination of theoretical approaches to or models of batterers' treatment. For illustration, following are examples of two batterers' treatment programs: treatment in the context of the Duluth model, which was developed in Duluth, Minnesota in the early 1980s; and the New Leaf program, which operated out of northern Nova Scotia from the late 1980s to the mid-1990s. Against this illustrative backdrop, the three main theoretical approaches to batterers' treatment are examined, followed by a discussion of the three basic models of batterers' treatment. While none of these approaches or models has been conclusively proven to be superior at reducing recidivism among batterers, they provide a setting for an informed discussion about what works and what does not work in treating batterers.

Sample Batterers' Treatment Programs

The Duluth model, which was developed in Duluth, Minnesota in 1980-1981, was a coordinated community response system that brought together batterer intervention groups from the entire community. The system coordinated the efforts of those who arrested, tried, sentenced and treated batterers in the community. Batterers were given the opportunity to serve either prison time or probation with strict conditions. The probation department monitored a batterer's attendance in treatment carefully and maintained contact with the batterer's spouse. Prosecutors, the community mental health centre and other agencies worked together to respond to battering in the community.

Those involved in treating batterers within the context of the Duluth model were trained to understand their work as part of a coordinated effort:

> Men's group leaders in the Duluth model are taught from the beginning that their work is not limited to their encounter with the physically abusive men or with their partners. Ensuring accountability for physically abusive men by providing information to spouse, probation departments, and other agencies is one of their fundamental responsibilities. (Mederos, 1999, p. 131)

The treatment of batterers drew from the work of Paulo Friere, a Brazilian educator who had pioneered participatory literacy education programs for landless peasants. Friere considered relationships in Western society to be hierarchical, authoritarian and maintained through oppressive control and an uneven balance of power. Just as landless peasants saw their plight as inescapable, so do batterers. In the view of Ellen Pence and Michael Paymar, who developed the Duluth model of batterer intervention, "physically abusive men have belief systems that legitimize and obscure their abusive behavior in various ways" (Mederos, 1999, p. 132). Treatment included a series of video vignettes followed by group dialogue intended to help batterers understand the belief systems underlying battering and to help them "envision or define nonabusive ways of relating" (p. 133).

> Envisioning exercises [were] complemented with concrete instruction in interpersonal skills, such as negotiation, fair fighting, making amends, time-outs, and use of the Equality Wheel...which illustrates the behavioral basis for egalitarian relationships" (Mederos, 1999, p. 133).

Treatment within the Duluth model was, at the time Mederos wrote about it (1999), 27 weeks long. It is notable that the program was originally developed for oppressed Latinos and was later altered for European American batterers. Curricula have since been developed for Native Americans and for people in gay and lesbian relationships. The Duluth model exists today in the context of the Duluth Domestic Abuse Intervention Project and has been called "the model for the rest of the country." Michael Paymer, Training Coordinator of the Duluth Domestic Abuse Intervention Project, updated his book <u>Violent No More: Helping Men End Domestic Abuse</u> in 2000.

A second example of a batterers' treatment program is the New Leaf program that existed in a rural, northern region of Nova Scotia from the late 1980s to mid-1990s (Hanson & Whitman, 1995). The New Leaf program developed in response to a request from a women's shelter serving that area of Nova Scotia. The shelter workers felt that many of the women's partners needed help, but that shelter workers should not be the ones providing that help. The task of intervening with the batterers was, as a result of this request, taken up by men in the community. The core of the program was an open ended, unstructured, two hour weekly group meeting. The program philosophy incorporated the feminist view that violence is a means of control supported by a patriarchal society. The intake interview was an intense and complex process wherein the leader attempted to engage the batterer and motivate him to change, and almost all men joined the program following the intake

interview. The two leaders of the group were "firmly in control of the sessions" (p. 54) and played a significant role in the men's lives both within and outside the weekly meetings. Describing the program in 1995, Hanson and Whitman noted that:

> One of the group leaders is continuously available to respond to calls from the men or their partner. The leaders provide on-site crisis intervention, visit men in jail and at work, and even make unannounced house calls when they suspect the woman may be in danger. The home visits, in themselves, are not perceived as unusual in this rural community where friends and neighbours routinely arrive unannounced. (p. 55)

The New Leaf program had as one of its greatest strengths the capacity to intervene with high risk individuals. Often, men who would be rejected for other forms of treatment were actively recruited to the New Leaf program. Unfortunately, there was not, at the time of Hanson and Whitman's report, any evidence concerning its effectiveness in reducing abuse (1995, p. 57). This is often the case with specific programs as well as with approaches to and models of batterers' treatment.

Theoretical Approaches to Batterers' Treatment

In general, batterers' treatment may be approached in one or a combination of three ways: the psychological approach, the social-cultural approach and the feminist approach. [For an excellent overview of the different theoretical approaches to batterers' treatment see Duffy & Momirov, 1997, p. 128-139.]

In the early stages of development of intervention strategies for batterers, approaches focussed on physiological and psychological explanations for violence (Thorne-Finch, 1992, p. 109). These "traditional" approaches (as they are sometimes called) pointed to physiological explanations such as hormonal imbalances and to intra-psychic explanations such as mental disorders to explain battering:

> The emphasis was on explaining why these particular men were pathologically violent or prone to behaviour problems such as alcohol and drug addiction. The focus was on how their personalities differed from "normal" men and on disturbances in their early upbringing–domineering and rejecting mothers, distant and ineffectual fathers and so on. The solution was some form of psychotherapeutic intervention. (Duffy & Momirov, 1997, p. 129)

Dutton (1998), who has written extensively on the psychology of abuse, maintains that battering has "a psychology" (p. 160):

> The attitudes toward the female partner (or toward women in general) emanate from a personality destined to destroy intimate relationships and blame their demise on that partner. The abusive male is easily shamed and tends therefore to externalize

> problems by blaming others. He experiences high levels of anxiety and depression. This latter tendency can generate substance abuse problems in an attempt to dull the dysphoria and sustain "abuse cycles" comprised of collected tension, abusive "blowouts" of tension, and consequent contrition. (p. 160)

Dutton's work bridges the divide between the psychological approach and the social-cultural approach in that Dutton's work recognizes that the actions of abusiveness are "selectively reinforced through later socialization" (p. 160).

The more recently developed social-cultural approach takes the position that, more than being psychologically influenced, battering is learned, socialized, self-reinforcing behaviour:

> Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society–aggressiveness, male dominance and female subordination–and they are using physical force as a means to enforce that dominance. (Harway & Hansen [citing Dobash & Dobash, 1979], 1994, p. 4)

In addition to being cherished in Western society, attitudes supportive of battering may be learned, socialized and reinforced at any level of society and within any culture in society. Family structures supportive of unequal control of wealth and decision making, community structures that support peer groups who condone and legitimize violence, and social structures within which gender roles are rigidly defined and enforced all work together to create tolerance of battering and, indeed, to accept and normalize this behaviour.

According to the perspective that violence is learned and socialized, treatment should focus on "unlearning" the behaviour and on helping batterers to understand that their violence is not acceptable at any level. This perspective is also adhered to by feminist researchers and it is widely accepted in academic literature. The logic underlying this perspective is that, if service providers can change a batterer's belief that violence is acceptable and justified, then the violence will cease.

Research performed by Eisikovits and Edleson (1991) supports the perspective that battering is learned, or socialized, behaviour. Citing a lack of evidence to support the contribution of cognitive styles and socialized attitudes to battering as the impetus for their study, the authors compared questionnaire responses of 60 violent to 60 nonviolent men. They found that violent and nonviolent men "can be differentiated primarily on the basis of their attitudes and, to a lesser degree, on the basis of their cognitions" (p. 72). The authors concluded, based on their findings, that treatment should focus on changing batterers' attitudes toward women. This conclusion is consistent with the approach in feminist based interventions.

Feminist based interventions for battering men focus on battering as a social-political problem. According to the feminist perspective, battering is not a series of "disconnected violent or frightening acts. It is a coherent pattern of coercive controls that includes acts of economic, sexual and

psychological abuse" (Adams [citing Schechter, 1982], 1988, p. 3). The feminist approach to battering is to address the origins and purpose of battering, which is considered a learned and self-reinforcing behaviour. That the behaviour is rational and purposeful is revealed by the observation that many batterers are perfectly capable of resolving conflict with co-workers, friends or even other relatives without the use of violence. The feminist approach addresses the underlying gender issues that cause and contribute to men's violence toward intimate partners.

Drawing from feminist perspectives, Thorne-Finch (1992) outlined six principles that form the basis of what he calls a "social constructionist intervention" approach to battering. These are (pp. 134-137):

1. Violence is a culturally and experientially learned behaviour. Much of male socialization contributes to and rewards the belief that it is acceptable for men to choose to be violent toward women.
2. Men must accept responsibility for their violence and then establish and maintain the desire for change. It is important not to let a batterer blame his anger on "poor impulse control" because batterers use violence to control those who they have deemed worthy of abuse.
3. Batterers may lack the life skills necessary to live a nonviolent life and intervention must help the batterer to develop skills to stop using violence in his life.
4. The main focus of batterers' treatment is to end the violence of the batterer. The focus is not to maintain a certain relationship or family structure or, conversely, to convince a victim to leave the batterer (see also Harway & Hansen, 1994, p. 18).
5. Group work can be more effective than individual counselling because it lessens the guilt, shame and isolation of the offender so that he can be supported and encouraged to change.
6. Social constructionism is an "eclectic treatment philosophy with a pro-feminist foundation" (p. 136). In that, the issue of battering is a cultural, legal, political, economic, educational, medical and spiritual issue. In order to effectively combat battering, the problem must be approached from all of these perspectives.

Psychological, social-cultural and feminist approaches to batterers' treatment each have something to contribute to the development of a model of batterers' treatment. It is not known whether any of these three is a superior foundation for developing effective batterers' treatment programs. Following an examination of three basic models of batterers' treatment, a series of factors that appear to contribute most significantly to effective batterers' treatment are discussed.

Models of Batterers' Treatment

There are three basic models of batterers' treatment: clinical, educational and alternative (see Hanson & Whitman, 1995, p. 51).

The clinical model involves a service provider with professional training in a social service discipline such as psychology or social work and whose role is consistent with his profession. Clinicians provide

assessment and treatment services, keep clinical records and rarely interact with treatment subjects outside of therapy sessions. The batterer is seen as a client who is expect to share his feelings, develop insight and contribute to the group process. (Hanson & Whitman, 1995, p. 51)

In the educational model, the relationship between batterer and program leader is more akin to a teacher-student relationship. The teacher has a good understanding of male violence against women and solid communication skills. The teacher develops curricula, presents materials, reviews assignments and evaluates student progress. The student is expected to complete homework assignments and cooperate in the program. (Hanson & Whitman, 1995, p. 51)

The alternative model resembles some programming models developed by feminist and peace movement organizations. Alternative models typically involve nonprofessional organizations or individuals who are committed to a specific issue or cause. Professionals may be involved, but their role is more consultative. Staff may put exceptional effort into programming with little or no remuneration. Alternative models may form the basis of programming in crisis centres, free clinics, mobile service units and shelters. (Hanson & Whitman, 1995, p. 52)

As with theoretical approaches to batterers' treatment, it is not known which, if any, of these three models is the most suitable upon which to base a batterers' treatment program. As stated by Healey, Smith and O'Sullivan (1998):

> No mainstream program approach or curriculum has yet been proven to be more effective in reducing recidivism than any other. (p. 33)

Rather than engaging in the impossible task of determining which theoretical approach to batterers' treatment and which model of batterers' treatment has the greatest chance of reducing recidivism among batterers, the following discussion reveals those aspects of treatment developed from a range of approaches and models that appear to be most effective at reducing recidivism.

WHAT WORKS? EFFECTIVE BATTERERS' TREATMENT PROGRAMS

Some research has found that men who participate in batterers' treatment programs are less likely to batter again. Unfortunately, this conclusion remains something of an informed assumption. As stated by Healey et al., writing for the United States Department of Justice National Institute of Justice (1998):

> While numerous evaluations of batterer interventions have been conducted, domestic violence researchers concur that findings from the majority of these studies are inconclusive because of methodological problems, such as small samples, lack of random assignment or control groups, high attrition rates, short or unrepresentative program curriculums, short follow up periods, or unreliable or inadequate sources of follow-up data....Among evaluations considered methodologically sound, the majority

> have found modest but statistically significant reductions in recidivism among men participating in batterer interventions. (p. 8)

We can also only guess that some approaches are more effective than others: "The research literature is sufficiently sparse…that controversies concerning optimal treatment models cannot be resolved by reference to existing studies" (Hanson & Whitman, 1995, p. 50).

In addition to a lack of research and methodological deficiencies, there are also differences in the way that researchers and service providers measure program success. For example, Adams noted in 1988 that feminist based programming is considered by program developers to be successful if it effects a change in the batterer, the victim and the community as a whole (Adams, 1988, p. 9). Theirs is not a formal evaluation but an assessment of changes that are taking place within society as violent power structures begin to deteriorate.

While these limitations must be borne in mind, it is nonetheless useful to examine those qualities of programming that, according to the research that is available, contribute significantly to the effectiveness of batterers' treatment programs.

Sticking to the Issue

Research suggests that batterers' treatment programming must be specifically designed to treat batterers and to stop battering. While that requirement may seem obvious, it is not inconceivable for a batterer to find himself in substance abuse programming or marriage counselling because a service provider believes that battering can be managed by addressing other problems in the batterer's life.

Anger management programming or anger management components of programming are an excellent example of how batterers' treatment can go awry. Researchers and service providers often make a link between battering and uncontrollable rage. Anger management treatment offers a short term intervention that teaches batterers to recognize their anger and to deal with it in a nonviolent way. Some batterers' treatment programs may also incorporate anger management as a component of a broader program. Healey et al. (1998) pointed out that "critics have raised several concerns about the anger management approach–even as a component of more comprehensive treatment" (p. 24). Among other things, critics have argued that:

- Anger management programs address a single cause of battering in favour of other causes that may be more profound such as control of the victim or achieving a deeper understanding of his emotions;
- If the underlying issue of batterer control is not addressed, men will misuse anger management techniques to continue to control their intimate partners; and
- Batterers may learn to label all strong emotions as anger when they are, in fact, experiencing feelings of betrayal or hurt.

In addition, two studies of anger management interventions that were components of a broader program found that men who completed the program but continued acting violently reported that they had used anger management techniques to control their violence. On the other hand, men who did not continue acting violently reported that they used "empathy, a redefinition of manhood, and cooperative decision making" to end their violence (Healey et al., 1998, p. 24).

The importance of sticking to the issue was confirmed by Hanson and Wallace-Capretta (2000b) who emphasized that "batterers are most likely to change when interventions focus on factors related to risk" (p. 21 of 27).

Program Integrity

The strongest indicator of program success appears to be program integrity. It might even be said that program integrity is the overarching characteristic within which all other aspects of program development and delivery are contained.

Writing for the Solicitor General of Canada, Hanson and Wallace-Capretta (2000a) reported the results of a multi-site study of treatment programs for abusive men. The study involved four programs, each of which was based on a different philosophy:

- Program A was a 25 week program that the authors called "eclectic," drawing from feminist, cognitive-behavioural, psychoanalytic and systemic forms of treatment. The delivery of the program was unstructured, using methods adapted to specific problems presented by program participants each week. Six regular staff, assisted by student trainees, delivered the programs. The therapists received on-site training.
- Program B was a series of 18 sessions based on the Duluth model, with an explicitly feminist approach and an emphasis on attitude change and improved relationship skills. The program was delivered by two full time counsellors and four contract staff. There was considerable staff turnover during the course of the study, and the program was originally two cycles of 12 sessions, but was later consolidated into 18 sessions.
- Program C was a 12 week program that reported to the same executive director as the women's shelter it shared space with. Men who completed the program could become "voluntary clients" who attended open ended groups that could potentially last for several years. Treatment focused on themes such as low self esteem, fatherhood issues, and childhood trauma. Program participants re-experienced pivotal childhood events with the goal that they would be liberated from their "victim stance" and learn to live a nonabusive lifestyle. The program was delivered by three full time and two contract therapists under the direction of a full time clinical supervisor. The staff were enthusiastic and committed. Group cohesion was moderate to high, and all parties appeared to be working together to end the abusive behaviour.
- Program D was a 14 week program based on a cognitive-behavioural model of change. Aggression was considered a dysfunctional learning pattern and therapists aimed to teach

program participants nonabusive attitudes and skills. The program was delivered by six to eight contract counsellors under supervision of a program manager. Program delivery was closely monitored.

The study examined the relative effectiveness of the four programs by assessing new arrests for violence among program participants after an average 58 month follow up period (Hanson & Wallace-Capretta, 2000a, p. ii). The authors found that:

> Despite substantial differences in program philosophy and implementation, there were relatively few differences in the recidivism rates of program participants. Men who received unstructured, humanistic group psychotherapy did as well as the men who received structured, cognitive-behavioural interventions. (Hanson & Wallace-Capretta, 2000a, p. 17)

While program philosophy and structure did not affect recidivism among program participants, program integrity did appear to be "marginally significant" (p. 17): the highest rate of recidivism was found in the program with the weakest program implementation. The authors concluded that "we have yet to discover what really works with abusive men" (p. 18). Their findings do, however, lend credence to the principle that quality is job one, and all other aspects of programming that are believed to contribute to program effectiveness must be implemented as part of a well organized program delivered by trained facilitators.

Long Term Treatment

Harway and Hansen (1994) found that "current evaluation of treatment programs suggests treatment often requires long-term intervention of 18 months to 2 years" (p. 68). These authors recommended that treatment include three phases: Crisis intervention, short term counselling and long term counselling (p. 70-71). In the first phase (crisis intervention), the batterer is educated about violence and violence control, he learns to identify his feelings, he is taught socially acceptable channelling of his feelings and he develops a "danger management" plan. In the second phase (short term counselling), the batterer learns to channel his power needs in socially acceptable ways, he works through shame and guilt and he explores feelings of abandonment. In the third phase (long term counselling), the batterer must heal past abuses and develop relational skills with other men and women and his spouse.

Regular Attendance

Program attendance and compliance is "one of the most fundamental issues" (Gondolf, 2000, p. 428) facing developers and facilitators of batterers' treatment programs. As many as half of men who initially contact programs for intake appointments never appear, and of those who do appear, between 40% and 60% of those drop out (p. 428).

Chen, Bersani, Myers and Denton (1989) found that, in a court sponsored batterers' treatment program, those offenders who attended 75% or more of the treatment sessions had lower rates of recidivism than those offenders who attended less than 75% of the treatment sessions. The authors indicated that there is a critical need for strong judicial consistency as well as "commitment, communication and rapid follow-up (with unambiguous action by prosecutors and judges) for those who refuse to attend" (p. 321) so that offenders are motivated to attend treatment regularly and, in turn, are less likely to recidivate.

Over ten years later, Gondolf (2000) reported on the results of a study of program intake compliance among men who were required by the court to attend a batterers' treatment program. Cases referred to the program were postponed 90 days pending program completion and charges could be dropped or reduced if a man completed the required number of weekly program sessions. This was previously the only court appearance the men were required to make after the initial appearance. The men who were the subject of Gondolf's study were also required, as part of a new initiative, to appear in court 30 days after the initial hearing to confirm that they had complied with the initial referral. As in the past, they were also required to appear 90 days after the initial hearing to show that they had completed the program. Comparing court dockets from the year prior to, the year immediately after and two years after the implementation of the 30 day rule, Gondolf found that program completion was much higher among those who were required to appear both 30 days and 90 days after the initial hearing. Program intake compliance increased from 64% in 1994 to 94% in 1997, and the completion rate of referrals increased from 48% in 1994 to 65% in 1997. The author concluded that "court procedures surrounding program referral warrant more attention" (p. 437).

As noted previously, Hanson and Wallace-Capretta (2000b, p. 21 of 27) found that batterers who recidivated tended to be men who were poorly connected with treatment programs. They were generally court ordered to treatment, failed to complete treatment, and had negative attitudes toward the treatment providers.

The results of Chen et al.'s (1989) findings that regular attendance in batterers' treatment programs reduces recidivism combined with the results of Gondolf's (2000) study that mandatory court review increases program compliance and Hanson and Wallace-Capretta's (2000b) finding that recidivists tend to be poorly connected with treatment programs reveals that regularly monitored treatment that is completed by the batterer can contribute to reduced recidivism.

Style

Style of program delivery is also important. As previously described, theoretical approaches to batterers' treatment have shifted their emphasis over the years from psychological to social-cultural factors. In turn, models of treatment have become more reliant on "consistent, direct and often intense confrontation" (Murphy & Baxter, 1997, p. 607) of batterers and their excuses for abusive behaviour:

> Influential clinicians have roundly criticized traditional psychodynamic systems and behavioural therapies for domestic abuse....The standard alternative is to reeducate abusers regarding male ideologies of power control over female intimates....These reeducation approaches rely on a high level of direct confrontation, particularly in dealing with denial of abuse and minimization of its effects. (Murphy & Baxter, 1997, p. 607)

Murphy and Baxter questioned this confrontational style in a 1997 report. They cited clinical research to support the position that direct confrontation and criticism may actually limit treatment effectiveness and harm vulnerable clients. While it is true that many batterers deny or excuse their abuse, most batterers are emotionally and socially unstable (p. 611). These defences may play an important role in the maintenance of the batterer's self esteem. High levels of confrontation "may jeopardize the development of a trusting, collaborative alliance, a critical element in motivating batterer change" (p. 609). Indeed:

> Self-conscious inattention to the batterers' emotional and life problems, coupled with an inflexible adherence to gender relations as the sole explanation of abuse, may inadvertently strengthen defences. Highly confrontational interventions often preclude empathic and respectful listening and may reinforce the client's view that relationships are inevitably grounded in coercion and control, rather than in understanding, trust, and support. (Murphy & Baxter, 1997, p. 609)

The authors suggested that such practices engaged the batterer in the "game of power and control, victim and victimizer, with a temporary turn of tables" (p. 609).

Dutton (1998), whose analysis of battering is rooted in psychology, indicated also that batterers "must not be confronted too quickly or strongly" but:

> On the other hand, given their denial systems and tendency to minimize the consequences of their abusiveness, they have to be confronted at some point of treatment. (p. 160)

A possible balance between direct confrontation and denial lies in Murphy and Baxter's recommended alternative to a confrontational style of program delivery, which they call a "collaborative working alliance" (1997, p. 613). This alternative style is characterized by shared understanding of the goals of treatment, a shared understanding of the tasks required to achieve those goals and a supportive and warm bond between therapist and client (p. 613 [citing Bordin, 1994]). The alliance is based on a comprehensive model of change process where the service provider's strategies are tailored to the client's stage of change. According to clinical research, a collaborative working alliance can enhance the effectiveness of intervention with batterers (p. 613).

Cultural Understanding

Racial or ethnic identity and country of origin also influence responses to treatment (Healey et al., 1998, p. 63). Families in minority cultures may experience abuse for different reasons and may encourage different responses to abuse than those that are seen in the dominant European American or "white" culture. Almeida and Dolan-Delvecchio (1999) identified two major problems that can arise when batterers' treatment program developers and facilitators are ignorant of the impact of culture on battering.

First, Almeida and Dolan-Delvecchio (1999) pointed out that practitioners may try to encourage victims to leave a battering relationship to "bring them to where 'we' (real Whites) believe they ought to be" (p. 2 of 17). According to these authors, this approach is fundamentally flawed because it views the minority culture as deficient and in need of alteration to be correct when, in fact, the real problem in a given situation may be the impact of racism on a family that is experiencing domestic abuse. Using South Asian Indian communities as an example, the authors noted that white culture's usual response to battering–separating the married couple and providing shelter to a battered spouse and her children–is wholly inadequate for women of this minority culture. The South Asian Indian woman who leaves her marriage and home to escape domestic abuse finds herself within the unfamiliar process of separation and divorce, subject to a dominant culture that is unfamiliar to her and hostile toward her personally and toward her culture. Amidst these challenges, she is also without support and contact with her family. In the authors' words, her "extracultural immersion in the [North American] cultural context [is] uncomfortable at best and life threatening at worst" (p. 7 of 17).

Second, the authors pointed out that practitioners may account for violence in the home as culturally normative. The effect of this practice is to afford differing levels of safety for victims of differing cultures. The authors argued that a white batterer would never be allowed to use his culture to explain violence, yet violence is repeatedly excused for minority batterers (Almeida & Dolan-Delvecchio, 1999, p. 2 of 17). The authors differentiated between culture and violence and emphasized that the two cannot be seen as connected. While "culture" is defined as positive group maintaining tendencies, "violence" is distinguished as negative customs that come to be associated with a group.

In an effort to address cultural issues, some batterers' treatment programs have what Healey et al. (1998) call "methods of enhancing the 'one-size-fits-all' approach" and they are listed as follows:

- recognizing and working with the social and psychological realities of participants without allowing these realities to become an excuse for abuse;
- capitalizing on cultural strengths and values–such as communality, a belief in family, and spirituality–to promote the change process; and
- decreasing the isolation or discrimination that minority batterers may feel in a culturally heterogeneous group.... (p. 66).

Almeida and Dolan-Delvecchio (1999) criticized this "add on" approach and promoted instead the "Cultural Context Model [CCM]" that "places social justice concerns arising from differences of race, gender, class, ethnicity, and sexual orientation at the heart of family therapy practice" (p. 8 of 17). The authors promoted the approach for all community members and all family members. The seven components of the CCM are sponsorship, socioeducation, culture circles, group and individual family sessions, graduation and community outreach.

Although it has not been evaluated empirically, the CCM presents a totally new approach to intervention that appears to overcome the two major problems relating to culture that Almeida and Dolan-Delvecchio (1999) highlight. Another example of a treatment model that appears to incorporate cultural considerations holistically rather than "adding on" is treatment within the Duluth model, which was discussed earlier (Mederos, 1999, p. 134). As well, Canada has culturally specific programs that are led by Aboriginal people. These programs stress the need to understand the violence of Aboriginal men in the context of "colonization, forced assimilation, and cultural genocide" (Health Canada, 2000, citing the Aboriginal Family Healing Joint Steering Committee, 1993, p. 10).

The CCM, the Duluth model and the programs available for Aboriginal people in Canada recognize the importance of integrating rather than adding on cultural considerations in treatment so as to address, along with specific behavioural needs, the alienation and isolation that batterers may be facing in society.

SUGGESTED FRAMEWORK FOR EFFECTIVE BATTERERS' TREATMENT PROGRAMS

Cognizant of the qualities of programming discussed above that may reasonably be considered effective at reducing recidivism among batterers, following is a suggested framework for effective batterers' treatment programs:

1. **Keep your eye on the prize.** The program should specifically target batterers, battering behaviour and risk markers for battering. Other possible treatment issues such as anger management, childhood trauma or marriage counselling are not related directly to battering and batterer recidivism and so the program should not waste time focusing on these issues.

2. **Stick to the program.** Program integrity is key. Whether the approach is psychological, social-cultural, feminist or a mix of these, and whether the program is based on a clinical model, an educational model or an alternative model, it is essential that program developers and facilitators have a clear understanding of what they are doing, why they are doing it and how they will do it. This may require extensive research on the part of program developers, training of facilitators and regular follow up during program delivery.

3. **Take your time.** The program should be at least six months (and, ideally, 18 to 24 months) in length and should, if possible, allow participants to remain in the program indefinitely. It is not unreasonable for a program to last up to two years with the opportunity for even more long term involvement by participants.

4. **Expect more.** Regular attendance is important both for the sake of the group and to ensure that participants are giving the program a chance to change their lives. Court mandated programs have been shown to produce higher rates of attendance but, where that is not possible or preferable, a less formal motivation for attending should be developed. Research consistently shows that batterers who attend treatment regularly and complete programming are significantly less likely to batter again.

5. **Develop an effective style of delivery.** Boot camp for batterers is not advised. Batterers have fragile self esteem and trouble maintaining healthy intimate relationships. Battering batterers in treatment sets an incredibly poor example and can jeopardize program effectiveness. Facilitators must be aware that their style of delivery can have a real impact on program success.

6. **Become knowledgeable about cultural issues.** Cultural "add-ons" are also highly questionable. There is a good deal of research available on cultural issues in batterers' treatment and several authors have developed adaptable, holistic programs based on sound understandings of cultural issues. Program developers and facilitators should research cultural issues relating to batterers' treatment programs before developing and implementing any batterers' treatment program and they should remain cognizant of cultural issues throughout program delivery.

A program that operates perfectly within the above framework may be costly, time consuming and frustrating to develop and deliver. However, the cost and effort are worthwhile if they result in changes in individual batterers and reduced rates of recidivism among batterers.

Finally, the importance of proper evaluation and follow up cannot be understated. The six elements highlighted above are only known because of evaluation and follow up. Evaluation and follow up are critical in order to track the success of a program and point to areas of weakness within a specific program as well as contribute to a broader understanding of what works.

CONCLUSION

There are no simple answers to the problem of battering in society and, in turn, treatment programs are not easy to develop. Mederos lists the many difficulties associated with developing effective batterers' treatment programs:

> Our clients are court-mandated and do not go on to advocate for the importance of our services or of funding for these programs; the judicial system is justifiably confused about the impact of treatment and uncomfortable about compelling many men who are indigent or low income to pay for treatment; the battered women's movement has been ambivalent about the benefits of such programs for battered women and concerned about competition for public funding in a fiscally conservative environment; communities of color view the arrest of men as an extension of the criminalization of men of color in European American society; and the psychology/psychotherapy establishment will compete for another treatment population and may militate against accountable state standards. In other words, accountable batterer intervention programs have restricted resources, major challenges, and a very narrow constituency. (1999, p. 145-146)

Despite these challenges, there remain core elements that can reasonably be understood to contribute to effective batterers' treatment. Whether state or privately funded, whether in a group or individual setting, whether delivered by professionals or volunteers, whether court mandated or voluntary and whether based on social-cultural or psychological perspectives, any batterers' treatment program must be developed by knowledgeable people and delivered with a high degree of integrity.

The John Howard Society of Alberta hopes that this examination has shed some light on the characteristics of batterers' treatment programs that are relevant to program effectiveness. As well, the Society hopes that correctional decision makers will realize the importance of responding effectively to this category of offenders and take steps to ensure that batterers' treatment programs are delivered with focus and integrity.

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