Differentiating Theoretical Approaches to Batterer Intervention: A Study of Batterer Intervention Programs

By

Beatrice Hanson

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Sarah-Jane Dodd

_____ _____
Date Chair of Examining Committee

Michael Fabricant

_____ _____
Date Executive Officer

Sarah-Jane Dodd

Andrea Savage

Irwin Epstein
Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

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Beatrice Hanson

Advisor: Professor Sarah-Jane Dodd

Developed more than 25 years ago, batterer programs have become the response of choice for many in the field of domestic violence, with the criminal justice system the highest user. However, researchers have found limited results in the ability of these programs to eliminate or reduce re-abuse. Some batterer programs have refocused on using batterer programs, not as rehabilitative, but as a resource for the courts, one of the consequences for men who batter. Other programs, however, have continued to look for the right types of intervention to positively impact the attitudes and behaviors of batterers. These different approaches have led to tensions among batterer programs. Research in the field has focused on the impact of programs on individual batterers and criminal justice system recidivism and compliance with court orders and not on individual programs themselves.

This study involves interviews with directors of nineteen batterer programs in New York State, representing a range of perspectives to better understand the different types of organizations operating these programs, the different interventions used and how

they define success. This study tested an established framework used to differentiate programs, based on the focus of change on the individual batterer, the couple and society. The findings from this study support how the established framework differentiated programs based on the focus of change, but found that programs focused equally on changing the individual batterer and changing society, with far fewer focused on changing the couple. The study also found that most batterer programs accepted only men who were mandated through the criminal justice system, leaving fewer opportunities for self-referred batterers. The study also found that funding for batterer programs was declining in New York State and that the number of batterer programs seemed to be declining. The findings about the decline in funding coupled with existing literature questioning the efficacy of these programs called into question their continuation, especially for men who are mandated by the criminal justice system. The study found some promising new directions for batterer programming, especially for men who are not mandated.

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Chapter 1: INTRODUCTION

No one will ever know what Daniel Sanders was thinking at lunchtime last December 15, when he confronted his ex-girlfriend, Doris Coleman, and her new boyfriend, Lawrence Feaster, outside Coleman's midtown office. But Sanders was packing a gun, and he certainly conducted himself like a man with a plan. First he shot Feaster in the chest, leaving him to die outside the building, where he had come to meet Coleman for lunch. Then, Sanders shot Coleman in the leg and face before chasing her through the holiday crowds out into an alleyway just around the corner from Lord & Taylor's windows. As she begged for her life, he killed her with a bullet to the forehead. It was the kind of murder sometimes referred to as a crime of passion, but eyewitness accounts indicate that Sanders stayed focused throughout and got the whole job done without endangering any bystanders. Eleven hours later, outside a Bronx precinct house, Sanders said to two cops, "Excuse me, officers, I have a gun and I'm going to shoot myself," put the gun to his head, and pulled the trigger. He never regained consciousness and died the next night at Jacobi Medical Center.

The shocking thing about Sanders's crime wasn't the fact that he killed a woman who had been his partner or that he then killed himself; that kind of thing happens all too often. It wasn't even Sanders's choice of time and venue for the act, although the fact that Christmas shoppers were witness to the brutal slayings earned his crime some extra ink. What made this cold-blooded act particularly disturbing was Sanders's job: He worked as a counselor for men convicted of domestic violence crimes—in spite of the fact that he had served time for robbery in 1968 and attempted murder in 1974 and had been arrested in 1989 on a domestic violence charge. His employer, the New York City Alternative Assistance Program (NYCAAP), was the second-largest provider of court-mandated services for convicted batterers in the city (Goodyear, 2001).

The December 15, 2000 murder by Daniel Sanders of his ex-girlfriend, Doris Coleman, and her new boyfriend, Lawrence Feaster, did not happen in isolation. According to the United States Department of Justice, on average at least three women are killed each day in this country by a current or former intimate partner or spouse (Catalano, 2007). The problem of intimate-partner violence is pervasive. According to the National Violence Against Women Survey, which involves interviews with a

nationally representative sample of both men and women, nearly 25 percent of surveyed women and 7.6 percent of surveyed men said they were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some point in their lifetime (Tjaden & Thoennes, 2000). The differential impact of intimate partner violence on women is supported by the United States Department of Justice finding that women are the victims of domestic- or intimate-partner violence far more often than men: 3.6 per 1,000 women compared to 0.9 per 1,000 men in 2005 (Catalano, 2007). In addition, most intimate partner-victimizations are not reported to the police according to the National Violence Against Women Survey, which found that approximately one-fifth of all rapes, one-quarter of all physical assaults, and one-half of all stalking perpetrated against female respondents by intimates were reported to the police (Tjaden & Thoennes, 2000).

While domestic violence is a daily occurrence in this country, what shook the world of service providers in the field of domestic violence in the case of Daniel Saunders, including advocates for battered women, judges, prosecutors and others in the criminal justice system, was the fact that he was working in a batterer program. This author, among other domestic violence victim advocates, staff of other batterer programs, and court officials saw Daniel Sanders speak publicly about his former life as a batterer and his role in counseling batterers through NYCAAP. Batterer programs are often viewed as the intervention of choice for judges in low-level cases of domestic violence or as a condition of bail, probation or parole. However, many advocates for victims of domestic violence have cautioned that batterer programs do not "fix" batterers. After Daniel Sanders' murder of Doris Coleman and Lawrence Feaster, NYCAAP closed and New York City courts began to question the effectiveness of batterer programs

(Goodyear, 2001). Domestic violence victim advocates found a new rallying cry to reinvigorate their criticism of batterer programs (Goodyear, 2001).

When they began in the late 1970's, batterer programs were made up of voluntary groups of men connected to the battered women's movement, struggling with confronting the role of men in abusing women. As states passed laws to recognize domestic violence as a crime, these programs soon refocused to become a referral source by the criminal justice system for men who were arrested for domestic violence. The purpose of the programs was now to hold men responsible for their violent and abusive behavior with the goal of stopping abusive attitudes and behavior and moving men toward equality in their intimate relationships (Mederos, 2002).

The most common approach developed for batterer intervention involves a gender-based cognitive behavioral approach distinct from conventional individual psychotherapy (Gondolf, 2003). Most gender-based group programs have been developed as psycho-educational to focus on teaching behavior and attitude change, with many having an underlying pro-feminist orientation (Edleson & Tolman, 1992). The programs vary in length, but most range from six to thirty-two weeks (Edleson & Syers, 1990; Eisikovits & Edleson, 1989). Almost all focus on power and control issues, which are viewed as core elements of abusive relationships (Pence & Paymar, 1993; Geffner & Rosenbaum, 2001). Many programs integrate a range of cognitive behavioral intervention techniques, such as anger-management, problem-solving skill training, and communication training (Eddy & Myers, 1984; Sonkin, Martin & Walker, 1985); development of skills, such as communication, assertiveness, and stress-reduction

(Sonkin, Martin & Walker, 1985; Holtzworth-Munroe, 1992; Edleson, 1984); and self-observation (Edleson, 1984).

However, service providers and advocacy organizations working with victims of domestic violence have long been skeptical about the impact of batterer programs in stopping abuse. One primary concern voiced by battered women's advocates is that a batterer program would give the victim false hope that the abuser would stop abusive behavior by entering or completing the program, thus encouraging her to remain in or return to a relationship where the abuse could continue. In response to the Daniel Sanders murder of Doris Coleman and Lawrence Feaster, Charlotte Watson, the then-Executive Director of the New York State Office for the Prevention of Domestic Violence, the State's executive-level domestic violence oversight agency, said about batterer programs:

> *"Batterers' programs are still very controversial, because there hasn't been anything that's shown they are very effective stopping domestic violence…. They tend to give a lot of false hope to victims. Because the victim really just wants Prince Charming to come back and the monster to be slain. So when the batterer goes for help, that's often a primary reason the victim will go back to the batterer, because now they think that that nasty side will be taken care of."* (Goodyear, 2001)

In addition to the concern about batterer programs giving false hope to victims, other apprehensions that battered women's advocates and domestic violence service providers have voiced about batterer programs include concern that batterer program staff would utilize practices that would endanger victims of domestic violence, such as disclosing information about the victim that could expose them to further abuse; that batterer program staff would collude with the batterer by consciously or unconsciously accepting the men's excuses or justification for violent behavior; or that batterer programs would compete with funding for domestic violence programs for victims (Mederos, 2002).

Domestic violence advocates and service providers are not the only ones unconvinced about the effectiveness of batterer programs. The growing body of research on batterer programs indicates that these programs are not reliable in changing abusers' behavior. A recent literature review of batterer programs found that, overall, batterer programs do not reduce re-offending, especially when measured by reports of the victims; at best they show only marginal effects (Feder & Wilson, 2005). Experimental investigations of batterer programs are pointing to modest effects (Palmer, Brown, and Barrera; 1992), with the most recent studies finding little to no effectiveness at changing the behavior or attitudes of abusers (Labriola, Rempel, Davis, 2005; Feder and Forde, 2000; Dunford, 2000; Davis, Taylor, Maxwell, 2000). In 2002, Sally Hillsman, then Deputy Director of the National Institute of Justice, the research and development branch of the United States Department of Justice, in summing up the research on batterer programs to date, referred to the "null effect" of these groups and the "possibility that there may be no difference between the control and experimental groups." She went on to describe the findings as "very mixed," concluding that "the more rigorous the design, the more likely we are to get a null effect" (Hillsman, 2002, p. 1).

Given the discouraging research results, one could assume that these programs would be few and far between. Quite the contrary; a recent national study of court responses to batterer programs located a total of 2,265 batterer programs nationwide (Labriola, Rempel, O'Sullivan & Frank, 2007). A growing number of courts have come to rely on batterer programs as their mandate of choice, especially when the legal issues preclude the imposition of jail (Labriola, Rempel, & Davis, 2005). Court policies have contributed to the proliferation of batterer programs, with one study finding that 80% of

participants were mandated by the criminal justice system (Healey, Smith & O'Sullivan, 1998). Most jurisdictions in the country allow, urge or mandate judges to require domestic violence offenders to attend and complete some type of batterer intervention as part of a criminal justice sanction (Geffner & Rosenbaum, 2001; Labriola, Rempel & Davis, 2005).

The continued desire to find effective interventions to encourage abusers to stop abusive behavior and to ensure that programs do not overstate success and potentially further compromise victim safety is the nexus of the controversy about batterer programs. While research literature in the field continues to examine the effectiveness of batterer programs in changing the behavior of abusers, the research literature has only begun to examine whether these programs can advance any alternative function. Can they, for instance, monitor the abusers and the court to ensure that those who are mandated actually complete the program or receive some other increased sanctions from the courts, including jail time (Taylor, Davis & Maxwell, 2001; Labriola, Rempel, O'Sullivan& Frank, 2007)?

In addition, there is very little understanding of how batterer programs differentiate themselves in terms of the interventions they use, the goals of the programs and how they view and measure success. There is some minimal research in the field that differentiates the approach and goals of batterer programs (Healey, Smith & O'Sullivan, 1998; Babcock & La Taillade, 2000; Labriola, Rempel, O'Sullivan & Frank, 2007). However, with the exception of the most recent study by Labriola, Rempel, O'Sullivan and Frank (2007), the literature differentiating programs is built on differences in conceptual frameworks rather than direct query of the batterer programs

themselves. Healey, Smith and O'Sullivan (1998), the earliest to define the most prevalent typology discussed in the literature, delineate batterer programs based on their primary focus or area of intervention, whether on the individual, family, or social/cultural level. Babcock and La Taillade (2000) distinguish types of interventions based on the differential goals of healing the batterer, stopping domestic violence and improving relationships (Babcock & La Taillade, 2000). Labriola, Rempel, O'Sullivan and Frank (2007) distinguishes programs based on differing programmatic goals: treatment/rehabilitation; accountability; monitoring; legally appropriate punishment; or alternative to incarceration. However, the Labriola, Rempel, O'Sullivan and Frank (2007) study focused on only those programs in which participants were mandated by the criminal court and did not include programs in which the mandate came from another arm of the criminal justice system (such as probation or family court), another agency (such as child protective services) or where the participants were involved in the program voluntarily.

A range of types of organizations provide batterer programs, including domestic violence service organizations, community-based social service and advocacy organizations, mental health clinics, substance abuse providers, and child welfare agencies. These organizations use different interventions, focus on different goals for the programs, and have different ways of identifying and measuring success. This current study builds on the work of Labriola, Rempel, O'Sullivan and Frank (2007) - a national study of differential goals for batterer programs that work with men mandated by the criminal court - by examining the range of batterer programs within a specific geographic area, regardless of referral source, to get a broader sense of the types of organizations

doing this work, the range of interventions used, and how different programs define and measure success. Including the perspectives of a wide range of batterer programs and coupling findings with existing research in the area provides an opportunity to help define possible new directions for batterer programs to better meet the needs of both victims and offenders.

Research Question

This study examines one geographic area, New York State, to investigate the range of batterer programs available. New York State includes programs that reflect the different types of batterer programs discussed in the literature. There are six programs across the State that received funding from the New York State Office for the Prevention of Domestic Violence (NYSOPDV) to follow "The New York Model," which was developed - in response to research findings that these programs do not "fix" the men that participate in them - to be a resource enabling the court to monitor these men in those cases that would not be appropriate for jail (NYSOPDV, 2006). Not all programs that operate in the state follow the New York Model, including some members of the Coalition on Working with Abusive Partners in New York City which operates with the goal of "trying to find effective ways to address the complex factors contributing to abusive behavior, and to encourage and support behavior change while simultaneously holding abusive partners accountable" (CoWAP, http://www.childrensaidsociety.org/familysupport/domesticviolence/cowap). The presence of these resources indicated that New York State was likely to contain a wide enough range of programs working with batterers to gain an understanding of how

batterer programs differentiate themselves in terms of the interventions they use, the goals of the programs and how they view and measure success.

The study posed five open-ended primary questions to leaders of batterer programs in New York State. The questions focused on describing the overall organization (i.e., size, mission, other programs, and where the batterer program fits into the overall organizational structure); describing the batterer program (i.e., size, how it is funded, source of referrals, types of interventions used, rules and consequences for non-compliance); how the program interacts with other domestic violence services; how the program defines success (with probes to identify focus on the individual, family or society named in current typology); how the program defines and measures success; and the level of success each program achieves.

Since the purpose of this study is to investigate the range of batterer programs and because the existing literature to describe the diversity of programs is limited, this study uses a qualitative analysis based in grounded theory. This allows the researcher to develop an understanding of the programs and a conceptual framework that is grounded in data rather than deducing testable hypotheses from existing theories (Glaser & Strauss, 1967). Since existing literature on the differences between batterer programs is minimal, interviewing program leaders directly is a justifiable way to understand what these programs do, the variations between these programs, and to develop a new framework for understanding the similarities and differences among them.

Significance of this study

The significance of this study is that no other research was found that examined the full range of batterer programs in a geographic area. As discussed earlier, only one study was found that examined a range of batterer programs (Labriola, Rempel, O'Sullivan & Frank, 2007). However, that study was focused on only those programs in which participants were mandated by the criminal court and did not include programs in which the mandate came from another arm of the criminal justice system (such as probation or family court), another agency (such as child protective services) or cases where the participants were involved in the program voluntarily.

This study explores the different organizations operating batterer programs and examines how organizations with different goals or missions may support different types of interventions with batterers and have different goals for their programs. The study is also significant for batterer programs in that it gives a range of program representatives the opportunity to articulate and explain their intervention and goals and to describe how their programs relate to the overall organizations in which they operate. The interviews give the researcher an opportunity to evaluate the existing frameworks for understanding batterer programs and to comment on the relevance of that framework to a specific geographic area. In addition, the study provides an opportunity to make recommendations for the future direction for batterer programs.

For the field of social work, this study examines a programmatic issue: the provision of domestic violence services, in which social workers are key service providers. Social workers, historically, have been, and continue to be, involved in addressing violence against women and girls either directly in the field of domestic violence or indirectly in other social service fields. Domestic violence is a pervasive

problem, with nearly one in four women in the United States reporting experiencing violence by a current or former spouse or boyfriend at some point in her life (Black & Breiding, 2008). And the victims and perpetrators of domestic violence are not just seeking services at domestic violence programs; they are also seeking services in medical facilities, shelters for the homeless, mental health clinics, schools, substance-abuse treatment programs, police precincts, courts and a wide variety of other settings where social workers work. Consequently, it is important for social workers to understand the dynamics of domestic violence and the research and practice issues in working with batterers. Social workers are often the “gatekeepers” for clients’ gaining access to the legal and social service systems and are very involved in the criminal justice system, including providing services to both victims and offenders, working alongside prosecutors to provide direct services to victims, and providing individual and group interventions for abusers.

Key Definitions

In the field of domestic violence, as in any other field, key terminology requires clarity and definition. The terms “domestic violence” and “battering” and “batterer program” are used throughout this study and warrant particular attention.

Domestic Violence: In this study, the term "domestic violence" refers to the pattern of behavior used to maintain power and control over another person in an intimate relationship, including physical and sexual assault, verbal abuse and emotional abuse**.** Other terms that are frequently used to refer to the same concept include "family violence," "spouse abuse," “intimate partner violence” and “battered women."

Sometimes these different terms are used interchangeably to mean the same concept. For example, Roberts (1996) titles his book *Helping Battered Women*, and in the first page uses terms interchangeably, referring to "woman-battering," "family violence," "wife beating," and "domestic violence" to identify the same concept. However, more commonly, these terms are used quite deliberately to indicate a specific ideological and/or theoretical perspective on the issue (Roche & Sadoski, 1996; Herzberger, 1996; Weitzman & Dreen, 1982). The terms, “family violence," "spouse abuse," and “relationship abuse” connote a belief that the problem is the result of a family communication or relational problem within the family system. On the other hand, the terms "wife abuse" and "battered women" attribute domestic violence to a systematic result of patriarchal relationships, but often exclude relationships in which the partners are not married or are in same-sex relationships. Intimate partner violence, a more recently adopted term, describes a broader range of abusive relationships, including psychological abuse and social isolation, and acknowledges that violence occurs among unmarried and same-sex partners as well as among persons who do not live together. While the term, “domestic violence,” is sometimes charged with minimizing the criminal aspects by separating crimes in the home from other kinds of crime, and with contextualizing the problem as domestic when much “domestic” abuse happens in public and at the workplace (i.e., stalking, and abuse in public), in this discussion of a wide range of programs and program philosophies, it has historically been used as the most encompassing term and was the most frequent term used by participants in the study.

Battering: While often thought of as only physical abuse, in this study the term “battering” refers to the range of abusive behavior used by a batterer to control his/her

partner, including physical, sexual, psychological, emotional, economic and other forms of control.

In the field of domestic violence services, how "battering" or abusive behavior is defined leads to different practice implications. Most policy makers, as expressed in the laws they pass, consider only the most severe forms of abuse as "battering," including various forms of physical attack, some threatening behaviors, and sometimes harassment, such as stalking (Edleson, 1996). These definitions place battering in the realm of criminal behavior -- physical assaults, attempted assaults, and threatening and menacing behavior, which fall under the category of crime in most states (Schechter & Edleson, 2000). Other definitions concentrate on physical violence and include emotional and sexual abuse only when they accompany physical violence (Herzberger, 1996). Still others conceptualize battering as a logical outcome of relationships of dominance and inequality, focusing on a pattern of behavior rather than on specific incidents, and include a range of behaviors from emotional and verbal abuse to threats and physical and sexual violence (Pence & Paymar, 1985; Shepard, 1991). In order to encompass the widest range of behaviors associated with battering and domestic violence, in this study the term will encompass both criminal and non-criminal behavior, unless otherwise noted.

Batterer Program: This study refers to programs that work with offenders as "batterer programs" as opposed to "batterer treatment programs" to be as neutral as possible in referring to these programs. The term "batterer treatment" connotes a therapeutic intervention which often assumes an underlying psychological problem. Social and cultural theories of domestic violence, including feminist theories, refer to domestic violence as a dynamic of power and control and not psychological dysfunction.

From this perspective, battering is a crime that should be punished, not an illness that should be treated (Rosenbaum & Leisring, 2001).

Limitations

The sample for this study involved interviews with batterer programs in New York State, which may be similar to or different from batterer programs in other states. While some states mandate specific procedures, curricula or outcomes for batterer programs, New York State does not, which allows for a wider range of batterer intervention programs. However, the State support and recommendation for using the New York Model of batterer programs does compel programs to engage with that model – consciously incorporating or rejecting elements of that model. Since other states may have other laws and mandates regarding the requirements for batterer programs, replicating this study in other states may produce different results. However, the findings in this study are generally supported by other research in this area, which adds support to the results.

Also, this study included only one program that focused on same-sex domestic violence while all of the other programs focused on men's violence against women. While the study incorporated the perspective of the same-sex batterer program in terms of organizational auspices, interventions, funding, goals and measurements of successes, it did not incorporate some of the programmatic nuances of working with same-sex batterers. The decision was made to retain the same-sex program in the study to more fully represent the range of programs that addressed batterers.

The number of programs that work in batterer intervention in any given community is generally small and many of the providers know one another. Because of the tension that often accompanies divergent perspectives regarding the goal of batterer programs, the willingness of participants to be absolutely honest and thorough with their answers may be difficult. Also, as a professional in the field in New York City who, at the time of the study, worked for a local domestic violence organization that operates a batterer program, I was known by many of those I interviewed. In order to ensure as honest and forthright a conversation as possible, I was clear with interviewees that all information was confidential and that they would have the opportunity to redact any of the information in their interviews (which two of the interviewees chose to do). In addition, some of the interviews were conducted by an assistant, including the batterer program that is part of the organization for which I work, to mitigate conflicts of interest.

CHAPTER 2: LITERATURE REVIEW

The development of batterer programs is linked to the history and evolution of domestic violence services, including its beginnings in feminism and the battered women's movement, the professionalization of domestic violence services, and the increased responsiveness of the criminal justice system. Batterer programs emerged from the feminist movement of the late 1960s. Therefore, feminism is a helpful lens to use in examining these programs. A feminist framework provides grounding in the history of violence against women; how women took leadership and organized against violence; how laws, the criminal justice system, and mental health and social service providers evolved to recognize and respond to domestic violence; and how batterer programs changed over time to address changing needs.

A Historical Perspective on "Wife-Beating"

The issue of violence has been ever-present to women because most societies have a long history of laws, religious decrees, and cultural practices outlining – in direct language or by metaphor – sanctioned acts of violence against women. The "right" of husbands to beat their wives has its roots in ancient Roman law, which originally permitted a husband to kill his wife if she had committed any of a variety of offenses, particularly adultery (Iadicola & Shupe, 2003). This common law tradition was modified in medieval Europe, limiting male "punishment" of women to beating rather than killing them. The physical abuse of women was justified and authorized under the laws of chastisement. Under these laws, the husband had absolute rights to physically discipline his wife.

The tradition of these laws of chastisement was perpetuated in English common law. Under the common law, upon marriage, a woman forfeited control over her earnings, was not permitted to choose her own home or place to live, and her husband had complete rights over her personal estate and income. The principle of "coverture" placed the married woman in the position of both minor and chattel throughout her life, with her husband as something of a legal keeper. Her husband owned both her person and her services, and could rent her out in any way he pleased. He was permitted to sue others for wages due her and confiscate them. All that the wife acquired by her labor, service or act became the legal property of her husband. No matter how irresponsible a husband might be, or how careless of the welfare of his children, he was legally entitled to demand and receive his wife's wages, even to the peril of his dependents' lives. As head of the family, the husband was the sole "owner" of wife and children, empowered to deprive the mother of her offspring, who were his legal possessions, should it please him to do so, upon divorcing or deserting her. Should the husband die intestate, the state might pick over his property (for all property was legally his) leaving the widow with nothing at all or as little as it chose to bestow on her (Millet, 1969). Save for owning property, single women enjoyed hardly any more civil rights under the law than did married women.

The growing consensus among politicians, theoreticians, religious leaders and the general public was that women could rarely, if ever, be considered independent beings in law or in society at large. Early modern European and American theorists of the seventeenth century concurred on three points: hierarchy was necessary to the operation of the household; the proper director of the family's activities was its husband/father; and

the subordination of wife to husband was the foundation of the family unit and thus of society itself (Norton, 1996). In his second Treatise, the British philosopher John Locke put it this way: "the Husband and Wife though they have but one common concern, yet having different understandings, will unavoidably sometimes have different will too; it therefore being necessary, that the last determination i.e. the Rule, should be placed somewhere, it naturally falls to the Man's share, as the abler and the stronger" (quoted in Rowland, 2004, p. 14).

It was in this way that the submission of women was inherent to European society. The submission of women would also characterize American society. Underpinning it all was the influence of Christian orthodoxy, which had a profound influence on the law, government, culture, and ideologies. Orthodox tradition claimed that God was male; women were second in creation, "an afterthought" after male perfection; a "helpmeet" without claim to an independent existence or unmediated relationship with God; women's goals in life, their path to salvation, should be to perform the "helpmeet" function well, to sacrifice their own interests, their very life, for a man and his children (Fitzgerald, 1993).

In colonial America, application of English common law allowed physical "chastisement," as long as the husband did not inflict permanent damage on his wife. As the American founding fathers began laying the groundwork for their own society, they adopted the kind of hierarchy that had worked so well in Europe: the submission of women to the will of husbands and fathers. What that meant to women in America was the formal codification of their lack of an individual identity upon marriage. By limiting the roles of women to wives and mothers in the burgeoning United States, women

became helpers to husbands, caretakers of the home, appendages to men, their civil identities literally absorbed into those of the husbands upon marriage. Married women, like children, were the wards of men (Rowland, 2004).

Women were not mentioned in the Constitution or other founding documents of the United States. For women, there was neither expressed inclusion nor exclusion. Rather, there was silence, raising the question during the nineteenth century of what rights women would have in this relatively new country. British common law traditions suggested that women were to have no independent or individual rights. Instead, once married, they would derive rights through their husbands (Rowland, 2004).

Because the Constitution and founding documents were silent on specific issues regarding women, the law was often deemed to be silent and it was left open to the states to determine what to do with issues affecting women, including violence by a husband against his wife. In *Calvin Bradley v. The State*, the State of Mississippi had the first American legal ruling on the subject of a husband's "reasonable chastisement" of his wife. In that 1824 case, the ruling of a lower circuit court case raised the question of whether or not a husband has the legal right to commit an assault and battery on his wife. The Supreme Court found that Bradley had gone too far in chastising his wife and that a husband did not have an "unlimited license" to abuse his wife and that chastisement had to be confined "within reasonable bounds." (File at: http://files.usgwarchives.org/ms/unknown/court/bradley61gwl.txt.)

Forty years later, a North Carolina High Court's ruling in *State v. Jesse Black* in 1864 involved a man who abused his wife after she called him names. In its ruling the court said:

> A husband is responsible for the acts of his wife and he is required to govern his household, and for that purpose the law permits him to use towards his wife such a degree of force as is necessary to control an unruly temper and make her behave herself; and unless some permanent injury be inflicted, or there be an excess of violence, or such a degree of cruelty as shows that it is inflicted to gratify his own bad passions, the law will not invade the domestic forum, or go behind the curtain.

In 1874, the North Carolina court advised against public scrutiny of, or interference in, domestic and marital relationships. In *State v. Richard Oliver,* the court found:

> From motives of public policy and in order to preserve the sanctity of the domestic circle, the Courts will not listen to trivial complaints…. If no permanent injury has been inflicted, nor malice, cruelty, nor dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the parties to forget and forgive.

The Early Women's Movement

The first women's rights movement in the United States was inaugurated in 1848 at the Seneca Falls Woman's Rights Convention, organized by Elizabeth Cady Stanton and Lucretia Mott, to address the condition of women. It was the first movement to analyze the husband's right to chastise his wife as a symbol of the political system of male dominance over females. Taking the Declaration of Independence as a guide, Stanton developed the "Declaration of Sentiments" (signed and widely disseminated in 1848) that illustrates the range of areas of life in which women were subjugated by men and in which they were advocating for change. Among her declarations:

> We hold these truths to be self-evident: that all men and women are created equal….
>
> The history of mankind is a history of repeated injuries and usurpations on the part of man toward woman, having in direct object the establishment of an absolute tyranny over her. To prove this, let facts be submitted to a candid world.
>
> He has compelled her to submit to laws, in the formation of which she had no voice.

> He has withheld from her rights which are given to the most ignorant and degraded men—both natives and foreigners.
>
> He has made her, if married, in the eye of the law, civilly dead.
>
> He has taken from her all right in property, even to the wages she earns.
>
> In the covenant of marriage, she is compelled to promise obedience to her husband, he becoming, to all intents and purposes, her master—the law giving him power to deprive her of her liberty, and to administer chastisement.
>
> He has denied her the facilities for obtaining a thorough education, all colleges being closed against her.
>
> He has usurped the prerogative of Jehovah himself, claiming it as his right to assign for her a sphere of action, when that belongs to her conscience and to her God.
>
> He has endeavored, in every way that he could, to destroy her confidence in her own powers, to lessen her self-respect, and to make her willing to lead a dependent and abject life.
>
> Now, in view of this entire disfranchisement of one-half the people of this country, their social and religious degradation—in view of the unjust laws above mentioned, and because women do feel themselves aggrieved, oppressed, and fraudulently deprived of their most sacred rights, we insist that they have immediate admission to all the rights and privileges which belong to them as citizens of the United States.

What started out as a progressive agenda against women's subjection by men is today known overwhelmingly as the movement for women's suffrage. The demand for suffrage in no way dominated Stanton's political agenda or the political agenda of many in the women's movement in the later part of the nineteenth century. For many, suffrage was at best a means to radical ends; women's vote would be valuable only when women used it to support a comprehensive program of reform to end women's political, economic, social and sexual subordination.

Despite the fact that the women's movement addressed a wide range of issues, it was the issue of women's suffrage that took center stage. Because the opposition was so

monolithic and unrelenting, and the struggle so long and bitter, the vote overshadowed all of the women's movement other concerns, and, in 1920, "when the ballot was won, the feminist movement collapsed into what can only be described as exhaustion" (Millet, 1969). Only one signer of the original Seneca Falls Declaration, Charlotte Woodward, a young worker in a glove factory, had lived long enough to cast her ballot.

Early Criminal Justice System Responses to Domestic Violence

Despite the enormous opposition to women's suffrage, mainstream society was slowly beginning to address the concern of violence against women in the home. In a landmark case in 1871, a court found that a husband did not have the right to physically abuse his wife, even "moderately" or with "restraint." In *Fulgham v. State,* the court ruled that a married woman deserved protection under the law. The ruling stated:

> A rod which may be drawn through the wedding ring is not now deemed necessary to teach the wife her duty and subjection to the husband. The husband is therefore not justified or allowed by law to use such a weapon, or any other, for her moderate correction. The wife is not to be considered as the husband's slave. And the privilege, ancient though it be, to beat her with a stick, to pull her hair, choke her, spit in her face or kick her about the floor, or to inflict upon her like indignities, is not now acknowledged by our law (46 Ala. 143).

In the same year (1871), the Massachusetts Supreme Court rejected a husband's manslaughter defense that he had a right to chastise his wife for drunkenness. He had hit his intoxicated wife several times; she had fallen as a result, hit her head, and died. In *Commonwealth v. McAfee,* the Massachusetts Supreme Court announced that "beating or striking a wife violently with the open hand is not one of the rights conferred on a husband by the marriage, even if the wife be drunk or insolent."

Although the Alabama and Massachusetts cases declared husbands did not have the right to physically chastise their wives, no criminal penalties were yet attached to physical abuse, leaving no legal recourse for women. In fact, in a case three years earlier, *State v. Rhodes,* the North Carolina Supreme Court declared that although a husband's whipping of his wife "would without question have constituted a battery of the subject of it had not been the defendant's wife," they refused to convict him of assault and battery, ruling that if domestic assaults were prosecuted, "the evil of publicity would be greater than the evil involved in the trifles complained of" (Phillips, 1868, p. 454).

Although Maryland enacted a law in 1882 that punished men who abused their wives with forty lashes with a whip or a year in jail, even in the early twentieth century federal courts still refused to convict men who battered their wives. In 1910, the U.S. Supreme Court ruled in *Thompson v. Thompson* that a wife had no cause for action on an assault and battery charge against her husband because it "would open the doors of the courts to accusations of all sorts of one spouse against the other and bring into public notice complaints for assaults, slander and libel" (p. 218 U. S. 618).

Thus, although court decisions affirmed that a husband could no longer legally beat his wife, in almost all cases a battered wife in the early twentieth century still had very little legal recourse against her husband. Any criminal proceedings against a batterer had to be initiated by the state and women could not sue their husbands. Beginning with New Jersey in 1912, state and municipal courts across the country began to extend the jurisdiction of juvenile courts to include family dispute issues, including domestic violence, In 1959, the Federal Standard Family Court Act expanded the jurisdiction of juvenile courts to include family conflicts for the purpose of protecting and safeguarding

the family unit by "…affording family members help in resolving their justiciable problems and conflicts arising from inter-personal relationships." The act enabled the court to deviate from traditional adversarial procedures to resolve family conflicts (Babb, 1998). The creation of the family court system represented an official systematic diversion and exclusion of violence against wives from the criminal justice system, which, in effect, often decriminalized the physical abuse of women (Dobash & Dobash, 1992; Siegel, 1996). Rather than punishing batterers, judges and social workers urged couples to reconcile, providing counseling designed to prevent divorce. Assault in this context was viewed as an inappropriate expression of emotions, with both wives and husbands needing to learn how to control those emotions. It was not until 1988 that domestic violence would become criminalized nationwide—it took this long before every state legislature had passed acts that created both civil and criminal remedies for victims of domestic violence.

The Backlash to Women's Suffrage – the Role of the Social Sciences

From the 1930s to the 1960s, a number of social and economic upheavals worked against any forward momentum for women's rights: the Great Depression, anti-communism, and the re-assertion of women's place in the home after the Second World War. According to Millet (1969), the progress for women's rights during the nineteenth and early twentieth centuries, what she referred to as the first phase of the "sexual revolution," concentrated on the "superstructure of patriarchal policy," primarily the most flagrant abuses and discrimination in the law, but left intact the "psychic structure," such as the basic patriarchal attitudes and values that are imbedded in all of us, and the

institutions of marriage and the family, which support the continuation of these values and attitudes. The emerging social sciences, including psychology and sociology, were used to reinforce patriarchal values and attitudes during this era, with the most influential person being Sigmund Freud (Friedan, 1963; Millet, 1969).

The influence of Freud on domestic violence and violence against women actually dates back to the late nineteenth century and the disorder known as hysteria. Most physicians believed it to be a woman's disease that originated in the uterus, thus the name hysteria. Freud and others claimed that hysteria was caused by underlying psychological trauma (Herman, 1997). By the mid 1890s, Freud discovered that hysterical symptoms could be alleviated when the traumatic memories, as well as the intense feelings that accompanied them, were recovered and put into words. What he heard from these women's stories was history of major childhood trauma -- sexual assault, abuse and incest. In *Aetiology of Hysteria*, (1896), Freud "put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience" (p. 196). The idea of childhood sexual exploitation as the root of hysteria was met with disbelief and ostracism by his peers and society (Herman, 1997). Hysteria was so common in women that if his patients' stories were true and if his theory were correct, Freud would have to conclude that what he called, "perverted acts against children" (1896) were endemic – not only to the poor and working classes, but to the elite of society as well. The idea of the pervasiveness of the abuse was unacceptable and beyond credibility to him. Consequently, in subsequent publications, he repudiated his findings, troubled by these social implications (Herman, 1997).

Freud stopped listening to his female patients and started to talk about these childhood experiences in terms of erotic excitement. In "A Child is Being Beaten," (1919) Freud discusses women's beating fantasies and produces a theory of masochism in women. Freud (1919) emphasizes the link between passivity and masochism asserting that 'instincts with a passive aim must be taken for granted as existing, especially among women" (p. 183).

Freud's psychoanalysis became very popular in the United States beginning in the 1940s when the concept "penis envy" was seized as the literal explanation of all that was wrong with American women (Dobash & Dobash, 1992; Friedan, 1963). The popularity of this theory placed the problems of women, not on the inferior and limiting circumstances imposed on them by society, but on what was identified as a sense of inferiority because of anatomical differences.

Other psychologist and sociologists incorporated Freudian understandings of women in their theories. For example, Erik Erikson, noted for his theory on stages of psychosocial development, believed that, because of their biology, women were concerned with inner space and procreation. Pregnancy meant a sense of fulfillment, while childlessness meant emptiness and despair. Erikson believed that since the penis is so apparently present, the womb and vagina must represent absence, some essential lack in women (Tong, 1998).

Similarly, in the field of sociology, Talcott Parsons, one of the most highly regarded sociologists in the 1950s and 1960s developed a theoretical system to analyze society, called structural functionalism. He described an instrumental (occupational) role for men and an expressive (domestic) role for women as a division of labor that was

functional for a family's solidarity and implied that the nuclear family ideal of the 1950s was a fixed and desirable reality (Johnson, 1993).

While problems such as alcoholism, suicide, mental illness, and wife and child abuse were all known to social workers, psychiatrists, and religious leaders, they were, for the most part, hidden from the general public. Even the professionals did not take some of these subjects seriously. In fact, there was virtually no scholarly research into domestic violence until the late 1970's (Yalom, 2001). Social service workers, medical professionals and police officers explained away violence as the inevitable consequence of wives who goaded their husbands (Yalom, 2001) or female pathology (Thorne-Finch, 1992).

As mental health professionals continued to pathologize women in violent relationships, the criminal justice system viewed domestic violence as no more than "family squabbles." Family courts were expressly designed to remove family issues from regular court dockets and provide crisis intervention programs that offered counseling and mediation services rather than bringing criminal charges against the abusers, and would refer couples to social or psychiatric services. Arrest was viewed as inappropriate for solving the complex social and psychological problems represented by domestic violence (Dobash & Dobash, 1992). Social workers and other social service workers viewed the criminal prosecution of domestic violence as "unprofessional" (Buzawa & Buzawa, 1996). Social workers offered a rehabilitative model that was viewed as vastly superior in that it tried to help dysfunctional family units or rehabilitate the offender's behavior (Saunders, 1993).

This was the mental health and social service environment that feminists and the battered women's movement would need to take on in order to change how society viewed and treated women.

The Second Wave of the Women's Movement and the Emergence of the Domestic Violence Movement and Services

Following the enactment of the Nineteenth Amendment to the Constitution granting women suffrage, women's rights remained relatively dormant for almost forty years. Two events of the early 1960s are often credited as important in marking the end of the silence on women's rights: the establishment of a Presidential Commission on the Status of Women (PCSW) by John F. Kennedy in 1961 and the publication in 1963 of *The Feminine Mystique* by Betty Friedan (Nicholson, 1986).

President Kennedy charged the PCSW with "the responsibility for developing recommendations for overcoming discriminations in government and private employment on the basis of sex and for developing recommendations for services which will enable women to continue their role as wives and mothers while making a maximum contribution to the world around them" (Executive Order 10980). Kennedy appointed Eleanor Roosevelt, former United States delegate to the United Nations and widow of President Franklin D. Roosevelt, to chair the commission, which she did until her death in 1962. The final report of the PCSW, published in October 1963, proposed a number of legislative initiatives regarding equal employment and educational opportunities for women and a wider role for women in political life (Isserman & Kazin, 2000). The public visibility given to the report led to considerably more national attention to issues of women's equality, especially in the workplace. Many newspapers ran a series of

articles about the commission's findings of discrimination and its recommendations. As a result, many states and localities established their own commissions on the status of women to propose legislative changes, as did many universities and other organizations.

In 1963, the same year that the PCSW report was released, Betty Friedan's book, *The Feminine Mystique*, captured the disconnect of a whole generation of middle-class suburban women, caught between their own aspirations for fulfillment and a career and the ideology that consigned them to the home. By examining and confronting the stay-at-home mom role for women, Friedan sparked renewed discussion about roles for women in society. Although some detractors complained this "feminine mystique" problem was only a problem for the wealthy suburban housewives and did not include many other segments of the female population, including the poor, the book made Ms. Friedan world famous, with *The New York Times* calling *The Feminine Mystique* "one of the most influential nonfiction books of the 20th century" (Fox, 2006).

By the late 1960s and early 1970s, feminism had developed into two major branches. The mass media recognized this difference in their distinction between what they called the "women's rights" movement versus what they dubbed "women's lib," often used as a pejorative shortening of the term "women's liberation. The "women's rights" movement was composed primarily of those professional women who initiated activities in the mid-1960s and who were involved in such organizations as the National Organization for Women. Women's rights activism focused mainly on gaining access to the rights and opportunities held by men, such as equal pay for equal work, and the elimination of sex-segregated jobs and the "glass ceiling" for women. "Women's liberation," on the other hand, was largely constituted by younger women who were

active in the 1960s civil rights, anti-Vietnam War and other protest movements and small autonomous organizing projects that worked on issues like abortion, women's schools, daycare and prisoners' rights. Women's liberation explored unequal gender division of labor and women's lack of control over their bodies, sexuality and lives (Nicholson, 1986; Schechter, 1982).

Two key concepts from the women's liberation branch of the feminist movement were essential to the birth of the battered women's movement: "the personal is political" and "consciousness-raising." The slogan, "the personal is political" is usually attributed to Carol Hanisch, a founding member of two radical feminist groups, New York Radical Women and, after its break-up, Redstockings, in whose publication, *Feminist Revolution,* the phrase appears in 1969. The concept emanated directly from women's experience with the male-dominant nature of other protest movements during the mushrooming of the women's liberation movement (Hanisch, 2006). In these movements, men belittled women for bringing their so-called "personal problems" into the public arena, including sex, harassment, violence at home, and abortion. Women were fed the idea that if they would just "stand up for themselves" and take more responsibility for their own lives, they wouldn't need to have an independent movement for women's liberation. Recognizing the need to fight male supremacy as a movement, instead of blaming the individual woman for her oppression, was the impetus for the concept of "the personal is political." Personal problems were not viewed as the fault of individual women or as problems that individual women need to put up with or confront. Instead, personal problems were viewed as real life examples of the systematic oppression of women.

"Consciousness-raising" allowed women to put "the personal is political" into practice. Consciousness raising groups were safe and confidential places for women to overcome the barriers of denial, secrecy, and shame that prevented them from naming the abuse that they experienced in their lives (Herman, 1997). They disclosed their experiences of rape, abuse in the home and other experiences that social workers, psychologists, doctors, police officers and clergy members would not believe or want to hear; in this protected environment, women believed them.

Though the methods of consciousness-raising were analogous to therapy, their purpose was to effect social rather than individual change. The purpose of consciousness-raising was to "awaken class consciousness" among women on a "mass scale," and develop a "mass liberation movement" as more and more women began to have a clearer understanding of their situation of oppression (Sarachild, 1978). The process began with consciousness-raising groups, which would then lead to increased public visibility.

Since there was very little research in this area, consciousness-raising became an empirical method of inquiry. Sarachild (1978) explained that:

> The decisions to emphasize our own feelings and experiences as women and to test all generalizations and reading we did by our own experience was actually the scientific method of research. We were in effect repeating the seventeenth century challenge of science to scholasticism: 'study nature, not books,' and put all theories to the test of living practice and action (p. 145).

The purpose of the consciousness raising groups was to develop a scientific explanation, based on an analysis of women's own experiences and an examination of who benefits from women's oppression. Out of the groups were to emerge "consciousness-raising actions" – actions, events and resources brought to the public for

the specific purpose of challenging old ideas and raising new ones. For example, in St. Paul, Minnesota, Women's Advocates, one of the oldest shelters solely for battered women, began as a consciousness-raising group in 1971 (Schechter, 1982).

The anti-rape movement that emerged from the feminist movement in the early 1970swas the first large scale focus on violence against women, preceding the battered women's movement by a few years and providing a groundbreaking model for examining violence against women (Schechter, 1982). The anti-rape movement posited that violence is a means of men's control over women and exposed a series of myths about rape: that women like to be raped; that "no" really means yes; that women use "provocative" clothes to "seduce" an attacker; that most rapists are strangers.

The anti-rape movement was buoyed by Susan Brownmiller, the first author to document the history of rape in her unprecedented book, *Against Our Will: Men, Women and Rape* (1975). Brownmiller described how unaware people were of the magnitude of the problem and the significance of rape, uncovering rape as a traditional military strategy, describing rape as an openly or quietly advocated privilege of husbands over wives, and fathers over daughters. In the book, Brownmiller (1975) claims that rape "is nothing more or less than a conscious process of intimidation by which *all men* keep *all women* in a state of fear" (p. 15).

The first book on domestic violence, published in 1974 in England was *Scream Quietly or the Neighbors Will Hear* by Erin Pizzey. A documentary film by the same name, broadcast in England and in the United States, helped draw attention to the problem. Pizzey founded the first shelter for battered women in England, and women's groups began setting up shelters and safe homes in the Unites States shortly thereafter. In

1975, the National Organization for Women (NOW) created a task force on battered wives. The National Coalition Against Domestic Violence (NCADV) was organized in January, 1978, when more than one hundred battered women's advocates from across the country attended the US Commission on Civil Rights hearing on battered women in Washington, DC. NCADV was established to organize the various grassroots shelter and service programs for battered women around the country and to address the common problems of these formerly isolated programs.

The movement began a nationwide mindshift by challenging the idea of women's pathology and reframing violence in the home as symptomatic of patriarchal control. On a grassroots level, women organized across the country to condemn the brutality that women faced from their husbands and the indifference they encountered in social institutions and the criminal justice system (Shechter, 1982). Women organized consciousness raising groups, feminist self-help groups, speak-outs, demonstrations, conferences, and informal networks of safe homes. They strived for change in many ways – through developing services to victims, filing lawsuits and advancing legislation.

Services. Only in the latter part of the 1970's did social services begin to cater specifically to the needs of battered women. Prior to that time, services were uncoordinated, requiring women to locate disparate and often totally inadequate services; they might accept emergency funds from the Salvation Army to flee an abuser, for example, or find themselves in a shelter for the homeless with no security from abusers or specialized services for victims of domestic violence.

One of the key initial services for victims of domestic violence was shelter for women escaping an abusive partner. Many of these shelters were started as women

involved in the feminist and battered women's movement voluntarily opened their own homes to battered women. Over time, battered women's activists raised funds to develop specific confidential shelters for battered women and their children. As battered women across the country fled to shelters, their stories revealed that the abuse by their partners was supported by a pattern of institutional callousness and hostility toward the women. Shelter activists soon learned that shelter was not the only answer – the criminal justice system response to violence against women was not adequate.

Lawsuits. Before 1976, only a handful of states provided the legal tools for arresting abusers or removing them from their homes. Police officers responding to a domestic incident would walk the husband around the block to "cool off" instead of making an arrest, leaving the woman with no legal recourse. In the mid-1970s, the battered women's movement began using lawsuits, against the police, for example, for failing to offer protection to victims of domestic violence, alleging that the police violated their constitutional rights to liberty and equal protection under the law. The Equal Protection Clause of the Fourteenth Amendment provides that no state shall "deny to any person within its jurisdiction the equal protection of the laws". This clause prohibits states from arbitrarily classifying individuals by group membership. The goal of these lawsuits was to prove that a police department has a gender-based policy of refusing to arrest men who abuse their wives; this was then labeled a policy based on gender stereotypes which, therefore, violated the equal protection laws.

In Oakland, California, and in New York, the battered women's movement filed lawsuits in the late 1970s involving claims that the local police departments failed to protect battered women (*Scott v. Hart* in Oakland and *Bruno v. Codd* in New York). In

New York City, the Litigation Coalition for Battered Women charged the police and courts with gross failure to comply with the law. One plaintiff's deposition stated that the police refused to arrest her husband even though he was still hitting her when they arrived and the police had to pry his hands from around her neck. Another woman, beaten many times, was told by Family Court personnel that she would have to bring her husband with her to the court's family counseling program before she could get an order of protection (Schechter, 1982).

Although these cases laid the legal groundwork, it is generally recognized that the seminal case to force police change was *Thurman v. City of Torrington, Connecticut* (1984) -- the first case reviewed by a federal court in which a battered woman sued a city for police failure to protect her from her husband's violence. In this case, Tracey Thurman and her relatives repeatedly called the Torrington, Connecticut police to report that her estranged husband was threatening her life and the life of her child. The police provided virtually no assistance, even after her husband was convicted and placed on probation for damage to her property. When she asked the police to arrest him for making threats to shoot her and her son while he was still on probation from the earlier incident, they told her to return three weeks later (for reasons that had no legal relevance) and get a restraining order in the interim. She obtained a restraining order against her husband, which he violated, but again the police failed to take any action, citing a holiday weekend. On June 10, 1983, Thurman's husband came to her home and she called the police. He then stabbed her repeatedly around the chest, neck, and throat. When police officers arrived twenty-five minutes later, they did not arrest her husband for this attack, but only took him into custody after he attacked her again while his wife was lying on the

stretcher waiting to be placed in the ambulance. Ms. Thurman, suffered paralysis below her neck and permanent disfigurement as a result of these attacks. Ms. Thurman later sued the city of Torrington, claiming she was denied equal protection under the law, and won a $2.3 million verdict.

In *Thurman v. City of Torrington* (1984), the U.S. District Court for Downstate Connecticut agreed, stating:

> City officials and police officers are under an affirmative duty to preserve law and order, and to protect the personal safety of persons in the community. This duty applies equally to women whose personal safety is threatened by individuals with whom they have or have had a domestic relationship as well as to all other persons whose personal safety is threatened, including women not involved in domestic relationships. If officials have notice of the possibility of attacks on women in domestic relationships or other persons, they are under an affirmative duty to take reasonable measures to protect the personal safety of such persons in the community. [A] police officer may not knowingly refrain from interference in such violence, and may not automatically decline to make an arrest simply because the assailant and his victim are married to each other. Such inaction on the part of the officer is a denial of the equal protection of the laws.

In the wake of court decisions in the Thurman case and other subsequent similar cases, police departments across the country began implementing pro-arrest polices and police training on domestic violence. The new policies were intended to serve two purposes: to change the behavior of both abusers and the police. These policies have also intentionally limited a victim's input into the decision to arrest, thereby freeing her of the responsibility of being the one to send her partner to the court or jail (Roberts & Kurst-Swanger, 2002). In some cases, this change nudged departments to adopt administrative policies, including the presumption of arrest, and was a precursor to mandatory arrest laws.

Legislation. As public awareness of domestic violence increased, and in response to pressure from battered women's advocates, state and federal legislatures

passed legislation to create more systemic and consistent responses to domestic violence. By 1988, every state had passed acts that created civil and criminal remedies for victims of domestic violence and, by 1992, protective orders were available to victims of domestic violence in all fifty states (Roberts, 1996). Amendments to state laws fell into two primary areas: laws mandating changes in police court personnel practices; and statutes designed to provide additional services and concomitant funding to victims and, occasionally, perpetrators of domestic violence (Buzawa & Buzawa, 1996). Most of the impetus for the changes in these laws was the advocacy efforts of the battered women's movement.

The first piece of federal legislation addressing intimate partner violence was the Violence Against Women Act of 1994 (VAWA), part of the federal Crime Victims Act. VAWA accelerated improvements for battered women in the criminal justice system by providing funding for services for victims of rape and domestic violence, training to increase police and court officials' understanding and sensitivity to domestic violence, promoting mandatory arrest policies and providing new funding for specialized police and prosecution units.

The passage of VAWA did not happen in a vacuum; beginning in the late 1980s and intensifying in the early 1990s advocates for victims of domestic violence mobilized to initiate and draft federal legislation. National, state and local domestic violence and feminist organizations began building coalitions in support of federal legislation.

Concurrently, the Senate Judiciary Committee, under the leadership of then-Delaware Senator Joseph Biden, initiated a multi-year review of the status of violence against women in the United States. In 1993, a report was issued clearly outlining the

Committee's rationale for a need to change both attitudes and legislation on a national level:

> More than any other factor, the attitude of our society that this violence is not serious stands in the way of reducing this violence. This attitude must change…The first step in altering our attitudes toward this violence is to understand the failures of our laws and policies in this regard. Our criminal laws must be judged by their effectiveness in responding to the injustices done to victims of violence…The knowledge that society and its criminal justice system offer no real protection has the potential to victimize all women, forcing them to remain in abusive family situations, or to circumscribe their lives, because of fear. The stakes are high. If we do not succeed, we risk the faith of over half our citizens in the ability – and the willingness – of our criminal justice system to protect them. And, what is worse, we condemn future generations to accept not only the possibility of violence but the reality of lives too often limited by the fear of violence (*Response to Rape: Detours on the Road to Equal Justice*, p. v).

The report concluded that, "a national coordinated response to the problem of violence against women is long overdue" (p. 14). It took several years, but VAWA – initially introduced in January 1991- eventually passed in August of 1994. When it finally passed, it received nearly unanimous bipartisan support and contained a combination of new federal criminal penalties and a myriad of grant programs to support both state and local criminal justice and victim services responses to violence against women. During the first five years of VAWA, over $1.8 billion was appropriated for grant programs. To date, VAWA has been reauthorized at each four year sunset of the law.

Early Batterer Programs

Batterers' programs began in the late 1970's as voluntary men's responses to the message of the battered women's movement and an attempt at confronting, among men, the feminist notion that patriarchy enables men to batter and abuse their female partners. Founded in 1977, Emerge was developed at the request of women working in the Boston

area shelters and is often identified as the first batterer program in the country (Schechter, 1982). Emerge functioned as a consciousness raising group for men to learn about their role in perpetrating violence against women and the impact of male violence on women, as well as how men could learn to build relationships with women based on equality and improve conflict-resolution skills (Ganley, 1981; Ganley & Harris, 1978; Dutton, 1995). Similar programs began to crop up across the country with the philosophy that male dominance and misogyny were the roots of violence against women, and that abusive men were willful and responsible and should be accountable for their behavior.

The pro-feminist batterer programs that developed focused on resocializing men toward equality and taking responsibility for their behavior. Stopping physical violence was not the only goal. These pro-feminist programs were designed to help men understand that the socialization of men and the role of men in society is, by its nature, controlling of women. They developed group counseling models to educate men and help them change their behavior, focusing on reframing violent acts as examples of controlling behaviors rather than impulsive or random eruptions of violence. A feminist framework for intervention was used to challenge sexist, abusive behavior and to allow men to test honest, non-abusive ones.

These beginnings are significant for two reasons: they established the "client" as really being the abused woman who was the partner of the man in the program, instead of the man who was actually participating in the group; and unlike conventional psychotherapy, the object was not to "help" the man; rather, the approach was value-based and judgmental, asserting that violence and abuse was wrong and had to be stopped, regardless of personal pain, excuses or provocation (Gondolf, 2003). As a

result, early batterer programs developed in contrast, even in opposition, to conventional psychotherapy and mental health treatment.

Early Role of Social Work and other Mental Health Professionals in Domestic Violence Services

The pro-feminist program philosophies of early batterer programs like Emerge and RAVEN, a similar program in St. Louis, clearly contrasted with those of the established mental health professions, which either ignored the problem of domestic violence or focused on keeping the family intact and viewed domestic violence as a relational problem that required marital counseling or family therapy (Mederos, 1999). During this time, the field of social work and other social sciences, in working with individuals, increasingly emphasized psychoanalytic and psychodynamic theory, which led to a narrow individual and intrapsychic view of people and was in sharp contrast with the pro-feminist policies of the early domestic violence movement (Trattner, 1986). Established diagnostic concepts, especially the severe personality disorders commonly diagnosed in women, generally failed to recognize the impact of victimization (Herman, 1997).

Social work's involvement in domestic violence and batterer intervention began as a face-off with feminists**.** Instead of the feminist focus on putting the woman first and providing concrete services for women (i.e. physically helping to move battered women out of the home and into a safe shelter), early social work emphasis was on mutual support of both men and women often from an individualistic psychotherapeutic perspective (United States Commission on Civil Rights, 1978). The tendency to blame the victim has strongly influenced the direction of psychological inquiry. It has led

researchers and clinicians to seek an explanation for the perpetrator's crimes in the character of the victim (Herman, 1997).

In early government hearings in response to the growing battered women's movement, testimony was given from a "social work perspective," discussing the importance of the orientation of the therapist and the involvement of men in the therapeutic process. Feminists testified against this approach, denouncing the "male dominated therapeutic establishment" as sexist and reflective of the second-class citizenship of women (United States Commission on Civil Rights, 1978). These early encounters between feminists and social workers as well as other professionals created a conflict between the advocates and professionals.

Criminalizing Domestic Violence

As the domestic violence movement expanded, increasing attention was given to the role of the criminal justice system in responding to domestic violence. Until the 1980's, domestic violence was largely ignored as a criminal problem by the criminal justice system. Responding police officers talked to the abuser, but rarely made an arrest, leaving the man at home, with the woman vulnerable to additional violence because she dared to call for help (Schechter, 1982). Court diversion and mediation programs were considered innovative criminal justice responses to family dispute when they stopped formal criminal proceedings against the person who had violated the law in favor of processing through non-criminal disposition (Laszlo, 1978). Diversion and mediation programs included both misdemeanor and felony assaults; felonies were reduced to misdemeanors to allow jurisdiction of the lower court. By definition, mediation

considered the problem mutual, and tended to lead the disputants to arrive at a written agreement which was not legally binding. As a result, if the mediation did not work and the domestic abuse continued (as it often did), the person who was being battered needed to wait until another assault happened before returning to court.

In an early study of mediation cases in Massachusetts involving crimes ranging from threats to assault with a dangerous weapon to attempted homicide, 75% were determined "successful" because an agreement was reached and no further criminal complaints were issued within the two-year span of the study (Laszlo, 1978). However, advocates found that mediation and diversion programs were actually placing women in greater danger. They now risked additional violence because they had no orders of protection or other legal recourse and found themselves needing to file additional charges after subsequent incidents of violence, since the mediation agreement was not legally binding. As a result, the criminal justice system was often viewed as a hindrance, not a help, for battered women.

As documented above, the 1980s witnessed huge changes in the laws for domestic violence – creating laws in all fifty states to criminalize abusive behavior toward a partner or spouse. Prior to the late 1970s, all but fourteen states required that an officer witness a misdemeanor in order to make an arrest, unless there was already a warrant in place (Buzawa & Buzawa, 1996). This was in sharp contrast to the ability of an officer to arrest without a warrant, based on probable cause for felonies. Because most acts of domestic violence are apt to be classified as misdemeanors, this was a severe limitation. With advocacy by local battered women's advocates, by the mid-1980s most of these statutory restrictions were eliminated for misdemeanor acts of domestic violence. In

addition, civil protective and temporary restraining orders were authorized by statute in all fifty states.

Batterer Programs Become Part of the Criminal Justice System Response to Domestic Violence

What Mederos (2002) referred to as the "second wave" of batterer programs began in the early 1980's and refocused batterer programs on a disposition of the criminal justice system. This "second wave" had three main elements: shifting the focus of batterer work from a primary emphasis on the individual abuser to the community, creating consistency within batterer programs, and developing standards for working with batterers. The first two elements - a coordinated community response to domestic violence; and creation of a comprehensive curriculum for batterer programs - are primarily attributable to the Duluth Abuse Intervention Project (DAIP) in Duluth, Minnesota. The third element, the movement toward statewide standards and guidelines, can be attributed to domestic violence victim advocates.

DAIP gained national recognition for developing the coordinated community response to domestic violence, often referred to as "The Duluth Model," (Pence, 1983) which many regard as the gold standard for domestic violence service provision. A coordinated community response involves the police, criminal and civil court systems, advocates and battered women working together to address the needs of domestic violence victims and to hold perpetrators accountable. In Duluth, the coordinated community response system meant that physically abusive men were arrested, tried, and given the option of serving their sentence or being placed on probation with strict

conditions of refraining from further violence and attending a mandatory batterer program. Since its development, many municipalities across the country and around the world have replicated or adapted the model (Balzer, 1999; Holder 1999).

In working with domestic violence offenders, DAIP took the position that more time in jail for offenders did not necessarily translate into more justice for victims of domestic violence (Pence, 2002). Since the criminal justice system was set up to punish rather than rehabilitate offenders, a jail sentence may promote even more hostility toward women among men who blamed women for their incarceration, further endangering women's safety upon the man's release. Also, DAIP, like other domestic violence service providers across the country, found that many victims of domestic violence did not want the batterer to go to jail but, rather, preferred that he stay away from the victim and get some help. Lastly, there was a sense that while arrest, prosecution and a few days in jail may have a short-term deterring effect, it was not likely to stop the abuse in the long run (Pence, 2002).

In response to these concerns about the failure of jail time to stop domestic violence, DAIP developed a standardized curriculum to use in batterer programs, which was launched in 1990 and became the standard for batterer programs across the country (Pence & Paymar, 1990; Mederos, 2002). The curriculum details lesson plans for twenty-seven weekly sessions with a feminist cognitive-behavioral approach (Mederos, 2002). The goals of the batterers' program are to: ensure safety for the partners of group participants in the program; work to end domestic violence by creating a culture of deterrence; ensure the program is collaborating with the justice system, human service providers, and battered women's programs; and teach offenders alternatives to coercive,

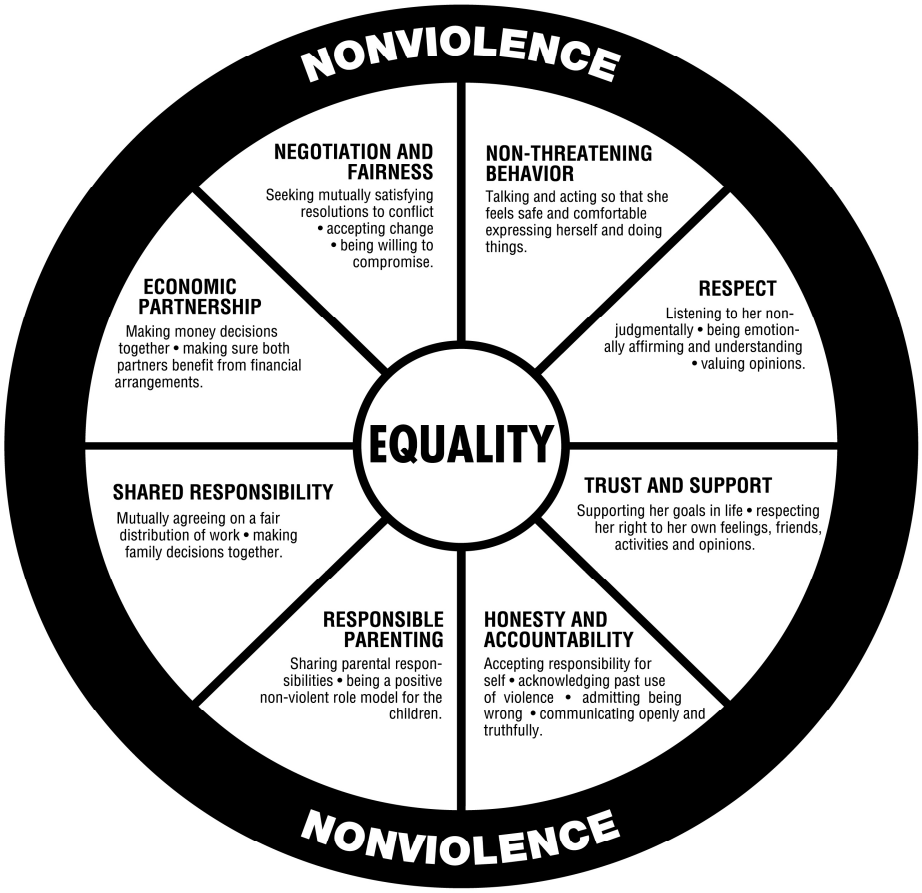
controlling, and violent behavior in intimate relationships. The program focuses on the participants taking responsibility for their behavior. During the program, the facilitators respectfully challenge sexist beliefs and attitudes; encourage the group members to support changing controlling and violent behavior; challenge minimization, denial, and blame; and teach men to develop relationships with women based on equality.(Mederos, 1999).

Pence and Paymar (1990; 1993) chose equality as the ideal toward which men were encouraged to strive in the process of change. The ideal of equality is embedded in the discussion and two of the key contributions of the curriculum, the "power and control wheel" (Figure 1) and the "equality wheel" (Figure 2) are mainstays in the field of domestic violence. The power and control wheel is a tool that helps offenders (and victims) understand and describe the range of abuse of power that is involved in domestic violence with examples, including intimidation, coercion and threats, emotional abuse, isolation, minimizing and blaming, male privilege, and economic abuse, and to show how physical and sexual violence are the ultimate expression of these forms of power and control. The equality wheel demonstrates a nonviolent approach to relationships, incorporating negotiation and fairness, nonthreatening behavior, respect, trust and support, honesty and accountability, responsible parenting, shared responsibility and economic partnership (Pence, 2002). The creation of the power and control and equality wheels emphasized an educational rather than a therapeutic framework to batterer intervention by offering consciousness-raising tools to educate participants about the range of abuse, personal responsibility and ways to explore elements of equal relationships.

Figure 1: Power and Control Wheel

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

Figure 2: Equality Wheel



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The third element of the shift in focus of batterer programs to the criminal justice system began in the late 1980's as the movement toward state standards or guidelines for programs for court-mandated abusers. Domestic violence victim advocates promoted standards in an attempt to regulate programs that were offering inappropriate mental health interventions for abusive men and their partners. These interventions included

couples counseling, family therapy, and traditional psychodynamic individual psychotherapy as primary modes of intervention mandated by the court for physically abusive men (Mederos, 2002). By 1996, twenty-eight states had program standards, with more than ten other states considering standards (Healy, Smith & O'Sullivan, 1998). And, by 2007, forty-four out of fifty states had some sort of statewide standards, regulations or laws for batterer programs (Labriola, Rempel, O'Sullivan & Frank, 2007).

This combination of a coordinated community response, DAIP's more easily implemented curriculum and the imposition of state standards and guidelines consolidated the role of batterer programs as a key referral source for criminal justice systems across the country and expanded the need for batterer programs (Mederos, 2002).

Most current batterer programs are men-only psycho-educational groups, focused on teaching behavior and attitude change (Edleson & Tolman, 1992; Mederos, 2002). Many groups have an underlying pro-feminist orientation; the teach men that their behavior is oppressive to women, that the society they live in sanctions such behavior, and they encourage participants to change their behavior based on this new knowledge (Edleson & Tolman, 1992). The programs vary in length, but most range from six to thirty-two weeks (Edleson & Syers, 1990; Eisikovits & Edleson, 1989).

Specialized Domestic Violence Courts

In the 1990's and through the 2000's specialized domestic violence courts were developed and began to be used in jurisdictions across the country to more efficiently deal with the influx of arrested batterers and to offer better justice to battered women. They follow the example of specialized alcohol and drug courts which send offenders to

treatment programs with the threat of a jail sentence if they do not comply. The "domestic violence courts" hear only domestic violence cases with trained judges, attorneys and victim advocates who work in the interest of streamlining the process for victims – bringing criminal, family and matrimonial court proceedings under one roof and with one judge. Also, many domestic violence courts link victims to services inside or outside the court, and incorporate case management staff to help monitor offender compliance with program mandates or other court orders.

Accompanying these changes, courts have increasingly come to rely on batterer programs as their sanction of choice, especially when the legal issues in a case preclude the imposition of jail. By one estimate, nearly 80% of the participants in batterer programs are mandated to attend by the courts (Healy, Smith and O'Sullivan, 1998). This created a shift in focus of batterer programs from their early role as consciousness raising groups for men who were interested in exploring their role in the emerging and growing feminist movement to one of a criminal justice sanction for men who were arrested for crime related to domestic violence.

Some judges and court officials support these programs in the hope that they will rehabilitate offenders and prevent re-offending. Treatment for drug offenders through specialized drug courts has proven to be effective at reducing drug abuse and re-offending (e.g., see literature reviews in Cissner and Rempel, 2005; Government Accountability Office, 2005; Roman and DeStefano 2004; and Wilson, Mitchell, and MacKenzie 2002). Thus it would seem reasonable to assume that treatment programs for batterers might achieve similar positive results. However, recent rigorous evaluations of

batterer programs have failed to support this position (Dunford 2000; Feder and Dugan 2002).

Others, skeptical of these programs' therapeutic value, embrace batterer programs in the belief that they can serve as a meaningful, relevant sanction in cases deemed not to warrant incarceration on the legal merits (Labriola, Rempel, O'Sullivan, Frank, 2007). Those adopting this second view typically support the use of batterer programs in tandem with intensive judicial monitoring, in which the offenders must return to court for ongoing compliance updates. At these updates courts can confirm whether or not offenders are complying with their batterer program mandate and impose jail or other sanctions for noncompliance.

Change in Role of Social Work and other Mental Health Professionals in Domestic Violence Services

In response to the feminist movement's critique of the physiological and intrapsychic approaches, many mental health experts and professionals shifted to supporting one of two emerging approaches the family systems approach, which views domestic violence as relational and therefore focuses on conjoint therapy with the couple; or a group treatment approach with batterers, which emphasizes psycho-educational and cognitive-behavioral techniques such as anger management (Dutton, 1995; Thorne-Finch, 1992; Edleson & Tolman, 1992). Considerable controversy developed and continues among and between the family systems and group treatment approaches regarding the appropriateness and effectiveness of these interventions. The theories for both the family

systems and group treatment approaches will be explored and discussed more fully later in this literature review.

While, the social work professional theory base has expanded to include a wide range of perspectives on social problems, including system-based theories that broaden understanding to encompass the family, the community, and the broader social context, psychological perspectives on the life span continue to dominate much of our social work knowledge about human behavior (Robbins, Chatterjee & Canda, 1999). Even systems-based theories have largely retained a micro- and meso-level focus for direct practice rather than a broader focus for social action (Robbins, Chatterjee & Canda, 1998). However, the push for social action and advocacy of a feminist perspective within social work practice has been growing in the field of domestic violence (e.g. Ahrens, 1980; Davis & Hagen, 1988; Davis & Hagen, 1992; Roche & Sadoski, 1996; Tierney, 1982; Valentich, 1996). For example, Davis and Hagen (1992) discuss the role social workers can play in strengthening local social action efforts on behalf of battered women in the face of scarce resources. Roche and Sadoski (1996) talk about the interplay needed between social work and battered women and their advocates: "sometimes social work support involves opening up channels and stepping aside to allow the voices of battered women and grassroots activists to be heard directly" (p. 28). Even other disciplines are acknowledging the change in focus of social work – in their evaluation of programs for men who batter, Babcock & La Taillade (2000), both psychologists, in describing a feminist model to batterer intervention, said that, "According to this model, the primary cause of domestic violence is patriarchal ideology and the implicit or explicit societal sanctioning of men's use of power and control over women. This program, developed by

social workers, typically eschews DSM-type diagnoses and does not consider the intervention to be therapy" (p. 39).

Theories of Batterer Intervention

While the number of batterer programs has expanded across the country, batterer programs are by no means all the same. However, literature in the field has paid little attention to how batterer programs differ, and there has been little research comparing programs (Rosenbaum & Leisring, 2001). Most literature that identifies differences between types of batterer programs compares programs through the review of the literature as opposed to direct inquiry. Most of the literature that compares batterer programs focuses on group interventions, with a brief mention of couple therapy and no mention of individual therapy. Babcock and La Taillade (2000) attribute the exclusion of individual therapy in the discussion of batterer programs to the lack of studies on individual therapy for batterers in the research literature.

Most of the handful of articles that discuss the differences between batterer programs juxtapose feminist and therapeutic models, primarily involving cognitive-behavioral techniques (Rosenbaum & Leisring, 2001). In this construct, the feminist model considers patriarchal ideology and the implicit or explicit societal sanctioning of men's use of power and control over women as the primary cause of domestic violence (Babcock and La Taillade, 2000). The use of the curriculum developed by Pence and Paymar (1993), often called the Duluth Model (discussed earlier in this chapter), is frequently associated with the feminist model. Alternatively, therapeutic programs typically view the batterer as the patient and effective treatment to positively impact the

attitudes, thinking and behavior of the batterer as the main program goal (Rosenbaum & Leisring, 2001). Aldarondo and Mederos (2002) delineate profeminist, social psychological, and multicultural perspectives in working with batterers, adding specialized programming for African-American and Latino abusers to the feminist/therapeutic juxtaposition. Similarly, Babcock and La Taillade (2000) identify three types of batterer intervention treatment based on a review of treatment models that have been studied: feminist psychoeducational, cognitive behavioral, and couples therapy, broadening the discussion beyond group interventions to include couples work.

Only one study was found that differentiated programs based on direct inquiry with batterer programs. Healey, Smith and O'Sullivan (1998) selected thirteen batterer programs in five communities across the country to represent a range of approaches to batterer intervention in a study of the critical issues between batterer programs, the criminal justice system and victim advocates. In their study, Healey, Smith and O'Sullivan (1998) identified three theoretical approaches that dominate the field of batterer programs based on different theoretical approaches to the causes of domestic violence: social and cultural theories; family-based theories; and individual-based theories. While the techniques used to address battering may overlap between theories, the key differences are the primary focus or area of intervention on the individual, family, or social/cultural level (Healey, Smith & O'Sullivan, 1998).

While the concept of social and cultural, family-based and individual-base theories espoused by Healey, Smith & O'Sullivan (1998) is not so different from the feminist psychoeducational, cognitive behavioral, and couples therapy models discussed by Babcock and La Taillade (2000), the differentiation that is important here is the focus

on the underlying theoretical approach that is the focus for Healey, Smith & O'Sullivan (1998). The underlying theoretical approach assists in focusing, not in the interventions used, but on the root causes of the problem and locus of change for the batterer programs – the individual, the relationship or society. The following is a more detailed discussion of the different theoretical foci of batterer programs:

Individual Theories: Individually-focused theories identify the root cause of violence as grounded in the psychology and history of the individual batterer. While the focus is on change for the individual, the intervention can include both individual treatment as well as batterer groups. Psychological approaches emphasize that personality disorders or early experiences of trauma predispose some individuals to violence (Russell, 1988; Maiuro, Cahn, Vitaliano, Wagner & Zegree, 1988; Dutton, 1995). Some proponents of this theory believe that without identifying and addressing the abuser's deep-rooted and unconscious motive for aggression, they cannot end violence but only suppress it temporarily. Others believe that batterers have mental health and personality disorders that must be treated in order to stop violent behavior.

Most of the literature that focuses on individual theories emphasizes the characteristics and clinical assessment of individual batterers. Batterers are seen as fragile individuals with problems such as poor impulse-control, aggression, low self-esteem, fear of intimacy, emotional dependence, fear of abandonment, and impaired ego functioning (Adams, 1986; Green, 1984; Kane, Staiger & Ricciardelli, 2000; Ragg, 1999; Rosenbaum, Goldstein & O'Leary, 1980). Primary diagnoses for these individuals include a range of mental illnesses and personality disorders, such as obsessive-compulsive disorder, paranoia, borderline personality disorder depression, narcissism,

intermittent explosive disorder (e.g., Beasley & Stoltenberg, 1992; Hastings & Hamberger, 1988; Steinmetz, 1980; Dutton, 1994, 1995a; Dutton & Haring, 1999; Hart, Dutton & Newlove, 1993; Hotaling & Sugarman, 1986; White & Gondolf, 2000). Some of the literature examines correlations between battering and other social problems, such as alcohol and substance use and abuse (e.g., Kantor & Straus, 1987; Hamilton & Collins, 1981), other criminal behavior (e.g., Hotaling, Straus, & Lincoln, 1989), and witnessing and/or experiencing abuse and neglect as a child (e.g., Dutton, 1995b; Simoneti, Scott & Murphy, 2000; Straus, Gelles, & Steinmetz, 1980).

Researchers and practitioners have developed a number of typologies and overarching characteristics of men who batter (e.g., Saunders, 1992; Adams, 1990; Gondolf, 1987d). In a review of the literature on typologies of male batterers, Holtzworth-Munroe and Stuart (1994) suggested three descriptive dimensions: *family-only batterers*, who are generally reported to engage in the least severe types of violence, exhibit little psychopathology, and tend to be less likely to have violence-related legal problems; *dysphoric/borderline batterers*, who are often found to perpetrate moderate to extreme battering, including sexual abuse and are more likely to evidence borderline and schizoid personality characteristics, and have drug and/or alcohol problems; and *generally violent/antisocial batterers,* who not only engage in moderate to severe violence against their partners, but also have the most extensive history of general criminal behavior and are more likely to have substance abuse problems and antisocial personality disorders. A further study identified a fourth group, *low-level antisocial batterers*, who exhibit antisocial behavior and moderate levels of domestic and general violence (Holtzworth-Munroe, Meehan, Herron & Stuart, 1999).

More recently, the literature that emphasizes the individual has shifted to the development and use of risk assessment tools to predict and assess repeat abusers (e.g., Gondolf & White, 2001; Goodman, Dutton & Bennett, 2000; Hilton, Harris & Rice, 2001). Dutton and Kropp (2000) review the history of development of risk assessment lists and recent efforts to empirically validate the proliferation of risk assessment scales, and conclude by supporting the need for more published research on the reliability and validity of these tools. According to Dutton and Kropp (2000), if risk assessment tools are found to be reliable and valid, these scales could assist in serving as the basis for determining the treatment/program for individual batterers and safety assessment for victims.

Batterer programs that focus on an individual approach often include a range of cognitive behavioral intervention techniques, such as anger-management, problem-solving skill training, and communication training (Eddy & Myers, 1984; Sonkin, Martin & Walker, 1985); development of social skills, such as communication, assertiveness, and stress-reduction, (Sonkin, Martin & Walker, 1985; Holtzworth-Munroe, 1992; Edleson, 1984); and self-observation (Edleson, 1984). In theories that focus on individual change, protection of confidentiality is often viewed as essential to creating a safe environment where the batterer can discuss individual problems, thoughts and behaviors (Rosenbaum & Leisring, 2001).

Psychodynamic and cognitive behavioral interventions generally, and anger management techniques specifically, have been criticized by a number of researchers and practitioners in the field, particularly those that view battering from a feminist perspective (Adams, 1986; Bograd, 1984; Gondolf & Russell, 1986). One criticism is

that when interventions are too broadly focused on intrapsychic, cognitive or behavioral deficits, the important power and control dimension of men's violence against women is minimized or lost, including the disparate impact of men's violence against women (Adams, 1986; Schechter, 1982). Another criticism is based on the therapeutic role of the therapist, which may provide supportive validation and empathy for the client. In this case, support may inadvertently reinforce the abuser's pattern of finding excuses for the violence and projecting blame on their partner, creating a dynamic wherein supportive validation becomes overly accommodating and implicit collusion if the violence and excuses for violence are not challenged (Adams, 1986). The criticism over the use of anger management techniques is based on the idea that abusive men are able to control or manage their anger when they perceive the response to be in their best interests (such as with an employer or a police officer), but that they may choose not to use the same skill when responding to their wives or intimate partner (Adams, 1986). One could argue that, from this perspective, the abuser is managing his anger well by selectively targeting it toward his partner) (Frank & Golden, 2004).

Family Theories: The family systems approach views domestic violence from an interactive perspective (e.g., Weitzman & Dreen, 1982; Neidig & Friedman, 1984; Margolin, 1979; Lloyd, 1999). Using this approach, violent behavior is seen as a relationship issue and part of a chain of escalating retributive strategies used alternately by each member of the couple. Family systems theory leads to treatment that involves improving communication and conflict resolution skills between couples in cases where both members of the couple want to stay together. Both members of the couple can develop communication and conflict resolution skills through interventions such as

solution-focused brief therapy, which locates the problem in the interaction rather than in the pathology of one individual; focuses on solving the problem, rather than looking for causes; and accentuates the positive - for example, examining occasions when the couple avoided violence (Lipchik, Sirles & Kubicki, 1997). The perspective of shared responsibility common in the family therapy literature is advocated by well known family therapists such as Minuchin (1984) who indicated that in cases of violence, "only when you remove the violence from a family member, and locate it in the interactions among members, can you determine the appropriate distance for defusing destructiveness" (p. 170).

However, conceptualizing domestic violence solely in transactional terms and using conjoint counseling in relationships has been roundly criticized as ignoring or minimizing the violent behavior and the gendered nature of violence (Avis, 1999; Erickson, 1992; Lloyd, 1999; Bograd, 1984; Margolin & Burman, 1993; Kaufman, 1992; Meth, 1992; Edleson & Tolman, 1992; Golden & Frank, 1994; Shamai, 1999). In response, some family therapists whose work has been characterized as sensitive to issues of abuse, gender inequality, trauma, and analyses of power dynamism in relationships have developed therapeutic models, assessment frameworks, criteria for initiating couples work, and guiding principles toward the goal of stopping violence while ensuring the safety of the victim (Bograd & Mederos, 1999; Goldblatt & Shamai, 1994; Shamai, 1999). However, very little evaluative research has been conducted on the effectiveness of couples treatment (Brown & O'Leary, 1997).

Family theorists have been challenging the some of the assumptions of the battered women's movement. Although they acknowledge that the single-minded

ideological focus of the battered women's movement was important for the development of policies, laws, and services for victims of domestic violence, the work of professions involved in the field (i.e., psychology, social work, sociology, criminal justice) have indicated that the problem of domestic violence is not so black and white and that there are shades of gray (Lipchik, Sirles, Kubicki, 1997; Sherman et al, 1991). One of the key points used in advocating for the use of couples counseling is research finding that 50% to 70% of women stay in or return to an abusive relationship, often leaving and returning several times (Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002, Strube, 1988). The perspective is that if women are returning to their partners at such high rates, some type of conjoint intervention is needed to keep victims safe and potentially improve communication and reduce or avoid conflict in the relationship.

Some literature in the field focuses on the use of couples counseling in cases of mild-to-moderate violence (e.g., pushing, slapping, shoving and grabbing) as opposed to severe violence (choking, kicking, hitting using a closed fist, use of a weapon) (Holtzworth-Munroe, Meehan, Herron, & Stuart, 1999; Graham-Kevan, & Archer, (2003; Johnson, & Ferraro, 2000). One study defined severe violence as that involving the use of power and control tactics to gain dominance, differentiating it from mild-to-moderate violence where partners strike out for different reasons, such as poor social and communication skills, low tolerance for frustration, neediness or dependence in relationship functioning, or little access to emotional language to express feelings (Horwitz, Santiago, Pearson, and LaRussa-Trott, 2009). While there remains scant research in the area of couples treatment, there is growing support for providing couples counseling in cases of mild-to-moderate violence (Horwitz & Skiff, 2007).

Still, couples therapy remains controversial. For example, the possibility of couple's therapy rests on both partner's voluntary and honest participation in the process. Couples work remains contraindicated in court-mandated cases because of the severity of violence that typically precedes court action and because the offender's treatment is often forced by the courts rather than being self-motivated. Some researchers and practitioners caution that the risk of the batterer's manipulation of couples therapy and coercion of his partner must be ruled out before embarking on couples therapy and that determining the batterer's motivation may be difficult.(Bograd & Mederos, 1999)

Social and Cultural Theories: Central to social and cultural models of batterer programs is the attribution of domestic violence to social structure and cultural norms and values, with the primary factor being men's subordination of women (e.g., Edleson & Tolman, 1992; Kurz, 1993; Mederos, 1999; Pence & Paymar, 1993). The overarching focus develops from the battered women's movement utilizing a feminist perspective and a gender analysis of power. In intimate relationships where domestic violence occurs, the primary aggressors are typically men, and the victims women. Social and cultural models directly link violence in the family to the status of individual members of the family and to socialization -- men are socialized to be dominant and women to be subordinate. The goals of pro-feminist batterer programs are not only to stop physical and sexual violence, but also, if not primarily, to alter pervasive patterns of verbal and psychological abuse, such as humiliation, constant criticism, jealous accusations, monitoring activity, controlling involvement with family and friends, and inability to tolerate disagreement (Pence and Paymar, 1993). Batterers often rationalize their

violence on the grounds that it was necessitated by their partner's action: she provoked or caused it, and they simply reacted as would any "normal" man (Mederos, 1999).

Feminist-based batterer programs developed group counseling and education models that focus on male resocialization toward equality and attempt to raise consciousness about sex role conditioning and how it constrains men's emotions and behavior. Programs with a feminist philosophy present a model of egalitarian relationships along with benefits of nonviolence and of building relationships based on trust instead of fear, and they support confronting men over their use of power and control tactics in relationships with women. Part of the crux of the problem for feminist models is the realization that these programs in and of themselves do not and cannot create the kind of change in men that was part of the original goal in working with men in the first place.

The primary criticism of the social and cultural theories is that they focus on patriarchy and men's socialization as the source of domestic violence and fail to connect with program participants on an individual and emotional level. Furthermore, these programs often view either the victim or the court that referred the batterer to the program as the primary client rather than the batterer enrolled in the program, creating an additional barrier to any sort of empathic connection to the abuser (Babcock & La Taillade, 2000). As a result of the focus of these programs on the victim and referring court, some criticize batterer programs that ascribe to the social and cultural theories as not believing that individual men can change.

Effectiveness of Batterer Programs

One of the primary areas of research in the field of domestic violence has focused on evaluating the effectiveness of batterer programs. Defining the effectiveness of programs hinges to a great degree on what changes we expect in an abuser's behavior in order to deem a program successful (Edleson, 1996). The literature incorporates published program evaluations that use a range of different success criteria. At one end of the continuum, some researchers have used typically significant positive change or statistically significant changes in a desired direction among participants to claim success (Neidig, 1986; Neidig, Friedman & Collins, 1985), such as reducing the number of violent incidents or lowering the lethality of violence. At the other end of the continuum, advocates have pressed for nothing short of a transformation of program participants "until men are prepared to take social action against the woman-battering culture" (Gondolf, 1987B, p. 347) and become "accountable" men (Hart, 1988). These positions illustrate the ends of the continuum along which there are many positions concerning what signals a program that works (Edleson, 1996).

Overwhelmingly, the research on batterer programs has involved the evaluation of group interventions, with scant attention to couples work and essentially no evaluation of individual therapy for abusers. Consequently, the focus of the evaluation literature will be on group interventions for batterers. Over the past two decades there have been at least 35 published single-site evaluations of batterer programs. These evaluations of batterer programs have been extensively reviewed (Crowell & Burgess, 1996; Davis & Taylor, 1999; Dobash, Dobash, Cavanagh & Lewis, 1995; Dutton 1988, 1995; Edleson & Tolman, 1992; Eisikovits & Edleson, 1989; Gondolf, 2001; Hamberger & Hastings,

1993; Palmer, Brown & Barerra, 1992; Rosenbaum & O'Leary, 1986; Saunders & Azar, 1989; Tolman & Bennett, 1990; Tolman & Edleson, 1995).

Davis, Taylor and Maxwell (2000) identify three generations of study of batterer programs. Initial studies, and still the largest proportion of the literature, are primarily descriptive in nature, examining batterers assigned to treatment programs without any comparison group (e.g., DeMaris & Jackson, 1987; Deschner & McNeill, 1986; Dutton, 1987; Edleson & Grusznski, 1988; Edleson, Miller, Stone & Chapman, 1985; Feazell, Mayers & Deschner, 1984; Hamberger & Hastings, 1988, 1990; Johnson & Kanzler, 1993; Neidig, Friedman & Collins, 1985; Purdy & Nickle, 1981; Rosenbaum, 1986; Shupe, Stacey & Hazelwood, 1987; Tolman, Beeman, & Mendoza, 1987; and Tolman & Bhosley, 1991; Waldo, 1986).

For example, Shupe, Stacey and Hazelwood (1987) studied in-depth and over a period of several years, 241 known violent men (supplemented with information about 542 other violent men taken from interviews with their wives and girlfriends) who had entered counseling either because of a court mandate or family pressure (i.e., a spouse threatening to leave). They found the economic backgrounds of these men covered a wide range: from homeless to financially comfortable. The same broad range was true for education and occupation. Shupe, Stacey and Hazelwood (1987) identified four critical foundations for men's abuse of their partners: physiological factors, including a high rate of alcohol and substance use; trauma from abuse as a child; childhood learning; and lack of communication skills and impulse control. They found that while alcohol and substance use may be a function as a depressant or disinhibitor, it played a minor role in influencing the family violence. Trauma from abuse as a child was seen as a more

significant factor, with the men replaying the violence of their father and their dependence on their mother in their own relationships. Early childhood exposure to domestic violence and lack of communication skills and impulse control were seen as the most significant factors in influencing abusive behavior.

Tolman and Bhosley (1991) used the concept of a marathon orientation group to try and improve retention for batterer programs. One marathon group studied was held over a day and a half (12 hours total), and participants were provided with an overview of upcoming curriculum and treatment that would be used and were taught some concrete skills. Men were assigned randomly to the marathon group or to normal orientation groups, which consisted of four four-hour sessions over four weeks. Normal orientation provided support, taught timeout for anger, and allowed brief practice of cognitive-behavioral methods. The men in the normal orientation groups had significantly higher drop out rates than those in the marathon group,

Later, quasi-experimental designs of varying quality appeared in the literature, comparing outcomes between batterers who completed treatment and those who were assigned, but failed to complete (Douglas & Perrin, 1987; Edleson & Gruszynski, 1988; Hamberger & Hastings, 1988), as well as batterers who were mandated to treatment by the courts and batterers who received other interventions (Chen, Bersani, Myers & Denton, 1989; Dobash, Dobash, Cavanagh & Lewis, 1996; Dutton, 1987; Harrell, 1991).

In one of the quasi-experimental designs, Harrell (1991) assessed the impact of three cognitive-behavioral programs (ranging from 8 to 18 sessions) combined with arrest and probation, which were compared with arrest and probation alone. Abuse reports by

partners and the men's self-reported attitudes did not differ between the programs and the combined conditions,

Gondolf (1997, 1999, 2000) conducted a large-scale, quasi-experimental comparison of programs in four different cities with follow-up extending for thirty months. The programs differed by length (3, 6, and 9 months), whether they were pretrial or post-conviction, and by levels of additional services for the men and women. No major differences were found across the four programs. The nine-month, more comprehensive program had the lowest rate of severe assault; however, injury level and nonphysical abuse did not differ across the sites. Statistical controls for demographic and violence variables did not change these results substantially. As in other studies, completers had lower recidivism rates than dropouts. The men reported that methods such as "timeouts" and self-talk helped them the most to avoid being abusive (Gondolf, 1997, 1999, 2000); the certainty and severity of sanctions were not related to dropout or re-assault rates (Heckert & Gondolf, 2000).

Many of the early descriptive and quasi-experimental studies have been criticized for methodological shortcomings (Davis, Taylor & Maxwell, 2000; Edleson, 1996; Gondolf, 1987C). Criticism has included the validity of basing recidivism rates on self-reports by the batterer, instead of obtaining confirmation by the victim and/or the criminal justice system; generalization from small sample sizes; the validity in the length of follow-up after program completion in determining the cessation of violence (i.e., six months, one year, three years, or more); and the determination of an acceptable program attrition rate. For example, in early studies, recidivism rates varied widely, from 7% to 47%, making interpretations of the results difficult.

Most recently, more pure experimental investigations have appeared in the literature, with five studies that include batterers assigned to treatment conditions and no-treatment control groups (Dunford, 2000; Feder & Forde, 2000; Feder & Dugan, 2002; Palmer, Brown, & Barrera, 1992; Taylor, Davis & Maxwell, 2001; Labriola, Rempel, & Davis, 2005). While the research has grown in sophistication, the results of these studies reveal that batterer programs have modest to no effect in reducing rates of re-abuse.

The first experiment comparing batterer programs to a control group was conducted by Palmer and her colleagues in Hamilton, Ontario. Palmer, Brown, and Barrera (1992) studied 59 men convicted of wife abuse. They were all placed on probation, and randomly assigned to either a 10-week batterer program at a local family service agency, or to no batterer program. The intervention was characterized by the researchers as psycho-educational and client-centered. Seventy percent of the participants in the batterer program completed their program, and 87% attended at least half the sessions. A year after the program ended, all subjects and partners were mailed questionnaires followed by phone calls, but the response rate was low. Police records were searched for complaints or arrests. Three of the 30 (10%) men assigned to the batterer program re-offended, according to police records, compared to eight of 26 (31%) men receiving probation only. Most criticism of this study focuses on the small number of participants. Had the results not been favorable to batterer programs, proponents of these programs would have also pointed out that 15 hours of group intervention would not meet the program standards in most states which have such standards (Austin & Dankwort, 1997; 1999). The study provides support for the modest effectiveness of short-term batterer programs.

Dunford (2000) reports the results of an experiment at the Navy base in San Diego where 861 men who assaulted their wives were randomly assigned to one of four groups: (a) six months of weekly cognitive-behavioral treatment, followed by six months of monthly groups; (b) six months of group for couples, followed by six months of monthly group; (c) a rigorous monitoring and case management program similar to probation, or (d) safety planning, similar to the work of victim advocates, which served as a control group. Seventy percent of the men completed their program. The use of couples therapy in domestic violence is seen by many as controversial and a potential threat to victim safety. In fact, two-thirds of the female members of the couples in (b) were not present during the couples group, indicating the lack of popularity or outright fear among victims of the couples model. Dunford found no significant differences between the four groups. Were the experiment generalizable to other batterers programs, we would conclude that batterers programs had no significant effect on domestic abuse. The problem with accepting the Navy experiment is the characteristics of its participants. Excluded from the Navy experiment, either by design or by circumstance, were the following: substance abusers, men with mental disorders, men with prior criminal records, unmarried men, and unemployed men. Furthermore, the group was offered by the men's employer, at their place of employment. In fact, most of the men who would be seen in typical batterer programs were excluded from this study. The Navy experiment, while questionable as an indicator of batterer program effectiveness, is nevertheless useful as an indicator of coordinated community intervention. The overall recidivism rate was 30% by spouse report and 4% by arrest. These figures compare favorably with other interventions. The next randomized experiment, Taylor, Davis and Maxwell (2001) found

that men mandated to a batterer program had significantly fewer re-arrests than those assigned to community service. However, there was no effect of actual program *attendance*, only of assignment: men who were assigned to but never attended a single session of the batterer program did just as well as men who attended every session. In addition, some men attended the 39-hour program in 26 weekly sessions, while others attended for the same number of hours but in longer biweekly sessions over only 8 weeks. More men *completed* the 8-week program than the 26-week program. Under the hypothesis that completers do better than non-completers, the 8-week program group should have had fewer re-arrests on average than the 26-week program group. The findings were the opposite, however: only the 26-week group had a lower re-offending rate than the control group. This result was interpreted as indicating that, when lower re-offending rates are found among men in batterer programs as compared to controls, the effect may be attributable to the *monitoring function* of the programs (i.e., the men in the 26-week group were under court control for a longer period of time), rather than to actual learning and change stemming from program participation.

Feder and Forde (2000) studied all 404 male defendants convicted of misdemeanor domestic violence in Broward County Florida (Fort Lauderdale) over a five-month period. Men were randomly assigned to either probation and six months of a "Duluth model" batterer program (Pence & Paymar, 1993) or probation only. Researchers collected information on subsequent abuse, violations of probation, and re-arrests using offender self-reports, victim reports, and official measures. Ninety-five percent of the men assigned to the batterer program attended at least 20 of 26 meetings, a rather remarkable figure. At 12-month follow-up, there were no differences between the

batterer program participants and regular probationers on measures of attitude toward women, beliefs about wife-beating, attitudes toward treating domestic violence as a crime, beliefs about their female partners responsibility for the violence, estimated chance of hitting partner in the next year, and victim or official report of recidivism. However, one of the key findings of the Broward experiment was further support for the *stake in conformity* hypothesis: men most likely to re-offend are those who have the least to lose, as measured by education, marital status, home ownership, employment, income, and length of residency.

In the fifth study, Labriola, Rempel, and Davis (2005) reviewed the effects of judicial monitoring on batterers and its impact on deterring recidivism. A total of 420 offenders in the Bronx County Misdemeanor Domestic Violence Court were randomly assigned to one of four conditions: a batterer program plus monthly judicial monitoring; a batterer program plus "graduated" monitoring (less frequent court appearances in response to compliance and more frequent court appearances in response to non-compliance); monthly monitoring only; and graduated monitoring only. Offenders were tracked for one year after sentencing. The study found that the batterer programs did not result in any reduction in re-arrests. There was no significant difference between those assigned and not assigned to a batterer program in the probability of re-arrest for any arrest (29% and 26% respectively) or re-arrest for domestic violence (16% and 12% respectively). Also, there were no significant differences between those assigned to monthly and graduated monitoring in the probability of re-arrest for any offense (28% and 27% respectively) or for domestic violence (13% and 14% respectively). The study concluded by calling into question the efficacy of batterer programs in reducing re-abuse and called

for the need for new experimentation with judicial monitoring, changing mandates from the standard educational and cognitive-behavioral batterer programs, and a greater emphasis on accountability rather than rehabilitation as a goal of batterer programs.

The conclusion and interpretation of findings of the Labriola, Remepel, and Davis (2005) study that called into question the efficacy of batterer programs in changing men's behavior caused a stir in the batterer program industry, with a leading researcher in the field of batterer intervention writing an open letter to the researchers (Gondolf, 2005) which is featured on a website of a coalition of batterer programs (http://www.biscmi.org/aquila/BIP_effectiveness_to_Rempel.doc). In this letter, the author outlined the limitations of the study, primarily implementations issues, such as making conclusions and policy recommendations about the lack of program effectiveness based on a low response rate in follow-up (Gondolf, 2005). He concluded his assessment of the literature in the field: "I would say that we have limited, ambiguous and contradictory findings, and that it is just as easy to argue that the fundamentals of batterer programs need to be better implemented and built on" (Gondolf, 2005, retrieved from site).

Other researchers who have reviewed the experimental research on batterer programs claim that these studies fall short of ideal clinical trial standards, most notably in not demonstrating adherence to the treatment intervention and competence of the staff of the batterer program in working with batterers, providing inadequate specification of the interventions used, having low partner contact rates, and having high levels of attrition from the treatment and research protocols (Eckhardt, Murphy, Black, & Suhr, 2006).

Evaluation of batterer programs have been conducted since at least the mid 1980's with many of the recent studies calling into question the efficacy of batterer programs in reducing re-abuse (Labriola, Rempel, Davis, 2005), while the more "optimistic" research perspective would say that findings are "limited, ambiguous and contradictory" (Gondolf, 2005). Is this enough progress for twenty-five years of research? The overemphasis on batterer programs as the key mechanism to address battering; the indication of research that these programs, in isolation, do not make an impact; and the widely different models of batterer programs leaves the question open regarding what the role of these programs should be. How can we coordinate expectations of what these programs can do? How is the role of the program being interpreted and acted upon by different parties (the courts and other referring agencies, victim advocacy and service organizations, and the batterer programs themselves)? Do different players who care about domestic violence have the same understanding of what these programs can and cannot do? If they are not the same, what impact does this have on programs for batterers and, most importantly, the safety of victims?

The Perspective of the Practitioner working with Batterers

In the late 1980's, most batterer programs began to shift away from their beginnings as loosely structured discussions about gender issues to more highly structured instructional classes. With the expansion of the criminal justice system's response to domestic violence as a result of the efforts of the battered women's movement, the need for educational and therapeutic interventions for batterers emerged and grew (Bennett and Piet, 1999). While early batterer programs emerged from the

battered women's movement, new programs developed from different service industries, from mental health to substance abuse to the criminal justice system itself, primarily through parole and probation. However, while these programs expanded, there was no common understanding among stakeholders regarding their purpose and expectations for them – whether and how batterer attitudes and/or behavior will change as a result of the program, or what the sanctions should be if a participant did not complete the program (i.e., return to the same or another batterer program, or go to jail). Some cities and states developed standards and procedures to create uniformity between programs and to regulate batterer programs, while other jurisdictions did not.

Most of these more structured programs developed curricula that used a cognitive-behavioral approach that incorporated skill-building and avoidance techniques, based on work that was being done with other kinds of violent offenders and soldiers returning from combat (Gondolf, 2005). This revised approach was more efficient in providing a response to the increased number of men coming to the program. The programs' cognitive behavioral approach focused on the thought processes preceding a violent incident (cognition) and the resulting behavior. The programs remained focused on stopping violence and viewed discussions of one's personal past or other problems (such as unemployment) as a tangent and even a diversion from the purpose of the program. These developments resulted in the gender-based cognitive-behavioral approach which remains one of the prevailing modalities today.

Currently, however, based at least in part on the mixed results that evaluations have shown regarding the effectiveness of batterer programs in stopping or reducing the abusive behavior of participants in the programs, the purpose and expectations of these

programs vary among leaders in the field of batterer intervention. Different practitioners embrace a wide variety of interventions and expectations for batterers' intervention programs: to punish abusers who are caught by the criminal justice system; to hold men accountable for their abusive behavior; to educate men about sexism, the patriarchy, and the role that domestic violence plays in maintaining a patriarchal system; to change behavior by providing tools to control and manage anger, and thus create healthy, loving relationships; and to change intrapsychic patterning by identifying and resolving childhood and other trauma that leads to battering as an adult.

An important element that has been missing in the literature on batterer programs, and the purpose of this study, is to understand the organizational perspectives of those who operate these programs: how they view the impact of these programs on the individual participants, the family, the community, the criminal justice system, and society as a whole; how they measure success in their programs; and how organizations became involved in batterer work and changed over time based on their experiences operating the program.

The New York Model - An Accountability Model

Since this study focuses on batterer programs in New York State, it is important to include a discussion of how statewide standards and guidelines for batterer programs apply in New York State. In 1988, the New York state government established the New York State Batterers Intervention Project as part of its coordinated community response to domestic violence, with the goal of holding batterers accountable for sanctions imposed by the court. Pilot batterer programs across the state were funded (NYSOPDV,

2006). Originally administered by the New York State Division of Probation and Correctional Alternatives, administrative responsibility was transferred to the New York State Office for the Prevention of Domestic Violence (NYSOPDV) when that office was established by the State of New York in 1992 (NYSOPDV, 2006).

NYSOPDV staff; the New York State Coalition Against Domestic Violence (NYSCADV), the statewide coalition of domestic violence service providers; and the six organizations funded by NYS OPDV to operate batterer programs, created "The New York Model." The mission of the New York Model is "to create and promote a batterer program model that supports the social change efforts of the Battered Women's Movement." (NYS OPDV, 2006, p.37). In response to the research findings that batterer programs are not changing the attitudes and behavior of the men that participate in them, the New York Model was designed to be a monitoring mechanism of the court for cases that would not warrant a jail sentence. The intent of the New York Model batterer programs is to function as one in a series of graduated sanctions for domestic violence crimes, not as a diversion from more serious consequences. Programs following the New York Model stress monitoring and accountability, maintaining that batterer programs should not be thought of as a rehabilitative tool for individual participants in the program. While the New York model offers education and emphasizes the sexism underlying domestic abuse, the model holds that the educational content of the batterer program classes are less important than the fact that the men is held accountable for attending the program (Frank 2005).

Requirements for adherence to the New York Model include the following:

- Registration of only court-ordered men as participants in the program (Based on the experience that self-referrals could not be held to the same attendance requirements as men who are mandated.);
- A court order for a minimum of twenty-six sessions;
- Court-imposed consequences for not complying with the program (such as jail time, or starting the program over from the beginning);
- The program is not used as a diversion for serious offenses that would require a more serious penalty (in other words, the order to attend the batterers program is the most serious penalty possible for the crime);
- The program has a relationship with the battered women's movement and support from local domestic violence organizations; and
- The program holds men accountable to comply with a court order to attend the program (In contrast to making a positive change in the abusers behavior, based on the experience that a participant's good behavior while in a program does not necessarily translate into good behavior with an intimate partner) (Frank, 2005).

While not part of the specific requirements listed for the New York Model, the use of mental health diagnoses for program participants is not supported. Mental health organizations, in order to obtain third party reimbursement, are required to diagnose their patients, including those who participate in their batterer programs. One of the most controversial diagnoses that is sometimes used is "Intermittent Explosive Disorder" which are often referred to as impulsive aggression, rage attacks, and defined as repeated loss of control of aggressive impulses, leading to serious assault or property destruction where no other mental disorder or personality disorder better explains the symptoms and the symptoms are not directly caused by a general medical condition or use of alcohol or drugs (American Psychiatric Association, 2000). One of the underlying principles of the New York Model is that concepts such as "treatment" and "rehabilitation" pathologize battering and turn it into an individual issue instead of a societal problem rooted in history, laws and culture that we have to resolve through change in society (Frank, 2005).

Evaluating Program Effectiveness

In looking at batterer programs, what are the best ways to measure success? Based on the inconclusive research and practice experience, the debate continues as to whether any type of batterer program works or works very well. At best, the research seems to indicate a modest affect on the recidivism rate for men who complete the program, regardless of length (Palmer, Brown, and Barrera, 1992). Also, there is some indication that batterer programs, in conjunction with other criminal justice compliance measures (such as assertive probation work, sanctions for non-compliance and victim safety monitoring) may reduce the incidence of repeat violence (Dunford, 2000; Taylor, Davis, Maxwell, 2001). Gondolf (2001) posits several possible interpretations of the results of experimental studies; batterer programs are either ineffective or add very little to arrest, court adjudication and probation; batterer programs are in their infancy and need improvement, such as screening for compounding problems like alcohol and drug abuse, and mental health issues; and/or batterer programs are not themselves a cure, but a reinforcing component of a coordinated community response to domestic violence, wherein a program's success only reflects the effectiveness of the overall system in addressing domestic violence.

Edleson (1995, 1996) outlines this debate in a discussion of how various constituencies have different definitions for whether or not a program "works." According to Edleson (1996), the controversy surrounding the evaluation of batterer programs centers on degree to which one goes beyond acts and threats of physical violence. Some of the harshest critics claim that a program does not "work" until the societal structures that allow men to abuse women are abolished, while some advocates in

the criminal justice system claim that a program “works” if the abuser stops the physical abuse, even if the emotional and psychological abuse continues or even escalates. Some battered women believe that a program “works” if the batterer stops the abuse, as she defines abuse.

Berger and Luckmann (1966) clarify these differences in definition of whether or not a program "works" from a social constructionist view, examining programs from their own perspectives: “One does certain things not because they *work*, but because they are *right* - right, that is, in terms of the ultimate definitions of reality promulgated by the... experts” (p. 118). In the world of domestic violence and batterer programs, the different stakeholders have different perspectives on what they determine is the “right” goal for batterer programs. For batterer programs and their stakeholders, using the framework developed by Healey, Smith and O’Sullivan (1997), what is determined to be ‘right” is based on whether the focus is to change the behavior of the individual (individual model), improve communications between partners in a relationship (family model), or to hold batterers accountable to a system and provide education about the impact of domestic violence (social/cultural model). The complicating factor is that when the model that a batterer program determines to be “right” is different from what another stakeholder determines to be “right”, the result is conflict and misunderstanding regarding how to define the success of a program. For example, if a batterer program believes its role is to hold men accountable to a court (social /cultural model), while the judge in the court believes the goal of the program is to stop the participants’ abusive behavior (individual model), expectations for each of the parties are not likely to be met, and the dynamic will

most likely create conflict, misunderstanding and frustration for both parties as well as sending confusing messages to the program participants.

While a positivist perspective might say that rival theories should be able to be resolved through objective experimental testing, what is convincing to one researcher, practitioner or policy maker may not be to another. For example, samples may be too small or not generalizable, or reliability and validity of the tool may be in question. Also, individuals have different values and different ways of defining success - reducing the lethality or number of incidents of violence, even though some lower level of violence continues, may be acceptable to some people but not to others.

Even as researchers continue to debate the effectiveness of batterer programs, the demand for them continues in response to pro-arrest policies bringing increasing numbers of batterers to court for offenses related to domestic violence. The literature in batterer programs is focused on evaluating the effectiveness of these programs based on the criteria determined by the evaluator, but not on that of the batterer programs themselves. An important addition to these debates is the "voice" of the batterer program representatives themselves and that of the organizations that are operating these programs. The purpose of this study is to provide a framework to hear and synthesize these voices by looking at a range of local organizations that are providing batterer intervention – the organizations' missions and goals and how the batterer intervention programs fits in; how the batterer programs operate – rules, funding and curriculum; how the programs interact with services to victims of domestic violence; and how the programs view and measure success. By interviewing directors of the batterer programs

themselves, the hope is to obtain a more nuanced and comprehensive view of whether and how batterer programs can impact the problem of domestic violence.

Chapter 3: Research Design and Methodology

The literature review finds that there is very little research that examines differences between batterer programs in terms of what interventions they use, what they see as the goals and objectives of their programs, and how they define and measure success for their programs. Since the knowledge-base in this area is limited, this study requires a research design that generates information and more detail about these programs, as programs. Consequently, the research design for this study uses a qualitative methodology based in grounded theory—an inductive approach that builds theory directly from and creates an analytical framework for the data (Glaser & Strauss, 1967). This chapter also includes information about the interviewing guide, interview sample and procedures, research procedures, and ethical protocols.

Research Design

Qualitative Inquiry

The research design for this study uses qualitative telephone interviews with directors of batterer programs in New York State. The interviews were designed to better understand the types of organizations providing batterer programs, the range of interventions used, and how different programs define and measure success. As discussed in the introductory chapter of this study, there is only minimal research in the field that differentiates the approach and goals of batterer programs (Healey, Smith & O'Sullivan, 1998; Babcock & La Taillade, 2000; Labriola, Rempel, O'Sullivan & Frank, 2007). Two of these studies (Healey, Smith & O'Sullivan, 1998; Babcock & La Taillade,

2000) differentiated between batterer programs in terms of interventions used and definition of success based on a review of the literature and the development of a conceptual framework rather than direct queries with batterer programs. Only one of these studies (Labriola, Rempel, O'Sullivan & Frank, 2007), differentiated programs based on direct query of the batterer programs themselves, but focused solely on those programs that obtained referrals from the criminal court system. It may be too early in the study process of batterer programs to develop a quantitative hypothesis-testing study to differentiate batterer programs. Instead, a qualitative inquiry offers the ability to gather information, explore a range of perspectives and ideas, and develop a theory or framework for understanding these programs (Glaser & Strauss, 1967; Charmaz, 2007).

There are many in the field of domestic violence who can attest to an atmosphere of competition and mistrust between existing batterer programs and to the fact that domestic violence providers, the courts, and the police do not always understand what it is that these programs actually are trying to accomplish. By interviewing the directors of batterer programs, this study brings their voices together to provide an understanding of their intent, where there may be similarities and differences, and to generate a conceptual framework for understanding batterer programs (Miles & Huberman, 1994). The goal of this study is to help all of the players in the field of domestic violence better understand how batterer programs work and what their contributions may be to reducing the crisis of domestic violence.

Grounded Theory

The study uses grounded theory for the development of a conceptual framework that is inductively derived from data rather than deducing and testing hypotheses from existing theories (Glaser & Strauss, 1967). This latter approach would be difficult, as there is so little literature delineating the differences between individual batterer programs. At this point, the directors of batterer programs have more knowledge about their own programs than anything that current research can tell us. Interviewing them is the only reliable and valid way to understand what these programs do and the variations between these programs and to develop a new framework for understanding the similarities and differences between them.

The purpose of this study is to develop a fresh theory about how batterer programs work. The area of inquiry for this study is what Glaser and Strauss (1967) identify as "substantive" rather than "formal," meaning it is a specific empirical area of inquiry, like dying, delinquency or education, rather than a more formal or conceptual area such as stigma, authority, or power. For this study using a substantive type of grounded theory, with a focus on the area of batterer intervention programs, the generation of theory can be achieved by a comparative analysis between different batterer intervention programs.

All grounded theory works through building levels of abstraction about a particular topic directly from the data, then gathering additional data to check and refine the emerging analytic categories (Charmaz, 2007). For this study, data was gathered through interviews with directors of batterer programs. Grounded theory allows for the researcher's theoretical sensitivities and experiences to inform the study, but with a

constant grounding in the data to minimize researcher bias. Consistent with grounded theory, the interview guide was developed after a review of existing research in the field coupled with the researcher's own experiences in the field of domestic violence. However, these beliefs and understandings were loosely held to allow the expertise of the interviewees to guide the direction of the interview. During data analysis, analytical codes and categories were created from the data and not from any preconceived logically deduced hypothesis. The interviews were focused on specific identified areas of inquiry to ensure consistency between the interviews (this will be discussed at greater length in the interview guide section of this chapter). The analysis is grounded in the data obtained from the interviews and procedures were put in place to account for biases and blind spots (to be discussed further in the data analysis chapter).

Interview Guide

The interview guide devised consists of five open-ended primary questions with specific areas of probing to focus sub-questions (Charmaz, 2007). The questions focused on describing the overall organization (i.e., size, mission, other programs, and where the batterer program fits into the overall organizational structure); describing the batterer program (i.e., size, how it is funded, source of referrals, types of interventions used, rules and consequences for non-compliance); how the program interacts with other domestic violence services; how the program defines success (with probes to identify focus on the individual, family or society named in current typology); and how the program measures success. All respondents were asked identical questions in the same sequence, but interviewees were probed inductively based on key responses.

To develop these questions, this study used, as a starting point, the typology outlined in the literature review. The typology was based on Healy, Smith, and O'Sullivan's (1998) three models of batterer intervention programs: individual, family and social/cultural. This typology generated a framework for structuring the interviews to identify differences and similarities between programs. Table 1 was developed by this researcher, based on the work of Healy, Smith, and O'Sullivan (1998), to outline the categories used in the interviews to differentiate between individual, family, and social/cultural models of batterer programs.

Table 1: Categories for Differentiating Models of Batterer Intervention Programs

	Individual	**Family**	**Social/Cultural**
Transformational Goals	Individual behavioral or attitude change	Building couple communication and conflict resolution skills	Changing social and cultural norms that accept violence toward women
Source of Problem	Batterer's underlying personality disorder or early experience of trauma	Lack of appropriate communication and conflict resolution skills between partners	Men's socialization to be dominant and women's socialization to be subordinate
Interventions Used	Individual mental health treatment using intra-psychic and cognitive-behavioral techniques	Conjoint problem-solving counseling that locates the problem in the interaction rather than the pathology of one individual	Group education about impact of domestic violence on women (victims), men (abusers) and family, and models of egalitarian relationships
Evaluation tools used	Risk assessment scales to predict and assess repeat abusers	Assessment frameworks that measure changes in communication, conflict and power dynamics	Program compliance, with mandate, including attendance and timeliness

In reviewing the models, based on the work of Healy, Smith, and O'Sullivan (1998), this study used the following four key areas to differentiate programs:

1) **transformational goals of the program** – refers to the object of transformation for the program, for example, whether the program seeks to change the individual batterer, family dynamics, or larger societal norms;
2) **how the program understands the etiology of battering** – does the program understand the problem as an underlying personality disorder or history of trauma of the batterer, as a communication problem between partners, or as the socialization of men to be dominant over women in society;
3) **interventions used** – what interventions the program uses, such as individual mental health counseling, couples or family therapy, or group education of batterers about the impact of violence on women, men and families;
4) **evaluation tools used** – how does the program evaluate itself? Does it use risk assessment and behavior change tools for the individual batterer, assessment frameworks to measure changes in communication and conflict in couples, or program compliance with court mandates?

In addition, organizational auspices may impact the program, so questions that focused on organizational and programmatic mission, size, social service areas of focus, funding, and how the batterer intervention program fits into the larger organization were included. Questions about organizational and programmatic ideology and values regarding domestic violence and working with batterers were also included. Questions

were open ended in line with grounded theory allowing the interviewee to guide the interview while ensuring that the study questions were included.

The interview guide was pilot-tested with a researcher with experience in investigating batterer programs. Based on her feedback, the instrument was revised to eliminate jargon words that are used in the field that do not have precise meaning. For example, many programs refer to themselves as using an "accountability" model. However, without further explanation, accountability can refer to the participant's accountability to a court mandate; the participant's accountability (as in responsibility) for his own behavior; or the program's accountability to a court mandate. Using the term "accountability" can obfuscate disparities, which makes it difficult to truly explore the differences between programs. Eliminating the use of the term in the interview guide and actively probing for meaning when the word "accountability" was used by interviewees provided further data to differentiate programs during the interviews.

After changes were made to the initial interview guide, the tool was pilot-tested with two persons who formerly operated batterer intervention programs to ensure that the questions were clear, open-ended and did not lead the interviewees in a particular direction. (A copy of the interview questions is in the Appendix)

Interview Sample and Interview Procedures

This study used a sample of directors of batterer programs in New York State. The programs were identified from the "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006), a public listing of services for victims and perpetrators of domestic violence in New York City and, since there was no similar

listing of programs for New York State, the study used the "New York Model for Batterer Programs" (New York State Office for the Prevention of Domestic Violence, 2006), which includes a listing of programs funded by NYSOPDV across the State, plus an internet search. Snowball sampling was also used to expand the pool by asking study participants if there were other programs that would fit the profile of this study.

Originally, this study was to focus exclusively on batterer intervention programs in New York City. The New York City directory contained a comprehensive list of batterer intervention programs, including a total of 41 different organizations claiming to offer services for batterers. All of these programs are part of social service organizations with a broader context – none is an organization that only provides services to batterers. The "parent" organizations range from large city-wide agencies to small community-based organizations to hospitals to mental health clinics addressing broader issues such as victim assistance, substance abuse, immigrant populations, youth and teen issues, and affordable legal representation. This variety of programs was thought to enable this study to obtain data from a wide range of perspectives.

However, having outreached by telephone to all 41 organizations listed in the "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006) as providing services to batterers to confirm that they offer individual, couple, or group work with batterers, it became clear that the sampling pool would be too small. Based on the initial calls to programs in New York City, only ten (24%) of the organizations confirmed that they currently provide services to batterers; five (12%) said they did in the past but no longer provided the services, all due to a lack of funding; one (2%) had a website that indicated that the organization provided batterer services but did

not return repeated calls and emails; and 25 (61%) of the organizations either did not provide services to batterers, provided services to batterers that did not specifically focus on the issue of domestic violence (such as substance abuse or mental health treatment), or provided other services to batterers (such as referrals or legal representation). Of the ten programs that currently provide batterer services, seven (70%) agreed to participate in the study. Of the remaining three, one (10%) declined to be interviewed for the study but did not give a reason and two (20%) did not respond to repeated telephone calls and emails to outreach for the study. The three programs that did not participate in the study were all mental health clinics, which were representative of three of the seven programs that were interviewed.

Given the reduced pool for the study, sampling was expanded in two ways. First, was to include organizations in New York City that had operated batterer intervention programs in the past and included questions in these interviews to find out why they had stopped providing these services. Of the five programs identified as previously providing services to batterers, three (60%) participated in the study. The other two programs did not currently employ staff with the historical knowledge necessary to discuss the program.

Second, the pool was expanded to include batterer intervention programs across New York State. The New York State Office for the Prevention of Domestic Violence (NYS OPDV) funds five programs across the state to provide batterer intervention services. All of these programs were contacted and agreed to participate in this study and were asked to identify additional programs across the state for inclusion in this study. As a result of this outreach, a total of nine additional programs were added for inclusion in

this study. This enabled the study to retain its focus on obtaining interviews from the widest range of settings: substance abuse programs, hospitals, mental health clinics, and domestic violence service providers. These two changes expanded the pool to a total of nineteen programs included in the study (seven programs in New York City currently providing batterer intervention programs; three programs in New York City that do not currently provide batterer intervention services, but did in the past; five programs outside of New York City that received NYS OPDV funding; and four additional programs in New York State that are outside of New York City that currently provide batterer intervention services but do not receive NYS OPDV funding).

For this study, the number of batterer programs identified in the State, as well as the number that participated in the study is similar to those of the only other study this researcher identified of batterer programs in New York State. In a national survey of batterer programs, Labriola, Rempel, O'Sullivan and Frank (2007) identified fifty-two batterer programs with eighteen (35%) responding. In this current study, a total of fifty-two batterer programs in New York State were identified with nineteen (36.5%) responding.

This study was based on interviews with key personnel from batterer intervention programs. (The interview guide is in the Appendix.) Since it was necessary to get a comprehensive overview of the programs, interviews were held with the director of the batterer intervention program from each organization. The director of the program had the greatest understanding of how the program operates, its goals, outcomes and values; the program's relationship to the larger organization and involvement of key external stakeholders; and a sense of the history of the program within the organization.

Organizational information from websites and program documents sent by the directors were also used primarily to examine the organizational auspices of the programs.

The process used in this study, including defining and refining the pool based on telephone calls and emails to the directors of batterer intervention programs, was consistent with grounded theory. This study started with purposive sampling, which in this case involved identifying directors of batterer intervention programs in New York City. But since grounded theory also involves an iterative process whereby changes have to be made based on the real experiences of contacting the sample—in this case, realizing that only ten of the 41 programs fit the criteria—grounded theory enabled me to broaden the pool to identify a greater number of potential participants. Also, this process provided early informative data, given that only 10 (24%) of the 41 programs that were identified by the New York City Resource Directory of Domestic Violence Services as providing batterer intervention services actually provided those services.

Research Procedures and Ethical Protocols

Prior to data collection, the plan for this study, including data collection procedures, methods to protect confidentiality and subject consent, as well as all related phone and email scripts and confidentiality forms were reviewed and approved by the Internal Review Board at Hunter College, City University of New York.

This study involved telephone interviews with directors of 19 batterer intervention programs across New York State. The 45-minute interviews were digitally audio-recorded, and verbatim responses to each question were transcribed using an external transcription service. The names of the interviewees were not included in the audio-

recording, and each interview was designated an identification number, which could not be traced back to the name of the individual participant. Interviewees were sent copies of their transcripts for review and to omit or clarify any information. Thematic analysis was conducted on the transcripts using ATLAS.ti, software for qualitative data analysis. Additional data was gathered from organizational documents, including published materials, program documents obtained from interviewees and organizational websites.

Two methods were used to protect participant confidentiality: all results were presented in aggregate—no specific identifying information was included in the results of this study to identify specific organizations, programs or individuals; and information was disguised in such a way that specific organizations, programs and individuals would not be identifiable. During the gathering of data, audio files and transcripts of each interview were randomly assigned identification numbers which could not be traced back to the names of individual participants. One master list linking the transcripts to the codes was retained and kept in a separate computer directory and was password protected. The identification number was used in the coding system to correctly attribute comments and concepts to unique individuals, while keeping their identities confidential.

All research subjects were sent a consent form by email which was reviewed by the researcher and subject at the beginning of each interview at which point the terms were accepted by the interviewee. The consent form includes requirements for participation, confidentiality information, rights as a participant, potential risks for participating, potential benefits of participating, and costs of participating. Verbal consent was obtained from all participants prior to the interview to verify that participation in the study was voluntary.

There was minimal potential risk for harm for participants, with no participants expressing any discomfort during the interview process. There was no economic or other benefit offered for participants in this study.

Data was analyzed using Atlas.ti, a qualitative data analysis software. All interview transcripts were downloaded into Atlas.ti and coded. The coding process involved attaching a label to segments of the interview to help to distill the data, identify key concepts and make comparisons within and between documents. The next chapter will describe the data analysis in greater detail and the findings from that analysis.

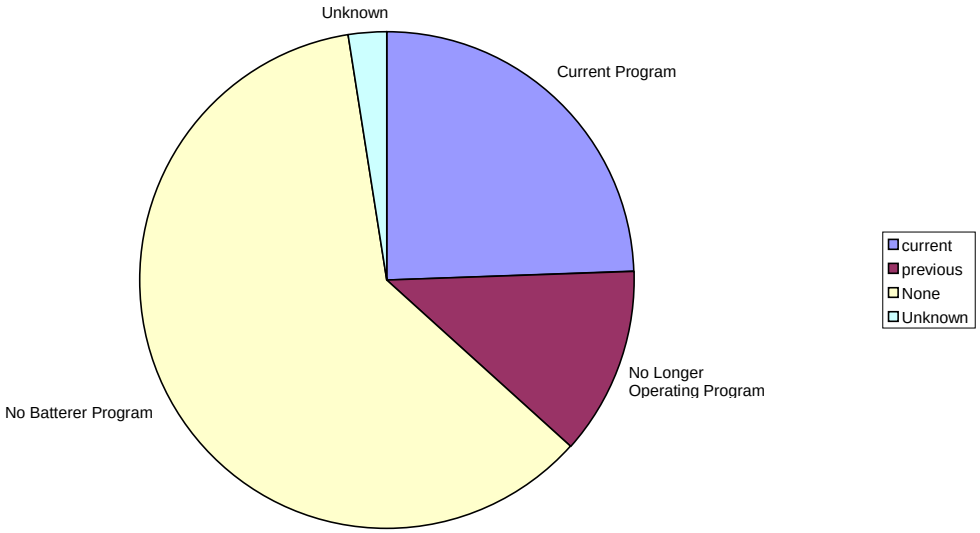
Chapter 4: Analysis

This study began as a review of batterer programs in New York City. The "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006) was used to identify batterer programs with a listing of a total of 41 different organizations claiming to offer services to batterers. Telephone calls were made to all 41 organizations listed in the resource directory: only ten (24%) of the organizations confirmed that they currently provide services to batterers; five (12%) organizations had provided batterer programs in the past, but no longer provided the services; 25 (67%) did not provide specific batterer services; and one (2%) did not respond after repeated calls. Of the 25 organizations that did not provide batterer services, 6 did not provide any services to batterers; 10 provided services to batterers that did not specifically focus on the issue of domestic violence, but, instead, provided services such as substance abuse treatment, mental health treatment or legal assistance to people who self-identified as batterers; 7 provided parenting or family support services, but did not specifically provide services to address battering; and 2 offered anger management classes that were not specifically focused on domestic violence (see Figure 3, p. 94)

The "New York City Resource Directory of Domestic Violence Services" identified "batterers" as a specific category under "special populations served," but did not define the term "batterers" (City of New York, 2006), leaving the definition open to interpretation by the service providers who were contacted for inclusion in the resource directory. Consequently, many of the programs listed in the directory did not provide specific intervention services for batterers. For example, there were as many programs that provided specific batterer services (10) as there were those provided services to

batterers that did not specifically focus on the issue of domestic violence (10), but, instead, provided services such as substance abuse treatment, mental health treatment or legal assistance to clients, some of whom were identified as batterers. In addition, it appears that batterer services are difficult for organizations to maintain. Within less than two years between the time of the reporting and the gathering of the data, five of the 15 programs (33%) that self-identified as providing batterer programs no longer provided that service, all citing lack of dedicated funding as a reason for eliminating the service. The absence of a clear definition of terminology used, and the services that encompass the service in the resource directory and the inconsistency among providers offering these programs, means that potential users looking specifically for a batterer program may become frustrated and unable to locate an appropriate referral. From a client perspective, the absence of accurate and clear resources can create additional frustration and despair for people who are in need of services.

Figure 3: NYC Resource Directory of Domestic Violence Services Listing of Batterer Programs



As indicated earlier, given the reduced pool for the study, sampling was expanded in two ways. The first step was to include organizations in New York City that had operated batterer programs in the past and to include questions in these interviews to find out why they had stopped providing these services. Second, the pool was expanded to include batterer programs across New York State. The New York State Office for the Prevention of Domestic Violence (NYS OPDV) funds five programs across the state to provide batterer services. All of these programs were contacted and agreed to participate in this study and were asked to identify additional programs across the state for inclusion in this study. This enabled the study to retain its focus on obtaining interviews from the widest range of different settings: substance abuse programs, hospitals, mental health clinics, and domestic violence service providers. These two changes expanded the pool to a total of nineteen programs included in the study (eight programs in New York City currently providing batterer programs; three programs in New York City that do not currently provide batterer services, but did in the past; and eight programs in New York State that are outside of New York City and that currently provide batterer services).

This analysis includes telephone interviews with the leaders of nineteen programs or organizations across New York State who work with batterers; a review of their websites; and organizational information obtained during the interview process. The interviewees included ten male and nine female program leaders. All of the interviews were coded and sorted using Atlas.ti. The analysis focused on the following information from each organization, consistent with the interview questions used during the interview process and consistent with the findings of the interview process:

- Organizational auspices and history
- Source of referrals
- Interventions
- Funding: sources and problems
- Sources of tension between programs
- Outcomes and measuring success
- Personal reasons for involvement

Organizational Auspices and History

Information on the organizations that work with batterers was gathered through specific questions with all 19 interviewees. In addition, a comprehensive review of the websites was used to gather additional organizational information, including organizational mission, history of the organization, other program areas, and financial information. A total of 16 of the 19 programs whose representatives were interviewed had websites, while three programs did not. Of the 19 programs, 13, or 68%, are programs of nonprofit organizations, while 3, or 16%, are private, for-profit mental health clinics, and 3, or 16%, are hospital-based programs. Of the 19 organizations, 8, or 42%, are mental health clinics or organizations that provide batterer services through their mental health services; 5, or 26%, are domestic violence or crime-victim organizations, with one of those with roots in the battered women's movement; 2, or 11%, are multi-service organizations, both of which are religious-based family-service organizations; 2, or 11%, are substance-abuse treatment programs; and 2, or 11%, are child welfare organizations (see Table 2 below).

Table 2: Batterer Program Study Participants: Type of Organization (N=19)

	Nonprofit	For Profit	Hospital	Total	Percentage
Mental Health Clinics	3	3	2	8	42%
DV/Crime Victim Orgs	5			5	26%
Multi-service Orgs	2			2	11%
Child Welfare	2			2	11%
Substance Abuse	1		1	2	11%
Total	13 (68%)	3 (16%)	3 (16%)	19	101%*

* Not 100% due to rounding

Organizational budget information was obtained for 15 of the participant organizations through public records, including annual reports on the organizational websites as well as national nonprofit searchable databases. such as Charity Navigator and Guidestar (see www.charitynavigator.org and www.guidestar.org). Public data was not available for the 3 for-profit organizations and one of the hospitals. Of the 15 organizations where budget information was available, the overall budgets for the organizations ranged from $600,000 to nearly $2 billion – from small community-based organizations to large hospitals. The mean budget for the organizations was just under $156 million ($155,962.50) while the median was over $11 million ($11,500,000). The huge differentiation between mean and median was reflective of the impact of the hospitals in skewing the results, based on their large budgets. When the two hospitals for which data was available were omitted from the analysis, the mean dropped significantly, to slightly under $28 million ($27,814,290) and the median dropped slightly to $11 million.

Organizations that operate batterer programs are significantly larger than most nonprofit organizations in the country. According to the Urban Institute (Ostrower, 2007), which conducted the first-ever national representative study of nonprofit governance, nonprofit organization budgets break down in the following ways: below $100k 37.57% ; $100–500k - 30.03%; $500k–2m 16.55%; $2–10m 10.08%; $10–40m 3.78%; and over $40m 1.99% . Table 2, below, compares the budgets of the Urban Institute study with that of the organizations that were interviewed for this study.

Table 3: Nonprofit Budget Chart: National Average versus Participant Organizations with Batterer Programs

Budgets	**National Average**	**Participant Organizations**	**% Difference**
Below $100k	37.5%	0% (0)	-37.5%
$100–500k -	30%;	0% (0)	-30%
$500k–2m	16.5%	27% (4)	+10.5%
$2–10m	10%	13% (2)	+3%
$10–40m	4%	27% (4)	+23%
Over $40m	2%	33% (5)	+31%

Table 3 shows that the organizations in this study that operate batterer programs are significantly larger than the national average for nonprofit organizations. The majority of the organizations that operate batterer programs have budgets over $10 million (60%), compared to the national nonprofit average of 6%, while none of the

organizations that operated batterer programs had budgets under $500,000 compared to the national average of 67.5%. Reasons for this differential may include the level of infrastructure needed to provide these programs, such as mechanisms to absorb referrals from the courts and accommodate any needs for ongoing reporting on participation in the program; developing and implementing a consistent program; methods to accept payment from the participant as well as third parties, including insurance; and providing any necessary security or other safety measures for working with offenders.

As the budget range of the organizations that provide batterer programs varies widely, but skews heavily toward larger organizations, the longevity of the organizations varies widely, but skews toward older, established organizations. Founding dates for the organizations that operate batterer programs vary from as early as 1853 to as recent as 1999. Indicating the age of these organizations, the mean founding date was 1945, while the median was more recent, at 1955. Eliminating the hospital programs did not dramatically alter the mean, moving it six years later, to 1951. However, it did impact the median, which moved to 1972, indicating that the hospitals were skewing toward the older organizations, as would be expected. This is an interesting finding in that since services for victims of domestic violence did not begin until the 1970's, the age of the organizations indicates a long history of delivering other services.

Table 4: Type of Organization with Batterer Programs by Year the Organization was Founded

Type of Organization	Number of Organizations	Mean Founding	Median Founding
Child Welfare	2	1890	1890
Mental health clinic - hospital	2	1894	1894
Multi-service	2	1900	1900
Mental Health Clinic – nonprofit	3	1928	1919
Substance Abuse Treatment	2	1965	1965
Domestic Violence/Crime Victim	5	1981	1978
Mental health clinic – for-profit	3	1990	1991
Total	19	1945	1955

Table 4 indicates the mean and median founding dates for organizations that operate batterer programs, beginning with the oldest moving toward the more recent categories of organizations. The child welfare, hospital and nonprofit mental health clinics, multi-service organizations and, more recently, the substance-abuse programs, were all founded before the beginning of the battered women's movement, while the domestic violence and crime victim organizations and the for-profit mental health clinics were all founded after the beginning of the battered women's movement. Of the three programs that were surveyed that no longer provide batterer programs, one was a multi-service organization, one was a domestic violence/crime victim organization and the other was a for-profit mental health clinic, indicating that the newer organizations may be the ones that have more difficulty sustaining the program.

Two of the nineteen interviewees discussed concerns that the batterer program did not fit within the mission of their organizations – one was a mental health organization

and the other was a child welfare agency. The respondent from the mental health organization discussed how the program did not consider domestic violence abuse as a mental health issue, but, rather, one of individual accountability on the part of the abuser:

> The offender accountability program is not really about rehabilitation. We don't assess the domestic violence for example. We don't utilize any type of intervention strategies that are designed to fix or cure batterers from a mental health perspective. We don't look at domestic violence as a mental health issue… we see offenders who … need to be held accountable that have co-occurring mental health, substances abuse, sometimes even physical disabilities or in some rare instances we even see some men with what looks like devolved mental disabilities. None of that we use as really as an understanding of domestic violence or why domestic violence incidents took place. From that perspective the [offender accountability program] doesn't actually fit that well. (12:26)

Another respondent discussed how the organization was focused on supporting women and children and that the batterer program was the only one in the organization focused on abusers:

> The mission statement says it very well, because it's to empower women and children. [Our organization] has always worked with women and children… The only area that does not is my area. (20:12)

Source of Referrals

Eleven out of the 19 program representatives interviewed (58%) worked in programs that only accepted referrals of men who were mandated to the program. The mandates came from the criminal court, probation, parole, and, to a lesser extent, child protective services. The remaining eight out of the 19 program representatives (42%) interviewed accepted at least some self-referrals from men who requested to participate in the program but did not have an external mandate to enter it. Of those programs that accepted non-mandated referrals, the percentage of self-referrals ranged from as little as 2% of their population to their entire population, with a mean of 50% mandated and 50%

self-referrals and median of 60% mandated referrals. Of the programs that accepted self-referrals, 5 were mental health clinics, one was a child welfare organization, one was a multi-service organization, and one was a domestic violence/crime victim organization (see Table 5).

Table 5: Source of Referrals: Mandated and Self

	Mental Health	**Victim Services**	**Child Welfare**	**Substance Abuse**	**Multi-Service**	**Total**
Mandated referrals Only	3	4	1	2	1	11
Some self-referrals	5	1	1		1	8
Total	8	5	2	2	2	19

That the majority of programs accept only mandated referrals supports the idea that the purpose of these programs is primarily to hold batterers accountable to a court sanction mandating them to a program. However, a significant minority of programs, 42%, do accept at least some self-referrals, suggesting that there may be another purpose focused on the individual, who may desire to participate in the program for more personal reasons (which could range from a personal desire to change abusive behavior to an ultimatum from a partner or spouse). In addition, the fact that five out of the eight programs (62.5%) that accept self-referrals are mental health clinics also indicates that the goal may be individual change, since that is the overall goal of mental health services. Also, since mental health clinics primarily receive funding through third-party reimbursement, the issue of whether or not the participant is mandated may be less important than simply having a source of payment.

The issue of whether or not a man is mandated to a program causes a great deal of debate among batterer programs. The New York State Office for the Prevention of Domestic Violence (OPDV), for example, recommends that programs accept only men that are mandated. The interviews identified a number of reasons to support both sides of this debate and why many programs have moved away from accepting self-referred men and toward accepting only mandated men.

Reasons Against Accepting Self-Referrals

In this study, six arguments for accepting only mandated referrals were identified:

- **Self-referral as a mask for an underlying mandate.** One argument given by batterer programs for not accepting men who self-refer is their experience that a client is not attending the program for his own personal desire to stop his abusive behavior and attitudes, but because he is actually being forced – his partner has given him an ultimatum to enroll in a course or she will leave him, or, he has been arrested or has some other court involvement and an attorney or court official is recommending that he attend a batterer program in advance of a court appointment to indicate good faith in changing behavior. In many cases, once the partner stops the pressure or the court case is dropped or dismissed, the batterer drops out of the class. Four of the interviewees gave examples of men who were already in legal proceedings but not yet sentenced who signed up as self-referrals for a group in the hopes of reducing their sentence by presenting evidence to the courts of their attendance in a batterer group to the courts.

> I also find that 90% of the time when a gentleman comes here asking as a self-referral, there's usually some mandate hidden behind it that you find out about later on whether it be they're through family court or [child protective services] or

> something. Very seldom does a man actually say, 'I'm coming because I think I need it and I want to get something out of the program.' (13:54)

Experience with this "hidden mandate" phenomenon led some programs to stop taking men who were not explicitly mandated by the courts. This experience was part of what went into the creation of the "New York Model" requirements that men be mandated to the batterer program.

> We stopped taking men who were situation referred about five years ago as I said. What we did at that time, we probably had about 15% of the men in our program who fit that criteria. What we did at that time was simply to say to them, 'you are welcome to stay in the program but from this day on, we're not going to give you any kind of proof that you are attending the program. If you want to come just for self-improvement that's great, but we're not going to give you proof that you're coming.' How many men do you think stayed? None. They weren't there because they wanted the information. They were there because they had to be. You don't go to a batterers program unless you have to. You just don't. (8:11)

> In our batterer program we gave up allowing voluntary men in the program in the late '90s and took only mandated men because we really learned that men were using this program to manipulate the criminal justice system. For example, getting enrolled in the program in advance of a court hearing… When the pressure was off either at court or the pressure was off at home they would then drop out of the program. (10:66)

- **Evidence of judicial leniency for voluntary enrollees.** A related reason given for not accepting self-referrals were examples of leniency given by judges to men who entered the program voluntarily prior to judicial involvement. This created a problem since the program then had no mechanism to require the men to complete the program. "Voluntary" men could leave the program at any time with no ramifications for leaving it.

> We knew that we were part of this manipulation that batterers were using by allowing men to voluntarily enroll in the program…. I went to a criminal justice meeting that was led by a local domestic violence court judge who said, 'I will give leniency to men who voluntarily enroll in the program.' Even though I'm not Catholic …my Catholic guilt was off the wall. I left that meeting and called

> each office and said we can no longer as of this second let voluntary men enroll in the program -- it's court ordered or nothing because it really needs to be about offender accountability. We're not holding men accountable for what they're doing. It needs the leverage of the criminal justice system or an agent of that system like probation or parole or sometimes CPS [child protective services], if they have leverage. For voluntary men we have no leverage at all. Let's be real here. (10:66)
>
> People would come in prior to being ordered by a court or whatever and then the judge would hear that they started so the judge would let them off or not impose as harsh of a sanction. Then they would simply quit after the court hearings. (18:35)

- **Increased program completion.** Some programs found that men who were mandated were more likely to actually complete the program, meaning attending all of the sessions (typically 26 weekly sessions). However, even with a court mandate, completion of batterer programs is low. Studies routinely indicate that only 50-70% of those who are referred to the program actually complete it – even when offenders are mandated (Labriola, Rempel, O'Sullivan & Frank, 2007). This is a difficult issue to understand, since one would assume that because the men are ordered by the courts to attend the program compliance rates would be much higher. Many who operate these programs claim that the reason mandated men do not complete the program is that there are no real consequences – batterers rarely are sentenced to jail for not completing the course, but, instead are re-referred to the same or another program.

But, even with the difficulties in ensuring that mandated men complete the program, some programs found that self-referrals were even less likely to complete, which would seem counter-intuitive if program completion were an indication of motivation to change, but not if it attending the program were an attempt to avoid some harsher penalty. One of the interviewees discussed how the consistency of self-referred

men in quitting the program before completion resulted in the program virtually ending the acceptance of self-referrals:

> We used to take self referrals in the past. We're less apt to do so now … Generally what we find is that people, men particularly, who are self referred don't ever complete the program. I do not recollect the last time that I've ever seen a self-referral complete the program. (13.54)

- **Self-referred men used the program to manipulate their partner into staying in the relationship.** A fourth reason for not accepting men who were not mandated to the program is that some programs found that men were using then to try to manipulate their partner into staying in the relationship. Claiming that the abuse was a mistake or accident or will "never happen again" is very typical of abusive behavior, and the pleading apology after the abuse is the approach that many abusers use to keep the partner in the relationship. All this is done by the abuser with no sincere effort to understand his behavior or make any real life changes to stop the abuse. What some programs found is that they were being used as part of this dynamic when the abuser would enroll in or attend the program to get his partner back, but would then quit as soon as he felt the pressure was off.

> What was even worse was using it to manipulate their partners by telling their partners, 'see I'm working on my issue, I got myself in the … domestic violence program so stay with me while I work this out.' When the pressure was off either at court or the pressure was off at home they would then drop out of the program. (10:66)

> We get a lot of men who call who are self referrals. We really don't really have many that I would call self referrals from the perspective of men who call who are truly interested in some introspected look at their behavior and wanting to change. They are usually using us to satisfy some other mandating source, whether it is a partner that says if you don't change I'm going to leave you. That may be the mandate. (12:47)

> They're usually coming into the program self-referral because their partner has probably put them up to it saying that you need to get some help if you want to keep this relationship and so they do so. Generally what happens, if the relationship ends, they say, 'I no longer have to come to the program,' or they feel like they have some sort of an epiphany moment in the middle of it and they think, 'aha, I got it, I understand it,' and since there's no mandate they say,' I got what I need to get,' and they generally split. On top of the fact that we have a lot of pretty stringent rules and either they would violate those rules or they just feel like they don't want to deal with the program anymore. (13:54)

Some interviewees discussed how their previous experiences with self-referrals led them to change practice. One of the interviewees referred to men in this category as "situational referrals" – men who are not mandated to the program, but are attending the program to get out of a bad situation (with either a partner, or some part of the criminal justice system).

> We've moved away from 'volunteering' about five years ago. We used to take men who were...I'm putting volunteers in quotes because… men who used to come in presenting as voluntary or self-referred were actually situational referred. In other words, they were trying to get out of a jam. They didn't just wake up and say, 'I want to go to a batterers program to better myself.' They wanted to get their kids back, they wanted their wife to come back, she was threatening to leave, or their family said, 'you have to do something.' That's why they went. (8:11)

> Years before that we did voluntaries where people would come without having any law enforcement involvement and we realized back then that they were coming when they were booted out of the house or there was a threat of her leaving or something like that. They'd get what they wanted and then they'd stop coming and that would be the end of that. (18:35)

- **Accepting only mandated men is a funder requirement.** A fifth reason expressed by one interviewee for taking only mandated men is that it is a requirement for the organizations across the state that receive OPDV funding since it is part of the "New York Model" that OPDV endorses.

> We lost the funding because we refused to stop taking non-mandated clients. My understanding is that the OPDV belief is that non-mandated clients cannot be held accountable because after all who do they answer to. (11:119)

- **The high demand for services requires prioritizing referrals.** A final reason offered for only taking mandated men is the high demand from the courts to send mandated men and that the need far exceeds the number of voluntary men looking for services. Since the majority of referrals come from the courts, programs do not have the budget to advertise their programs, and since many programs are not large enough to greatly increase their volume, they rely exclusively on the courts for referrals.

> Unfortunately, domestic violence is such a thriving business right now that there's so many people that are mandated that and because we're a smaller program, we generally don't take the self referral…one of the first questions I ask is are they involved in any kind of courts or involved with anybody else as far as some type of mandate is concerned and what are consequences if they don't finish the program and stuff like that. I generally at this point, I'm not taking self-referrals. (13:57)

Reasons for Accepting Self-Referrals

Through the interviews, five primary reasons were identified for accepting self-referrals:

- **Lack of services for non-mandated batterers.** Since many batterer programs receive enough referrals by only taking men who are mandated, other programs are trying to fill a gap in services for men who either are genuinely self-motivated to seek services or those who are referred in the context of other problems (such as alcohol and substance abuse or child abuse and neglect).

> The whole purpose of our program was that this is a population that was not getting served. If there is another resource for this person …then send them there, and we want to be the place that fills a different need for people who don't have that court mandated. If they have a court mandate, they'll figure it out and they'll pay, and they'll deal with it. (3:89)

Some of the programs that decided to accept self-referrals did articulate an understanding of the potential for men to try and manipulate the program or their partner, but discussed weighing that risk against the fact that requiring a mandate means that a batterer has to commit a crime before being eligible for the class. Some programs thought that stance was too limiting and wanted to be able to offer an option for abusers who voluntarily wanted an intervention.

> I do agree that if a person wants to manipulate our program or their partner, they're gonna find a way to do it regardless. At the same time, we had to balance that with we never want to be the kind of program where we look at a man and say, 'I'm sorry, you'll need to go out and commit a crime before you can be part of our program, we don't accept non-mandated clients.' We never wanted to be that so when we took a stand, we lost [our State funding]. We still continue to accept non-mandated clients. (11:119)

Based on this study, the kinds of organizations that are choosing to accept self-referrals due to a lack of services are the social service organizations involved in domestic violence and child welfare, as opposed to mental health clinics. In both of the quotes above, the interviewees are trying to address a service gap that they see for their clients, which include men whose partners may be receiving domestic violence services, and couples who are involved in child protective services in which there is also a suspicion of domestic violence. These are not programs that are funded through third-party reimbursement, but, rather, through general funds through the larger organization in which they work (see funding section below).

- **As the next stage for those who complete a mandated program.** Some programs saw a voluntary program as a next step for men who had completed their mandate, but wanted additional services. One of the problems identified in providing a

second stage of services is the difficulty in men regularly participating in a program once it is no longer mandated.

> We certainly tried to have a post-completion group, but since the men were not mandated, it was voluntary. It was very difficult to get, even if they said it was something that they wanted, them to attend on a regular basis. (9:91)

- **It's the same man.** Whatever the perspective of the person working with batterers, the underlying issues for men who are mandated and those who are voluntary are most often the same. For example, if domestic violence is viewed as a power and control issue, that dynamic doesn't look much different based on whether or not the offender was arrested. Similarly, if domestic violence is viewed as a skill deficit and behavior issue, that dynamic doesn't change simply because the offender was arrested. Some programs claim that there are such similarities between men who are mandated and those who are voluntary that this was a reason to take both mandated and voluntary referrals: "In the end, they have the same story, same defense, and the same behaviors." (7:115)

- **Voluntary men are more willing to participate**

One of the arguments against mandated programs is that the men are there involuntarily and may be resistant to hearing the information and learning, whereas voluntary attendance may mean that the participant is more motivated to learn.

> If they are mandated to come, they come with more of a resistance for the first four to six weeks. I would say about four weeks. Not all, but some. The guys who self refer have no resistance for the most part… When they come in if they're self-referred, they're pretty much open minded, relaxed, and motivated. (7:115)

- **Self-referred men do not drop out more frequently.** Contrary to the large drop-out rates for self-referred men claimed by some of the interviewees from programs that only

accepted mandated batterers, some interviewees from programs that accepted self-referred participants saw no real difference in rates of completion between men who were mandated and those who were self-referred.

> We tried to do a separate group for each [self-referred and mandated men]. As time went on, there wasn't much of a difference and the self-referred were staying throughout the whole program. There was a very low dropout rate. We just started over the last couple years phasing them together. (7:30)

> This may go against what is proposed by heterosexual batterers' intervention programs, but we found that there was not a significant difference in participation. We didn't find that the voluntary dropped out at a greater rate. We found that many voluntary participants continued in the program through the end. (15:83)

Interviewees from programs that claimed no difference in completion rates between self-referred and mandated batterers were from mental health clinics. Perhaps this variation from other programs can be attributed to the payment of fees through third-party reimbursement, as happens in mental health clinics, which may be seen as less of a deterrent to completing the program than programs that require the participant themselves to pay for the program.

Clearly, there is a differential understanding of motivation between staff of programs that accept only mandated men and those who also accept self-referrals. Many of the interviewees from the mandated-only group mentioned that self-referred batterers may be motivated to enter a program as an attempt to manipulate the system to get a reduced sentence or manipulate a partner to get her back. While the interviewees from programs that advocate accepting self-referred men acknowledge the potential problem of manipulation, they believe that a man should not have to wait until getting arrested before being able to enter a batterer program and it provides no options for those men who are self-motivated. One idea for further exploration is the idea of a mandated program as a

first step followed by a voluntary program as a second step for those who have completed the mandated program but are interested in further work.

Interventions

During the interviews, a total of 16 different categories of interventions were identified as being used by programs, such as skill building exercises, anger-management, education about domestic violence, holding men accountable, process-oriented groups, educational curricula, individual counseling with offenders, couples work, process-oriented discussions, communication techniques, and rules and procedures. In this study, these different categories of interventions were reviewed and refined to merge similar concepts without losing nuanced differences. During the review and merging of concepts, three different aspects of intervention emerged:

1) target of intervention, such as individual, couples, and group;

2) intervention paradigms, including educational, cognitive behavioral, trauma-focused, and system-focused (which incorporated the techniques of intervention used, including curricula, anger management techniques, and rules); and

3) Models of intervention, primarily the "Duluth Model" and the "New York Model.

Target of Intervention

Of the 19 organizations interviewed for this study, the most common approach for providing interventions for batterers was in groups, with 17 of the 19 organizations (89%) providing group interventions; two, (10.5%), providing couples counseling; and three,

(16%), providing individual counseling (the total adds up to more than 100% since some organizations provided more than one type of intervention for batterers).

In examining the method of intervention by the mission and focus of the organization, differences begin to emerge. For the victim service organizations, child welfare agencies and multi-service organizations, 100% provided only group services to specifically address the issue of batterer intervention. For mental health organizations, six out of eight (75%) provided group interventions, two out of eight (25%) offered couples work, and three out of eight (37.5%) provided individual counseling. Both of the substance abuse programs offered both individual and group interventions, with one of the programs more focused on anger management then domestic violence specifically (see Table 6).

Table 6: Target of Intervention by Type of Organization

	Mental Health	**Victim Services**	**Child Welfare**	**Substance Abuse**	**Multi-Service**	**Total**
Individual	1			2		3
Couples	2					2
Group	6	5	2	2	2	17
Total Services	9	5	2	4	2	22
Total Organizations	8	5	2	2	2	19

Group Interventions

In many aspects, the 17 of the 19 organizations that provided group interventions were very similar. Thirteen of the 17 programs that offered group interventions (76%) were 26 weeks in length. The range for the other programs varied from 12 to 52 weeks,

with two programs on the short end – one 12 weeks and the other 13 weeks – and 2 programs that operate for 52 weeks. The two shorter programs were focused on serving specific populations—one was an anger management program tied to a substance abuse treatment program and the other was a program for teen offenders wherein the judge requested a reduced time for the program. For the two programs that were significantly longer than the norm, 52 weeks – one left it to the judge's discretion to impose a sentence of 26 or 52 weeks; the other had a year-long curriculum and operated in 8-week cycles.

All but one of the organizations (94%) used two facilitators to co-facilitate the groups in order to manage any problems that may come up in the groups and to model equality and respect. The majority of the groups had or preferred male and female co-facilitators as a way to model healthy and respectful relationships. For example, one program administrator commented:

> We used male and female co-facilitators. This offered the program participants an opportunity to see respectful, healthy male/female relationships. I think that was important for them to see. (5:117)

One program that provided groups for abusers in same-sex relationships had groups with either two male facilitators for gay male groups or two female facilitators for lesbian groups. All of the programs offered some type of curriculum that included educational information about domestic violence, including the prevalence of domestic violence; different types of abuse faced by victims of domestic violence (as described on the Power and Control Wheel, see pages 46-47); the impact of domestic violence on children, families and society; and how society reinforces violence against women (through clips of music videos, electronic games, television and films).

Table 7: Group Versus Class

	Mental Health	Victim Services	Child Welfare	Substance Abuse	Multi-Service	Total
Group	4	1	1		2	8
Class	1	4	1	1		7
Interchangeable	1			1		2
Total	6	5	2	2	2	17

However, there were differences in the programs that provided batterer groups. One difference was how the interviewees described the intervention they used with the batterers. All but two programs (88%) clearly referred to the intervention as either "groups" or "classes." Only two programs (12%) used both terms equally and seemingly interchangeably.

There was a significant distinction between program administrators that referred to the term "group" or "class" in referring to their program. In reviewing the interviews, 8 interviewees (47%) consistently referred to their program intervention as "groups." For example, "it's a group as opposed to a class. You know men sitting in a circle" (3:68) or "In the beginning it probably had more of a mental health feel to it … For one thing they were referred to as groups as opposed to classes." (11:33)

Conversely, seven (41%) of the interviewees referred to their program intervention as "classes." For example, one interviewee said, "I almost look at it more as a college class than I would a treatment program." (12:26) Another interviewee pointed

out the distinction by saying, “We don’t even call it group. We have classes for men.” (8:21)

Comments like those above made a distinction between “group” and “class”, with the interviewees that used the term “group” supporting a more therapeutic or group process feel, referring to the “mental health feel” and “sitting in a circle”; while the interviewees that used the term “class” compared it to a “college” class in contrast to a “treatment program.”

Many of the interviewees viewed the distinction between “group” and “class” as a way to help define the program and its perspective on the problem of domestic violence. Those that used the term “group” tended to use a more process-oriented approached, encouraging more dialogue from the participants:

> We spent a lot of time really working with individual issues. I think until you do it individually, I think people would assume that everything somebody brings up is a dissension or denial. In a group process in the beginning yes that might be. We wouldn’t tell a person they need to leave the relationship or stay in a relationship. That is a decision that they needed to make and understand…. I think having a group experience men take more from what their peers will say than what the facilitators say. A lot of times listening to each other is much more powerful than sometimes what we could say or what we could do to make a difference. We didn’t try to get into this right or wrong, but really trying to take a look at what is going on and how you make yourself better. Make your family better and make everything safer if possible. (5:38)

Some of the programs that adopted the term “class” expressed using “class” as a deliberate alternative to the use of “group,” which was viewed as more typical of a mental health model:

> We don’t even call it group. We have classes for men. Part of the reason for that is that the batterers intervention programs were born out of...the only model that existed was a mental health model. They were born out of a mental health model so groups and facilitators was the language. Assessment was the language but

> we've learned that that's not necessary. We have classes for men. The men enroll in the program. We call them participants. (8:21)

Some of the interviewees talked about how this change in use of terminology helped to define a shift in perspective from a mental health to an educational model. This shift in focus was based on a shift in understanding by some that batterer programs were not effective in changing the behavior of individual men, so these programs re-turned from the "group" model, focusing on behavior change, to a "class" model, focusing on providing education with a greater onus on the individual to make decisions regarding how the information impacts his life:

> In the beginning it probably had more of a mental health feel … For one thing they were referred to as groups as opposed to classes. Might seem like a small thing, might seem like semantics but I think it's important because I think when I first came into this program, I think many men had the impression that this was some sort of support group. I remember saying to men in class, excuse me, this is not a support group for men who batter. You don't need support. What you need is to be challenged on your belief system that supports your behaviors and then we'd take it from there." (11: 33)

Of the six programs that currently or previously received funding from NYSOPDV, proponents of the New York Model, five (83%) referred to their program as a class, while only one (17%) referred to it as a group. The differentiation between "group" and "class" became one of the ways to delineate programs that wanted to change systems (class) versus those that were focused on changing the individual participant (group).

One interviewee, who did not endorse the belief that the role of batterers programs was to change men but was to hold offenders accountable to the courts, expressed concern that even the term "class" was not putting the onus of change on the

individual man, but was taking responsibility for educating the men, and preferred just calling it a batterer program:

> we went to the domestic violence classes for men and then we recognized even calling it classes we were trying to not be associated with men's health and not be associated with classes, so classes meant we were going to teach them how to not be abusive. (6:35)

Couples Intervention – A Focus on Victim Safety

Both organizations that provided couples therapy were mental health clinics that used couples therapy as the primary mode of intervention for batterers. Three additional programs utilized couples therapy as a follow-up once the men had completed the group batterer program.

For the two providers whose primary intervention was couples work, an initial and ongoing focus was on victim safety. Both of the programs that offered couples work described very clear and structured mechanisms for assessing victim safety. Consistent with the literature in this area, both couples counseling programs rarely, if ever, accepted men who were mandated to the program.

The early battered women's movement criticized couples counseling as not safe for victims of domestic violence. The rationale used by the battered women's movement was that domestic violence is the result of a power imbalance – with the man having more power than the woman – while couples counseling assumes a relatively equal partnership between the couple and places the responsibility of change on both partners (Babcock & La Taillade, 2000). Battered women's advocates claim that couples counseling could endanger the battered woman who may face violence or threats of violence for revealing information which is disapproved of by her partner; increase the

battered woman's sense of isolation, as she may fear later retribution if she speaks about the domestic violence; and imply that the battered woman has some responsibility for ensuring that the batterer gets help (Bograd, 1984; Deaton & Hertica, 2001; Lipchik, Sirles & Kibicki, 1997). This understanding of the danger of couples counseling was translated into policy for batterer programs, with at least one study finding that in 81% of states with state standards for batterer programs, couples counseling was specifically discouraged or prohibited (Austin & Dankwort, 1999).

As therapists gained a greater understanding of the dynamics of domestic violence, they began to incorporate safety planning as an essential part of couples counseling (Bograd & Mederos, 1999; Stith el al, 2005). Those interviewed for this study echoed this emphasis on victim safety beginning with individual work with the victim and perpetrator to ensure that the victim was not being coerced into couples counseling and to monitor victim safety in an ongoing manner:

> conjoint [therapy] is only done after very careful assessment that starts with her first… We do an assessment to attempt to really determine if this is a safe situation for her and if she really does want conjoint rather than she's been coerced into it. If the answer is yes, then we see him individually. We see him individually regardless, but we will see him and let him know that conjoint is okay. We tell the couple that they're gonna be times they'll be individual sessions as well as conjoint sessions. That's our decision… The reason in seeing her is to really check on an individual basis when he's not there as to whether things are really okay. We can continue with the conjoint or is the conjoint not a safe thing to do any more. We take the responsibility. If it turns out that she says, 'I am thinking of leaving him and now he's threatening [that] if he doesn't have me, nobody else will. Now I'm feeling scared,' which has happened. Then, we take the responsibility to say we really decided that this is not the right time for conjoint and I want to see each of you individually. (1:30)

A similar sentiment was echoed by another director who also mentioned safety as a key factor:

> In the initial structured interview, there's a lot of safety planning that goes on… Once we have the safety plans secure and in place during the structured interviews, then we … move into a safety-based couples treatment. (19:5)

One of the interviewees described how couples counseling evolved, in response to criticisms by the battered women's movement, to incorporate, in addition to safety planning, the dynamic of power and control in a relationship:

> … over time, it became clear that you did have to check to make sure that you weren't putting the abused person more in danger as a result of being seen in conjoint treatments. There are ways to attempt to ensure that and also one of the criticisms of conjoint treatment is that it's implying that both people have equal responsibility, but that's not true. Some made that implication, but I don't believe that's true… No one is saying that just because you see him and her together that that means that you are implying or saying that she had equal responsibility. In fact, we make it 100% clear that regardless of what he thinks she's like, and why he thinks he needs to abuse her, his choice how to address that is his alone. It is perfectly clear as far as I'm concerned that this is his responsibility. Not hers. (1:63)

Some mental health clinicians suggest that couples therapy may be appropriate in cases that involve less severe and pervasive violence, where the woman still has some agency and power within the relationship, the man shows capacity to take responsibility for the violence, and both partners wish to remain in the relationship (Holtzworth-Munroe, Beatty& Anglin, 1995). This perspective was echoed by both of the interviewees. One of the interviewees discussed using couple interventions only with mild forms of abuse:

> Conjoint is only done for what I would define as mild abuse. That does include physical, but it doesn't include serious intent to harm. Serious intent to harm or the use of a weapon is considered severe abuse. (1:40)

Another discussed their involvement in cases in which both partners want to stay in the relationship:

> Our reputation is growing in the community so when there are victims or perpetrators that make statements like, "I'm not leaving my partner no matter

> what," then several of the community people will send them to us because this is what we do. (19:06)

The latter quote also addressees the issue that many victims do not leave their batterer. Studies have found that 50%-70% of women stay in or return to an abusive relationship, often leaving and returning several times (Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002; Strube, 1988; Purdy & Nickle, 1981; Feazell, Mayers, & Deschner, 1984). One interviewee discussed this as being part of the impetus to working with couples after working with abusers individually and attempting groups:

> The wives said, 'why are you only working with him? Our marriages need fixing and you should be seeing both of us.' That's how the idea of seeing them as couples took off ultimately. (1:28)

According to some practitioners of couples counseling and family therapy, while the battered women's movement deserves credit for creating an historic change in society's awareness of the dynamics of domestic violence as an example of men's power and control over women, the issue then became too simplified – with men as the aggressor and women as the victim--while the purpose of scientific inquiry and methodology is to develop and understand the nuances (Lipchick, Sirles & Kubicki, 1997). One of the areas of nuance or shades of gray that has been the focus of family therapists has been delineating different levels of violence and abuse used by batterers in contrast to the battered women's movement, which made distinctions between different types of abuse (i.e., physical, sexual, psychological, financial) but did not label one more or less severe than another. In fact, some battered women's advocates talked about how physical scars often heal, but emotional scars can last a lot longer.

As discussed in the literature review section, a number of researchers that focus on family systems have made distinctions between levels of violence, from mild-

moderate to severe, some of which involve cases in which both partners are violent (Graham-Kevan & Archer, 2003; Holtsworth-Munroe, Mehan, Herron, Rehman & Stuart, 2003; Johnson & Ferraro, 2000). One of the interviewees discussed how her program offers couples counseling for mild to moderate forms of violence:

> There was a time when there was a national movement that was really important, and that women were very unprotected, and their witnessing children were, too. The rise of shelters was critical, and the rise of these grassroots organizations was critical and funding, federal funding was critical. It still is, but that percentage of the population that ends up in shelters or seeks remedies in court for severe physical abuse is, in my view, a very small percentage compared to the number of couples out there that are engaging in mild to moderate violence who never seek shelter and never seek legal remedies in various family court-type environments. That's what we're interested in. We're interested in the mild to moderately-violent couples who really, for the most part, are engaging in violence because they have poor communication skills, because they have little access to affective language, because they have low frustration tolerances. These are largely people who are not your power and control group. If they are, it's episodic. It's not this constant manipulative behavior. (19:10)

This interviewee went on to discuss what can be interpreted as a rigidity in the way the battered women's movement has defined domestic violence as men's violence against women:

> Women are victims, and men are perpetrators. The women have to be protected from the bad men, and that is true for some people, but it's been an across the board, every case. It is changing some here. There is some softening of that boundary, but it's been very, from my point of view, rigid. It's hard for me to talk about this because I really do see some women who absolutely need to be protected from bad men. There's no question that there are people out there who are wicked, and maybe evil, who really hurt people badly. I don't want to pretend that that's not there because it is. It's a question of that's not the whole story, that's not what happens everywhere. In fact, it's a smaller percentage than what we would typically see in a clinic like ours. For example, 10% of our domestic violence couples would fall into that category. (19:43)

Consistent with the literature, some of the programs that provided only group intervention were critical of utilizing couples counseling in cases of domestic violence,

citing concerns about the safety of the victim, and the risk of placing at least some of the responsibility of the abuse on the woman. Here is one example:

> The basic philosophy, the woman has to feel safe… In couples counseling, it has to be couples' issue, not safety or danger issue. You don't want to blame the victim at all by implying that she has some role in needing treatment. (7:33)

Individual Intervention – Focus on the Man

As discussed in the literature review section of this study, individual work with batterers has received scant research attention, with research focusing primarily on group interventions and, to a much lesser extent, couples work. Consequently, for this study, we would expect very few of the interviewees to be offering individual work as a part of batterer intervention. Indeed, all three of the programs that provided individual interventions used individual counseling as a secondary means of providing services to batterers, meaning that the individual counseling was used to reinforce, for the individual, the work that was happening with the couple or in the group. Of the three programs that provided individual interventions, one primarily used couples counseling and the other two primarily used groups. Of the three organizations, two were substance abuse treatment programs and one was a private mental health clinic. Both substance abuse programs were licensed by the State of New York, which required individual treatment for all participants and used this to supplement group work.

The program that primarily used couples treatment for domestic violence most frequently used individual therapy to supplement the couples work. In the case of the couple breaking up, the interviewee discussed the importance of providing ongoing individual services to the man both because there are very few alternative domestic violence counseling resources for men, compared to women, and that keeping him

engaged in therapy during a break-up can enhance the safety for the victim as it provides him with a venue for resolving his feelings about the relationship:

> We have had some couples who broke up. What we do is, we keep the man in because he already has a relationship [with a worker]- she can really go somewhere else. She will be able to connect with somebody else, but chances are he won't. We keep him and work through the feelings about the fact that she left or is leaving. It generally starts with him wanting to use some kind of force as a way of keeping her or getting back …We believe that that relates more to abandonment issues and betrayal. By keeping him, since he already has a relationship with whoever the worker is and hopefully has established some level of trust, then it's much easier to help him past that period. We have had success with that where the person they have started off with 'I'm going to be violent' to 'listen, I could understand why she left' or 'I guess it's okay' or 'I'll find somebody else.' … resolution of some sort. (1:32)

An additional six programs provided individual mental health treatment for abusers who were either inappropriate for group (usually due to co-occurring mental health or substance abuse issues that made it difficult for them to participate in a group setting), needed services in addition to the group, or as follow-up services after the person has completed the group intervention. One interviewee discussed how a therapist's awareness of domestic violence is a way to identify abusers and move them from individual therapy into a batterer group:

> I'm a psychotherapist. Some men call me just because they have problems in general but a lot of times, the problems turn out to be their temper with their wives. They think it's a temper issue. I have to re-educate them and say it's a control issue. Sometimes I get them to go into the groups as time goes on… (7:28)

Two of the programs that provide batterer groups, but not individual interventions, identified the lack of individual interventions for batterers as a gap in services. One interviewee discussed the need to address the individual needs of the abusers, including exploration of their own history of trauma, and their own individual

reasons for their abusive behavior which may be broader than men's violence against women (this dynamic is discussed further in the Sources of Program Tension section below). The other interviewee cited a lack of funds that is getting in the way of providing individual services:

> Right now, group is all we do. We really want to do individual work, and I'm trying to get money to do that, but we don't have the resources to do it. I'm seeing it's more and more important that we do that, and I'm feeling more and more strongly about it. (3:34)

As discussed earlier, government funding for batterer programs is severely limited and only supports group interventions. Individual and couples counseling is overwhelmingly supported through insurance and other health care entitlements and benefits through licensed mental health clinics, which may or may not have expertise in domestic violence and batterer intervention.

Intervention Paradigms

The interventions used by the interviewees were sorted into four different categories: trauma-focused, cognitive behavioral, system-focused, and educational. Of the 19 providers, 4 (21%) utilized a trauma-focused paradigm, 11 (58%) used a cognitive-behavioral paradigm, 6 (32%) offered a system-focused paradigm, and all 19 (100%) offered an educational paradigm. Many of the programs used more than one paradigm of intervention in working with batterers.

Trauma-Focused Paradigm

Four of the 19 programs (21%) utilized a trauma-focused paradigm, meaning that at least some of the work with the men involved looking at the impact of trauma on the lives of the men in the program. Some programs expressed a sense that many of the men

had some sort of trauma histories – with domestic violence or some other sort of abuse – and that there needed to be some way to address these histories and that finding a way to talk about them was an important part of the group process.

> It's a little therapeutic. From my knowledge, it's a little more open to hearing some of the trauma of the men's life, but it's not cut off, but it's not allowed to take over. I would say, depending on who the people were running them, a little bit more therapeutic. (2:13)

This paradigm was not widely used in the batterer programs, perhaps since the overwhelming majority of these programs were conducted in groups which made it difficult to be trauma-focused, since each individual participant would have his own unique trauma that would need to be addressed.

Cognitive-Behavioral Paradigm – Tools for my Tool Box

Cognitive-behavioral was clearly the most common treatment paradigm, with 11 out of the 19 programs (58%) using that approach. A cognitive-behavioral approach focuses on identifying and directly changing problematic thoughts and behaviors. It is based on the theory that thought and behavior can affect a person's symptoms and be an obstacle to recovery. For domestic violence offenders, the cognitive-behavioral paradigm includes interventions such as anger management, which help people learn how to manage their anger and to use more effective and successful ways of interacting, and include specific techniques, such as taking "time out" (i.e. temporarily leaving the situation or counting to ten before responding). Other interventions include utilization of relaxation techniques and development of positive communication and problem-solving skills.

One of the interviewees directly discussed the use of anger management and time outs as techniques to change controlling and angry behavior:

> If we work with the abuser, whether it's individual or in couple, he gets what I call the contract, which is a cognitive behavioral tool for managing the angry feelings. That has to do with essentially a time out. What are his triggers? To let him know that he needs to take a time out and how is he gonna take that time out. What's he going to do for the time out? She has to agree that that will be an okay thing. The work is to monitor for feasibility. If he says for his time out, I'm gonna go shoot some drugs because that will calm me down. We rule that out. If he says for his time out, he's gonna go to his brother's house and she says I hate your brother. That doesn't matter. That's an okay time out and that's much more about a family feud than it is that that's an inappropriate time out. If he says I'm gonna lock myself in the bedroom and just play music until I calm down and she can't go in the bedroom, then we rule that out. He has to find something that is manageable, feasible, and reasonable. (1:34)

Another of the interviewees discussed the use of the cognitive-behavioral approach to understand "triggers" that lead to abusive behavior. The intervention includes working with the abuser to focus on becoming more aware of emerging feelings (thinking), then using communication and anger management skills to avoid a violent episode:

> Helping them to regulate their affect and looking at what some of those triggers were. Especially physical triggers. People begin to know what makes you angry and you start to feel that then you know something is going on. I need to leave this room. I need to do something differently. Then trying to help them understand, if you are going to leave, then you need to talk to the person. I am going to go out for half an hour. I'll call you before I come back. Can I come back? Having a dialogue, not just I am walking out and people living in fear not knowing what is going to happen when they do come back or so forth. We really tried to work with things like that to make it real if you want to use them. (5:37)

A third interviewee distinguished between the person and the behavior, emphasizing the perspective that the person can take responsibility for their actions and change behavior:

> Once they see that our main purpose is really not to kind of jerk them around and not to necessarily make them feel like they're bad people per se, we make a big distinction between saying you may not be a bad person, we're not judging you as a person, we're judging your behaviors. You may be a lovely guy, you just behave badly. It tends to ease up and then the groups become a lot more fluid and the guys become much more open and they become a lot more accepting of

> responsibility for their behaviors and a lot more forthcoming with information. It blossoms over the course of time. (13:30)

The use of cognitive-behavioral techniques is not limited to groups – couples work also involves the use of specific cognitive-behavioral techniques, developing skills in the couple's ability to identify dangerous patterns of behavior, and to clarify and differentiate thoughts, feelings, and behaviors:

> What we do is we have the couple come in, we ask them to talk to each other about a typical experience that might lead them to some sort of aggression or some sort of conflict where they would be tempted to hurt each other, or actually step over the line and hurt each other, think of an incident. Then the interventionist helps them dissect and bisect this interactional sequence… We have them basically tell us a step-by-step-by-step what behaviors happen and in what order it occurs. At every step we ask them, what were you thinking and what were you feeling? …That argument might end in violence, and then they cool down and separate, but they don't resolve anything… Once they do construct this pattern and we've written this all out, the behavior, what you were thinking, what were you feeling, what happens next, that's the behavior… We have them sit back and study the pattern. We ask them, what are your impressions of what you've told us? Most of the time … they'll say, 'yup, this is us,' or 'I can't believe that I'm doing this with somebody that I love.' They're stunned by what would typically happen in the snap of your fingers. (19:22)

One interviewee, who described himself as a former abuser, incorporated feminist ideas of equality in relationships with cognitive-behavioral techniques, arguing that change in both a belief system and behavior was necessary to end domestic violence:

> It's a sense of guilt and shame, a sense of right and wrong. When I was doing it, I never once thought it was okay and never felt good about it…I just didn't know better, meaning I had no options in my toolbox, which is a way, again, to help the men. We are not really taught to handle stressful situations other than basic aggression whether it be verbal, body language, or physical. It was a big learning curve for me to start saying that I could really just walk away, learn how to deal with this, and eat with this difficult taste in my mouth and over time, it will get easier and easier. This other person does have the right to say no and I should be okay with that. It was just a new belief system and new alternative behavior. (7:43)

System-Focused Paradigm – Lifting the Smoke Screen

The system-focused paradigm originated in the early 1980's with the Domestic Abuse Intervention Program (DAIP) in Duluth, Minnesota, with the development of batterer groups for men who were mandated by the courts as part of a community-coordinated response to domestic violence (Pence, 1983; Pence & Paymar, 1993 – see literature review section for more information). DAIP incorporated direct work with batterers into a systemic approach involving the police, courts, battered women's advocates, social service agencies, and other community institutions working together to combat domestic violence (Pence & Paymar, 1993; Pence & Shepard, 1999; Mederos, 1999). As the battered women's movement evolved to demanding a more system-focused intervention for batterers, those overseeing batterer programs from a feminist perspective shifted away from the idea of trying to change the behavior of the individual to the more global idea of creating a community that does not tolerate or support violence against women. One of the interviewees clearly expressed his perspective that the continued focus on changing the attitudes and behaviors of men who participated in batterer programs, despite the lack of success of these programs, structurally ignored the bigger social issue of creating a society that does not support men's violence against women:

> Self-talk, stress reduction, talk about the first worst and last incident… and these were strategies that were developing, plus many, many others, and people would become wedded to them and like them and believe in them in spite of anecdotal and other kind of evidence that was making it clear that to people like myself and other battered women advocates and feminists who would come into this work that no matter what we were doing that the goal was to get the individual men in the programs to get better, stop. These programs were not successful and it was occurring to me very early on that when people said, did the program work, and this was even in the early '90s and the late '80s, they were wanting to know how many men stopped being abusive, and it was already clear that men were not

> going to stop being abusive as a result of having been ordered into a six-week, eight-week, ten-week [which] grew to 16-week, to 26-week to 52-week, and even if a man or two did become different that that whole program was acting as a smokescreen 'cause we weren't challenging the underlying assumptions that were replete in society and the court system and the community that supported them getting away with these acts of assault, so it was a mess. (6:13)

One interviewee discussed the dual role of the programs that are part of the New York Model: 1) providing a service to the court, and 2) educating the community about violence against women and the role of batterer programs:

> Our community is the criminal justice system so [the program] serves that community. We also do a lot of educating within not only the criminal justice system, but within the city in general around the role of batterers programs, around men making choices, around respect for women, and around ending domestic violence and all forms of violence against women. This is a social change issue, not about an individual man who is abusive. He's only abusive in the context of the social support he gets. (8:35)

The criticism of the system perspective is that it "gives up" on trying tomake a positive impact on the individual man by focusing on systemic change. In addition, it is difficult to determine the impact of the batterer program itself on systemic change – societal certainly, but even the impact of the batterer program on the judges, attorneys, court officials and others in the criminal justice system.

Educational Paradigm

All of the programs included education about domestic violence as part of their intervention. This is a departure from other studies of batterer programs that differentiate programs that are psycho-educational in focus versus those that have a cognitive-behavioral or other type of intervention model. In this study, all 19 of the programs represented provide education, including topics such as the dynamics of domestic violence, the history of violence against women, and the impact on women and children. Without any specific question related to the issue, nine out of 19 programs (47%)

explicitly discussed the use of the Power and Control Wheel, which was developed by DAIP as a tool to discuss the different kinds of domestic violence, including physical abuse, sexual abuse, psychological abuse, financial abuse, and others, as well as specific examples of abusive behaviors for each category. However, the way different programs use the education may be differ. For example, in reviewing the Power and Control Wheel, a practitioner using a trauma-focused paradigm may connect it with the kinds of abuse the man experienced as a child, the practitioner using a cognitive-behavioral approach may use the Power and Control Wheel to identify abusive behaviors that the individual used, while a system –focused paradigm would use the Power and Control Wheel to educate the community about violence that women face. Therefore, the overwhelming use of education by all of the programs indicates that psycho-education may no longer be a useful measure to use to differentiate programs; it might be more useful to differentiate between programs that focus on trauma, cognitive-behavioral change, and system change.

Models of Batterer Programs: Duluth and New York

Thirteen out of the 19 interviewees (68%) referred to the Duluth Model or the New York Model discussed in the Literature Review section of this paper. A review of how these two models were viewed by the interviewees bears some discussion as they helped shape how they think about their own batterer program models.

Duluth Model

Twelve out of the 19 program representatives (63%) mentioned the "Duluth Model" without specific prompting by the interviewer, indicating the prevalence of that

model in this work. This is consistent with other literature in the field which discusses the widespread adoption of the Duluth curriculum in batterer programs across the country; because the model's attraction may in part be that the curriculum has detailed lesson plans and clearly outlines the role of the facilitators and is particularly "user-friendly" in integrating the program into the criminal justice system, the source of most referrals to programs (Mederos, 2002).

The advent of the "Duluth Model" was a watershed moment in the field of batterer intervention on two levels: the concept of the "community coordinated response" focused the role of the batterer program as part of the criminal justice system response to domestic violence, thereby introducing a more punitive rather than rehabilitative purpose; and the tool of the "power and control wheel" that developed as part of the "Duluth Model" became a useful resource to educate batterers about the range of abuse that constitutes domestic violence and became a backbone of many program's curricula (i.e., spending a session on each of the different types of power and control on the wheel—physical abuse, emotional abuse, sexual abuse, etc.). Some programs used the Domestic Abuse Project, the organization that created the Duluth Model, as a resource for training for their batterer programs:

> In 1988 … a lot of batterer programs were doing a lot of anger management stuff. We were really learning at that time that this issue is not about anger management and then really transition it to using…we were all learning about Duluth then. Then we learned about this curriculum where the focus then was on power and control not anger management because anger management wasn't the issue. To use the Duluth curriculum you had to be trained by Duluth. (10:55)

However, different programs seemed to mean different things when they referred to the "Duluth Model." When it was mentioned during the interview, the interviewer made a point to ask the interviewee to describe what they meant by the term the "Duluth

Model" to get a better sense of the various ways that programs use the term. The research identified two different ways in which the term was utilized by the interviewees: 1) to describe the coordinated community response to domestic violence that focuses on victim safety and batterer accountability; and 2) as a way to describe a curriculum developed by the Domestic Abuse Project in Duluth, an educational model that incorporates the power and control wheel.

Most of the programs that referred to the "Duluth Model" used it to refer to the curriculum. Without any prompting, seven of the nineteen programs (37%) relayed that their curriculum was based on the "Duluth Model," meaning that these programs focus on educating men about the dynamics and impact of domestic violence, including the incorporation of the power and control wheel to examine the range of behaviors that are considered part of the pattern of domestic violence.

However, some of the programs took a broader approach, contending that viewing the "Duluth Model" as solely the curriculum was short-sighted and ignored the intended focus on the development of a coordinated community response to domestic violence; while the batterer program was a part of that response, it was only a piece of a much larger community response to domestic violence. These were the programs that viewed the role of the batterer program as more system focused – holding the court accountable to the sanction it imposed on referring batterers to the batterer program and enforcing consequences for not adhering to the sanction as much as holding the individual man responsible for attending the program.

> The class[es] themselves are based on the Duluth, I'm gonna say Duluth model. You'll hear people say oh yeah, we do the Duluth model but if you talk to the Duluth people, there's the Duluth curriculum and the Duluth model. The Duluth curriculum is that 26-week book that has a bunch of videos and the Power and

> Control Wheel. I can give it to you and you can go to page one and say okay, we're gonna spend 15 minutes on topic number one, then we're gonna ask eight questions and then we're gonna move to topic number two, anybody could do the curriculum. The model is the promoting [of] the accountability of the program in the community, attending community meetings, the model is joining up with the community and communicating with the shelter. It's answering problems and answering to problems in the community, especially problems that might emerge around the program. The model is knowing that the domestic violence intervention program, the batterer intervention program is not a cure all, it's not treatment, it's a portion of the community's response that's aimed to promote safety of families and accountability for the perpetrators. (14:26)

> Duluth really wasn't about the curriculum. Many people still to this day believe we're Duluth's program because we use Duluth's curriculum. That's not the reality of it. What Duluth means is that you have a coordination effort in place that's driven by policies, protocols and agreements that's really multi-disciplinary and it's really led by the local domestic violence batter women's effort, which we were that as well…. Duluth is around a multi-disciplinary policy, protocol and procedures that have the goals of prioritizing the victim's safety in that effort and then there's the accountability piece for offenders which we do. (10:55)

The programs that equated the "Duluth Model" with the curriculum largely viewed the role of the batterer program as that of trying to have some sort of impact on the individual man, but varied in terms of whether that impact was knowledge, behavior change or self-awareness. The programs with this perspective viewed the "Duluth Model" as a jumping off point, modifying the curriculum to more closely align it with the types of interventions they supported using to have an impact on individual batterers, including individual behavior change, skill development, and examining personal history of trauma and abuse.

> We use what we call a loose Duluth model…. Basically it follows around the wheel, power and control wheel, that's the way that the Duluth curriculum is built. Then over the years we [added] a lot of other pieces into it so it is not just the Duluth model … We focus a lot on behavior, the intent and the belief systems that go behind what we view as a reason for domestic violence. We also focus on personal accountability. (12:32)

> The person that was learning would observe the male/female co-facilitator do a modified Duluth kind of thing, but psycho-educational… It's a little therapeutic,

> … it's a little more open to hearing some of the trauma of the men's life, it's not cut off, but it's not allowed to take over. (2:12 - 15)

> When we started years ago, we used the Duluth model. We had therapists that went out to Duluth and got the training and we just used that program. We used the Duluth curriculum for several years and then we hired a, we had working with us a therapist who took the Duluth model and added to it… it shifted more into developing skills and that kind of thing…and they had homework and we never called it treatment. It was psycho education, but they had a pretest, post test on whether they knew the information. When guys completed, they had to score a certain amount on the test and they completed the program with the statement that you now know the skills. It's up to you whether you choose to be violent or not. It was more focused on teaching skills and homework and things like that. (17:26)

Some consider the "Duluth Model" a limited perspective on domestic violence. By espousing both a gender-based focus and a criminal justice focus, it ignores that the paradigm of the woman as victim and man as perpetrator is not always that clear, and that not all couples want to split up because of the domestic violence. In at least one case, the "Duluth Model" is overtly used as code for the gendered perspective of domestic violence:

> Our court here, our IDV, our Integrated Domestic Violence court, is very Duluth-model-oriented, but, occasionally, the judge gets these couples that just say, too bad. We're going to be together. You can order us apart, but as soon as it's lifted we're going to get back together …The shelter here is also very purist in their Duluth perspective … women are victims, and men are perpetrators. (19:40 - 43)

This finding of variance in programs claiming to follow the Duluth Model is consistent with findings of other research in the field which found inconsistencies between programs claiming to use the Duluth Model, and jurisdictions that modified the Duluth Model to meet other jurisdictional needs (Healy, Smith, O'Sullivan, 1998; Mederos, 2002).

New York Model

While questions about the New York Model were not specifically asked during the interviews, eight out of the nineteen (42%) interviewees proactively discussed their perspectives on the New York Model of batterer programs, indicating the importance of the model among batterer programs in New York State. As discussed in the Literature Review section of this paper, the New York Model was developed subsequently to the Duluth Model and under the auspices of the New York State Office of the Prevention of Domestic Violence (NYSOPDV) to improve community response to domestic violence, not change behavior of individual batterers. The New York Model was developed to define the role and practices of batterer programs in response to research findings that batterer programs have not reduced recidivism in the long term (retrieved from http://www.opdv.state.ny.us/whatisdv/bap/index.html.). Programs that follow the New York Model function as a probation-like model for men who appear in court as a result of abusive behavior against women who are their intimate partners. New York Model programs work with court-mandated batterers to assist the court in monitoring offenders, while providing them with education about domestic violence. The intent of the New York Model is for batterer programs to function as one in a series of graduated sanctions for domestic violence crimes, not as a diversion from more serious consequences (OPDV, 2006).

Some of the interviewees operate programs that follow the New York Model and advocate its broader use among batterer programs. These interviewees saw that the New York Model reflects the direction of the community coordinated response that was a key part of the Duluth Model, and they felt it provides a specific structure and role for

batterer programs consistent with and responsive to the research that was finding that batterer programs were not effective in changing the attitudes and behaviors of individual men.

> We knew there was new research coming out, that batterer's programs weren't really that effective ... we were also, I think, getting a little burnt out on that program and it was old. I was beginning to believe that it just wasn't the way to go any more and then I had heard about the New York model. (17:34)

However, a couple of the interviewees voiced a number of criticisms of the New York Model. First, that the rules required by the model, such as that any lateness should be considered an absence from the program, regardless of the reason, were too rigid and inflexible for the men in the program. Second, that the New York Model, as designed strictly for men who were mandated, provided no options for intervention for men who voluntarily wanted to attend a batterer program. Third, that by serving as merely a monitoring function to the court and reporting only on an individual's program attendance, rather than making any assessment or comment about the participation of the individual man in the program, the Model sent a message that men cannot change. Fourth, that the focus on sexism and male privilege as the reasons for abuse are too limiting and not the full picture of why men are violent against their female partners and excludes women's violence against men as well as violence in same-sex relationships.

> We're more flexible than other programs. We have a policy of two absences and no lateness but we're flexible with that meaning the guy calls in and says he has to work late, he's a supervisor...you know. He has a story behind his story. We will work with him in order to not make it punitive for being late. My belief is that we're trying to teach them not to be so black and white and be so rigid. If we do what the other programs do, we're just reinforcing the same behavior which we're trying to change. (7:20)

> The New York State model says men only abuse because they have a sense of privilege and entitlement which is part of it … Some guys are situational. They get panicked, handle frustration and anger and they don't know how to deal with

> it. They don't believe in being abusive but they just don't know better… It's not so simplified. I agree -- it has a lot to do with sense of privilege but a lot of guys when you ask them straight out, do you think a man should have different rights and entitlement than a woman? A lot of guys say no. The state model says that's what is. (7:122)

The criticism of some of the programs of both the Duluth and New York State Models demonstrates some of the philosophical and programmatic tensions between programs. These disagreements in approach are discussed further in the Sources of Program Tensions section below.

Funding Sources and Problems

Recurring streams of adequate funding are crucial support for any program or service to develop and grow. The lack of adequate funding to cover costs and the sporadic nature of some funding sources means that some programs have difficulties just sustaining themselves. This is a problem that plagues many programs in social services. Batterer programs, however, have an additional funding dilemma in that programs for victims of domestic violence have routinely and historically demanded that batterer programs do not take away resources that could be used for victims of domestic violence. The reason given by battered women's advocates is that funding streams for victims of domestic violence are inadequate, so any funding for domestic violence services should be prioritized for victims and not have to contend with competition from programming for batterers.

> Funding is a real challenge, and, in 1980, or shortly after the first NCADV [National Coalition Against Domestic Violence] Conference, the national coalition came up with a no-compete clause that it would be immoral and unethical for batterer programs to compete for money that should be going to women's services, and we have abided by that since. (6:53)

The programs that participated in this study voiced support that funds for batterer programs should not supplant funds that were dedicated to victims of domestic violence:

> I wouldn't want for a second to necessarily get a grant to pay for this class. It just contradicts. The value of the class doesn't warrant funding for the class, taking it away from victim services or taking it away from a primary prevention perspective. There's too many other ways that we as a community can say that domestic violence is not okay. Before I put more money from the community into these classes, I'd rather see them order 78 hours of community services or whatever other consequence that would be relatively equivalent.…I just couldn't warrant more money for it coming out of victim's services pockets or other places that could use the money more. (18:36)

In addition to the requirement that batterer programs not compete for funding with domestic violence programs, the New York Model for batterer programs also requires that programs do not diagnose the participants in the program (see chapter 2, New York Model section). Diagnosis is viewed as pathologizing abusive behavior, seeing it as a mental illness, rather than a symptom of the larger issue of sexism which is supported by history, laws, and the broader culture (Frank, 2005). Since the concept of diagnosis goes against the model, programs in licensed mental health and substance abuse clinics are either compelled to justify the use of diagnosis or try to obtain other sources of funding to enable the program to continue without billing insurance companies for reimbursement, such as collecting fees from the participants, government funding, or private fundraising.

> [Funding from the State] really helps us. It gives us some dollars to be able to say we can do some of this stuff and not rely so heavily or maybe not rely at all on having to make this a mental health program. We may ultimately do a better job if we take it out of our mental health clinic and make it a free standing offender accountability program and make it what we would call fee-for-service program. In addition to our funding, have the men pay out of pocket and not take any insurance or Medicaid dollars for it at all. I would prefer that model quite frankly if we can make it happen. (12:28)

The contradiction here is that due to the requirements of diagnosis for funding, mental health clinics and, in many cases, substance abuse programs, are essentially

unable to meet the underlying principles of the New York Model that do not support the concepts of diagnosis, treatment and rehabilitation.

Lack of adequate funding was expressed as a concern by most of the participants in this study. The majority of those interviewed had responsibilities in addition to operating the batterer program. For most of those operating mental health clinics, batterers, though a very specialized population, was just one of the populations served. One of the interviewees running a small private mental health clinic needed to do more than just diversify clients: "[I make] just enough to pay for all the expenses. There's no profit so to speak. That is why I just started a [second] job." (7:18)

New York has provided only two government pots of funding specifically for batterer programs. The first source, NYS OPDV, is the only state agency that provides specific funding for batterer programs, offering small annual grants which do not fully fund the programs, to six programs across the state in a competitive bidding process. However, as of July 1, 2009, funding for batterer programs was eliminated from the New York State budget, due to fiscal constraints and because the programs had no proven track record in achieving reductions in recidivism (personal correspondence, Amy Barasch Executive Director, NYSOPDV, June 15, 2009). The second source of government funding is from the Office of the Mayor of New York City, through the Office of the Criminal Justice Coordinator, which provides funding to one batterer program in the city through a competitive bidding process. Other sources of funding include general funds from the parent organization, direct payments from participants, third-party (primarily insurance) reimbursement, and private funding (primarily through foundations).

A couple of the participants were part of a community-wide consortium that received federal funding through the Violence Against Women Act to develop community standards for domestic violence services, including batterer programs. However, they did not fund the operation of the batterer program itself, but, rather, the operation of the consortium (which involved domestic violence service providers, police, prosecutors offices, probation, parole, court officials, health care providers, alcohol and substance abuse programs, and representatives from other organizations that provided services to domestic violence victims and offenders).

Some of the programs that depended on insurance reimbursement expressed concern over the low rate and how that makes it difficult to provide services to people who don't have financial resources. One individual-practitioner said:

> The insurance situation has gotten so bad in terms of what the reimbursement rates are that many of us have refused, myself included. What I do instead is a sliding scale, although it's not that low, but some of the other people are willing to see people at a lower fee than I am. (1:27)

Also, in some cases, the client base required more services than the insurance reimbursement would pay for:

> There was a greater need for administrative oversight. The participants were difficult. There was much decision making about setting rules… about challenges to the facilitator that are not part of the normal group program or therapy program. That was very draining. (15:45)

Some of the programs are looking to the government for funding to support the programs. Existing government funding for domestic violence largely precludes its use for batterer programs:

> [We receive] no government funding for services for batterers…. CVB [New York State Crime Victims Board] money cannot be used for batterers at all. Nothing can really. There is no funding…let me know when you see funding out there." (3:18)

In addition, designated funding for batterer programs is viewed as inadequate to meet program needs:

> I know that OPDV has given us, you know, usually about $28,000.00 or $35,000.00, which, as you know, is not enough to pay salaries let alone anything else." (6:36)

Some of the interviewees discussed the need to change how services are provided because of budget constraints:

> The group facilitators really enjoyed running the closed-ended group … They felt like there was probably more impact on those men, but it was very cost inefficient because they end up with six or seven guys in a group with two facilitators, and that is not so efficient. We could only do it at a time like this where we have this big, huge wait-list, so that we know that we can get that number of guys … I have somebody in development trying to go out and trying to find a specific grant so that we can do this. I just figured out it'll cost me $8,500 just to pay the facilitators." (3:48)

Most of the organizations required that the participant pay a fee for the service, to offset program costs, even though the fee does not fully support the program. According to one interviewee, the participant fees provided "some funding, but certainly a miniscule proportion. Most of our men end up paying $5 [per session]." (6:35)

While some programs required participants to pay at least some nominal amount for the program, other programs were a part of organizations that only provided free services to clients and made no exception for abusers or people who were mandated to the program, even when the program was not covering its costs:

> It's about a $175,000.00 deficit. That's the way it stands. All of our services are free. We don't charge, and that's sort of an agency philosophy. We don't turn people away for lack of payment. We've struggled with the charging issue, and we tried it at one point for the batterers program. Because we're so small, it became too much of a logistical nightmare to make it worthwhile." (3:15)

Some of the programs receive funding from their organizations general fund, reflecting board commitment to continue the programs, even without dedicated funding specifically for them:

> There has never been enough money. There has never been money gotten in grants. There has never been money from fees. There's not enough money to actually run this program on its own so that the Board of Directors has really supported it. There was a time where there was no funding whatsoever and I was actually being funded to run another program and as long as I was able to fully, fully fulfill my obligation to the grant that was funding me the board allowed me to do, on their time and my own time, what needed to be done to keep the program going. (6:53)

> Since our fees are on a sliding scale…there is a deficit there …and that deficit is offset by the [organization] which I wish we didn't have to do that but our local domestic violence program really wants our program to exist in this community so that's the way we're able to fund it at this point. (10:48)

> If we had a really busy year, if we needed new computers one year or we had some major costs come up, I know that we can always dip into what's called, I don't know, somebody's referred to it as bake sale money which is like a general fund. (11:7)

> Somehow the Board of Directors says we're gonna keep doing this. I know it's not making money, that's for sure. (14:64)

However, for many of the programs without a dedicated funding stream, the Board of Directors or senior management of the organization may have to make the difficult decision to end the program and stop providing the service. One program was primarily funded by the organization's general fund until the program was ended in 2005 because "I think we were looking across the board to be able to have programs be self-sufficient." (5:11)

One of the programs received initial seed funding from a private funder, but could not obtain a more permanent funding stream and ended up closing the program:

> We got it funded by [a private foundation] for about three years, but their idea was that then ACS [the New York City Administration for Children's Services] or the Preventative [ACS contract agency] should fund it, and no one did." (2:9)

And in another case, the mental health clinic itself had to shut down, primarily because it was not maintaining a reasonable profit.

> The reason [the batterer program] came to closing was because [the mental health clinic] also ended operations at that time…primarily based on the decision of the founder, and primarily for financial reasons. The agency was having difficulty maintaining a reasonable profit. (15:28)

One program seemed to be able to make the funding work between funds from the State and collecting fees from the men: "The OPDV grant is now $50,000. Their $50,000 and our $62,000 to $63,000 whatever that we collect in fees from the men, those two things combined pretty much cover everything we need to do" (11:7). This could be a function of the small size of the program.

For most of the other programs, finding sustainable funding was a key priority. In many ways, batterer programs are hamstrung by the funding sources: mandated domestic violence offenders may be a source of referrals for mental health clinics, but requirements to diagnose to qualify for third-party reimbursement puts the programs in conflict with the New York Model; the recent elimination of funding for batterer programs from NYS OPDV may make it difficult for at least some of the programs that operate the New York Model to make ends meet, and may send a larger message to the organizations that operate these programs that they are not a priority; and the commitment to not pursue funding that could be used for domestic violence victim programs reduces potential funding options for batterer programs. The lack of clear new funding options for batterer programs makes it difficult to see how they will be able to sustain themselves.

Sources of Tension between Programs

With differential and opposing approaches and goals between batterer programs, it is no surprise that there is documented and ongoing tension between various stakeholders, particularly batterer programs ascribing different approaches to working with batterers; domestic violence service providers and advocates who are focused on safety for victims; researchers in the field; and judges and criminal justice officials who make the bulk of referrals to these programs (Hamberger, 2001; Rosenbaum & Geffner, 2001). According to Rosenbaum and Geffner (2001), "Too often, in-fighting and competition among batterer treatment providers, battered women's advocates, shelter personnel, researchers, and academicians obscures that they have a common mission, which is the elimination of domestic aggression in all of its forms" (p. 290).

Nine of the 19 interviewees (47%) mentioned tensions between batterer programs. In addition to the use of the word "tension" to describe the relationship among batterer programs, interviewees referred to "mistrust" between programs, and called programs "polarized."

In the interviews, this "tension" boiled down to two main areas: where the program identified the locus for change – society and larger systems versus the individual participant in the program; and whether the program identified the "client" as the battered woman (the partner of the abuser) or the abuser who was participating in their program.

Programs that try to make a positive impact on men's behavior struggle over how to interpret the changes that they may be seeing in working with an individual man – acknowledging that change is possible without overstating the significance of the change:

> I think there's a little defensiveness on how I say this because of the constant barrage that these programs aren't effective or working. When you're doing the work with people, you're seeing that people are getting it. You're seeing that they're sometimes struggling with it in the beginning, and they're struggling less towards the end. You're experiencing some kind of a change with a person…it's a step along the way. How big a step? I don't know. I take umbrage at those who say it's no step at all. (15:134)

One interviewee discussed how some of this tension emanates from victim service programs that are focused on victim safety rather than any possible change on the part of the batterers. This tension brings into question the most effective relationship between victim service and batterer programs:

> I think it goes to the question of what should the relationship be to victim services agencies, and programs that work with perpetrators. Safety is a variable there, but then there is a real question about who are we serving, who is getting funded … There's a tension …between victim service programs and batterer programs. Even though we were all working toward the same goals, there was a bit of mistrust about intentions and focus around victim's safety, about effectiveness that was a very apparent tension… (15:47)

Some interviewees from programs that focus on trying to change the individual batterer view the programs that emphasize community change as being resistant to focusing on any change in the individual men in the program:

> I used to work for [a batterer program] briefly … It's all about shame on you. We're going to lock you up next time. A lot of threats, a lot of repeating the same behavior. We're trying to get that to change. (7:49)

One respondent criticized some of the staff of programs that focus on changing society for using aggression in their work with batterers as a tool to confront the batterers' own aggression:

> There's this idea I think in DV programs about how you have to meet aggression with aggression, that the only thing that these people who come through the program understand is aggression and then you have to sort of model that. I've really been trying to say you have to model other type of behavior and almost in a sense meet aggression with compassion. They already know aggression so you're not teaching them anything by just being more aggressive than they are. (13:125)

Programs focused on changing the individual man were criticized for making false claims that batterer programs actually change individual men, when the research is inconclusive at best. The fear is that these false claims give false hope to victims and could further compromise their safety:

> Batterer programs in my experience - with a lot of batterer programs in this country - is they are driven by a very different definition of success that is extremely dangerous and compromising to battered women in this country… That batterer programs in this country are saying we are fixing men because that gets them money. (10:96)

Some interviewees voiced an internal conflict – having come from the battered women's movement and understanding the role of patriarchy and sexism in abusive behavior, but also wanting to address the individual trauma of the men:

> many things are true at the same time, that power and control, and masculinity and male dominance, and male supremacy … I'm more furiously feminist by the minute, usually. That's how I feel, but at the same time, I also think that there's this tremendous trauma that adheres to that stuff that makes it come out a certain way, but it has to be attended to somehow. (2:90)

Many of those who brought up this issue of program "tension" or "polarization" felt a fierce loyalty to their perspective, but also felt isolated, misunderstood and vilified by others in the field:

> I believe that the impact of my very particular program has been challenging the face of batterer programs in the United States of America for all of the years that we have been in operation, and I think that that is the impact today. I think that we are still standing after years of the full range of insult and name-calling and misinformation about us and what we do. People say about us, 'Oh they think men can't change.' Really? (Laughter) I think men can change. (6:46)

One interviewee voiced frustration with the tension between programs and that this tension is preventing the work from moving forward and finding the best way to achieve safety for victims:

> Tension prevents communication and ability to find the best model for victim safety. "I don't think we can say one particular thing makes something work where something else wouldn't… so we can then begin to take a better look at it and see what is best and helpful. As opposed to people in their different camps being enemies and not sharing the work and doing what is right in making the victims safe. (5:41)

One interviewee tried to rise above the tension by trying to find a way of looking at both – both the individual choice of being abusive in addition to the social sanctions of abuse toward women. This comment gives voice to the ongoing debate about the causes of domestic violence – men's power and control over women versus more individualized issues involving the individual man or the couple. This suggests the need to develop a more complex theory that would include both the social and individual emphasis within the same framework for understanding domestic violence:

> I think emphasis is a good word, like there are emphases, like where community emphasis and social problem emphasis, but there's no question that there's clinical all mixed up in that. Together, people tend to be way to one side, or way to the other, and I think our mandate should be to develop a more complex and nuanced language around it, so that both of those things can be contained. (2:87)

One interviewee expressed hope that the discussion is moving forward:

> The day of the camps is really coming to a close I hope. I just think it's so unproductive, and it fragments the DV field terribly. (19:10)

Outcomes and Measuring Success

When asked to define success for their batterer program, eleven out of the nineteen programs (58%) truly struggled with the question. "Oh, that's the gazillion dollar question, isn't it?" exclaimed one interviewee (3:67). "Wow, that is a heavy question. I think that it is a very hard to define success in a batterers intervention program," said another interviewee (5:24). "That's a huge question," exclaimed a third (10:51).

Even though participants had difficulty defining success for their programs, those interviewed also articulated an interest in grappling with the issue. One interviewee said, "That is a phenomenal question because it's the one that I've been playing with for all the years that I've done this work" (6:39).

Five out of the sixteen interviewees (31%) who were currently providing batterer programs questioned whether batterer programs should continue, expressing frustration over their lack of proven effectiveness in stopping domestic violence: "Maybe we should just shut down," said one interviewee, "because we can't promise anything to the community" (14:60). Another supported this sentiment by stating, "I would say from the perspective of the program itself, I would honestly say that I don't think the program in itself does much to have any impact on domestic violence in our community" (12:58). Another went even further by claiming that, "I don't believe that the program itself really is all that valuable" (18:32).

Four out of the five programs that made statements that seriously questioned the efficacy of these programs subscribed to the New York Model and received funding from NYSOPDV. This is in keeping with the philosophy behind the New York Model that the purpose of these programs is not to end domestic violence, but to act as a sanction for the court for men who are involved in the criminal justice system due to domestic violence.

During the original coding, nearly twenty different types of success were identified, including: victim defined, coordinated community response, social change, ending abuse and recidivism, behavior change, behavior change during participation in the program, couple defined, increased court sanctions for non-compliance with batterer program, educating community about role of programs, engagement with the program,

family defined, linking with other services, program completion, sobriety, stopping physical violence, taking responsibility, understanding behavior, and victim safety. These codes were reviewed and categorized into codes and sub-codes with the result of three primary dimensions of success – for the individual man; for the couple; and for society.

Babcock and La Taillade (2000) drilled down these areas and identified broad goals for three types of batterer intervention: the goal of the feminist approach is to end abusive behavior; the goal of the psychotherapeutic approach is to heal the batterer; and the goal of the couple's therapy approach is to improve the relationship. These three broad goals are in line with similar studies that have categorized and differentiated batterer programs (see Healey, Smith & O'Sullivan, 1997). This study used these broad goals discussed by Babcock and La Taillade (2000) as concepts for distilling the goals that were emerging from the data of the study: **heal the batterer,** which involves changes in the individual man participating in the program (i.e., change in behavior, attitudes and/or knowledge); **stop domestic violence**, which involves changes in the way society responds to domestic violence (i.e., expanded criminal justice response sanctions to domestic violence, increased sanctions for men who do not complete the program, and increased education about domestic violence and batterer programs; and **improve relationships,** which incorporates changes in the dynamics between partners in a relationship.

The other codes were categorized as sub-codes under the three major code headings. The following sections outline the three major codes and sub-codes for the differential determination of success for batterer programs.

Table 8: How Programs Identify Success by Goals

	Mental Health	Victim Services	Child Welfare	Substance Abuse	Multi-Service	Total
Heal Batterer	5	1	1	2	1	10 (42%)
Improve Relationship	2	1	1			4 (17%)
Stop Domestic Violence	2	5	1	1	1	10 (42%)
Total Goals	9 (37.5%)	7 (29%)	3 (12.5%)	3 (12.5%)	2 (8%)	24 (100%)*

* Not 100% due to rounding

Table 9: How Programs Identify Success – by Program Area

	Mental Health	Victim Services	Child Welfare	Substance Abuse	Multi-Service	Total
Heal Batterer	5	1	1	2	1	10 (53%)
Improve Relationship	2	1	1			4 (21%)
Stop Domestic Violence	2	5	1	1	1	10 (53%)
Total Programs	8 (42%)	5 (26%)	2 (10.5%)	2 (10.5%)	2 (10.5%)	19 (100%)

*Not 100% due to rounding

1) Identifying Success: Healing the Batterer

Ten out of the nineteen interviewees (53%) defined success as including some sort of mechanism for healing or creating positive change in the batterer. Of those ten programs, that defined success as healing the batterer, five (50%) were mental health organizations; one (10%) was a child welfare agency; one (10%) was a substance abuse program; one (10%) was a multi-service organization; and none (0%) were victim services programs (see table 8). Consistent with the literature in this area, the programs with these

perspectives were predominantly the ones that considered the program participant as part of their client base (i.e., mental health organization focusing on providing treatment for offenders; child welfare agencies and multi-service organizations focusing on working with the entire family; and substance abuse programs focusing on the co-occurrence of substance abuse and domestic violence). Analysis of the interviews identified five different kinds of success for the individual participant that programs used as goals for their programs: positive behavior change; engagement; program completion**;** sobriety; and increased knowledge about domestic violence (see Table 10).

Table 10: How Programs Heal the Batterer

	Mental Health	**Victim Services**	**Child Welfare**	**Substance Abuse**	**Multi-Service**	**Total**
Behavior Change	5		1	1	1	8 (80%)
Engagement	4		1		1	6 (60%)
Program Completion	2			1		3 (30%)
Sobriety				2		2 (20%)
Increasing Knowledge	2	1			1	4 (40%)
Total - Heal Batterer	5 (50%)	1 (10%)	1 (10%)	2 (20%)	1 (10%)	10 (100%)

Increasing Knowledge about Domestic Violence - Four of the ten organizations (40%) that had the broad goal of healing the individual batterer viewed success as increasing the individual's knowledge about domestic violence. One way interviewees discussed how participants increased their knowledge included learning "the new lingo, the new terminology," (7:21), concepts such as power and control, different kinds of

domestic abuse (i.e., physical, sexual, emotional, financial, etc.), the impact of domestic violence on women and children, how domestic violence escalates over time, and the history of men's violence against women.

One interviewee described the education component of batterer programs as an essential first step – that batterers need basic information about domestic violence and its impact on both themselves and others in order to move forward with any kind of change. As this interviewee described, information and education is used as a motivational tool to encourage men to take the next steps toward behavior change, but is not seen as a mechanism for stopping abusive behavior itself:

> We're looking at batterer's intervention not from whether or not it cures batterers, but whether or not it at least gives batterers the important information they need to have to change should they want to (12:54).

In terms of measurement, one interviewee worked with an academic institution to study if batterers learned information about domestic violence while they were in the batterer program and found that men who completed the program did learn some key information by the end of the program:

> … men would complete the program and then we had an exit interview. What we did was we collected the data and then we collaborated with some researchers at [a local academic institution] …who took our information and did their research thing on it… They came up with a fairly significant statistical finding was there was a correlation between the men who were compliant in the sense that they actually learned about some of the key components we were trying to teach during the 26 weeks. (12:66)

However, another batterer program that had historically tested participants to determine if they had learned information about domestic violence during the program recently eliminated the testing because they found that just because the participants knew the information did not mean that they were necessarily changing behavior with their

intimate partners. Consequently, they eliminated the post-program testing altogether. In describing how the program worked and this shift, the interviewee said:

> … the clients learned enough to be able to score a certain score on that test that proved that they had learned the material. Even though learning the material didn't automatically mean they were going to use it, our goal was that we could document we had taught them this material and they knew it. Now it was up to them whether they changed or not. It really didn't have a lot to do with the courts. It had to do with more teaching the men things. Now we're not, that's not our goal. (17:32)

This last interviewee sums up the problems with education as a goal of a batterer program. The correlation between gains in knowledge and change in behavior have not been clearly made in research on batterer programs; therefore, even if a batterer is able to demonstrate increased knowledge about domestic violence, it is unclear how or if that translates into any behavior change.

Engagement – Six of the ten organizations (60%) that had the broad goal of healing the individual batterer viewed success as the participant's active engagement in the program. The level of engagement that interviewees identified as success varied. One interviewee summed up the range by talking about successful engagement as varying from "just getting the guy in the room," (3:62) to someone who "says, at the end of group, 'What's next? Can I come back? Can you give me a referral for individual counseling?'" (3:107).

One of the cornerstones of successful engagement is active participation in the group. One interviewee discussed the importance of intake screening and creating an atmosphere that fosters participation:

> I think we were very good at engaging our clients. We spent a lot of time at intake to find and put men together. We didn't just want to throw somebody in a group. We really went through an extensive intake process to make sure that we thought the program would be helpful to the participants. I think that was one of the strengths of our model. (5:27)

Interviewees discussed how, for many men, participating in a group and talking about feelings and experiences is a new and difficult process:

> At first, I thought a lot of the men that I experienced had a really hard time just being in a group with other men. Although, by the end, they really, really liked it. They needed it, but they were very uncomfortable, obviously, talking about their feelings. It would take a lot of them a long time to say to the other one, I think you're feeling this way… (2:54)

One interviewee discussed that successful engagement is when participants become more aware of their actions and thoughts at least while they are actively involved in the program:

> As I see them come in and motivated and really engaged in the group sessions, it seems to be helping them be aware of their behavior and how they think. Of course, I wouldn't bank on that ten weeks after class at home. It just heightens their awareness. (7:27)

Other interviewees defined successful engagement as when the participant becomes comfortable participating in the group and "begins to question long held beliefs and attitudes that were never questioned before" (9:50). This interviewee went on to discuss how their program expanded from a six-month to a one-year program to take into account the amount of time required for participants to begin to move from the place of externalizing blame for the violence to internalizing it:

> We were a six-month program, and we evolved to a year because what we found is that the men who were mandated, about six months into it, started to be less hostile and angry with focusing just on blaming the victim or the system, and began to be able to take a look at their own choices and behavior, recognized that they had alternatives, and that the violence wasn't the only alternative available to them. In that sense we regard that as a positive aspect of participating in the program if it appears that somebody is taking more responsibility, more open about what they're actually doing and thinking. That would be our idea of success if somebody is presenting in a way as if they were taking more responsibility. (9:40)

Another aspect of successful engagement is creating a motivation for change. One interviewee referred to this as "intrinsic motivation":

> You hope that you can impart enough intrinsic motivation for people to want to get moved into a place of change to reflect on their behavior and think about choices and doing things differently. (12:54)

Other than attendance, engagement is difficult to identify clearly and to measure. One promising practice that has been receiving increasing attention in the field of batterer intervention, and mentioned by two of the interviewees, is the model of change process developed by Prochaska and DiClemente (1984), which has been widely utilized in addiction reduction and promotion of healthy behaviors (e.g., Prochaska, 1995; Prochaska, DiClemente & Norcross, 1992). This model identifies five stages of intentional behavior change and thirteen processes that are used to accomplish change. In the first stage of change, pre-contemplation, the individual is not actively considering change – this is the stage at which men beginning batterer programs are assumed to be. In the contemplative stage, the individual weighs the cost of maintaining the problem behavior and the benefits of change and develops the desire to change. The goal of the batterer program would be to move the offender from the pre-contemplative to the contemplative stage. The other stages include preparation, in which the participants begin to take small steps toward creating healthy behaviors; action, in which the participant works to continue positive behaviors and fight urges to slip back into unhealthy behaviors; and maintenance, where participants learn to find support to continue positive behaviors and anticipate situations that may encourage slipping back into unhealthy behaviors (Prochaska & DiClemente, 1984). Prochaska has developed a stage assessment tool for participants to use to evaluate which stage of change the

participant is in and to measure how participants may be moving from one stage to another.

One interviewee described this process as planting a seed: "I try to look at it as, if nothing else, perhaps we're planting a seed and that even if somebody is engaging in that kind of behavior, if we can expose them to something else then if not today, maybe tomorrow or next week, next month or next year that maybe they'll actually start making some of that change." (13:54)

Using Prochaska's stages of change theory, this interviewee went on to explain what was viewed as a realistic and potentially measurable impact of a six-month batterer program, including increases in flexibility of thinking, self-awareness, and positive behaviors:

> Short-term success is also about whether or not you can sort of see some sort of change in the person within the six months. Again, you see a lot of people come through the program and they start off very angry, very resistant, very rigid…success is that at the end of the program, if you see people who seem to be a lot more flexible, have seemed to gain more insight into themselves, have attempted to make some sort of behavioral changes, who seem to have hopefully learned something from the program and have started the process of making change. Six months is not a long time to make what could be deeply rooted behavioral patterns or habits… If we can just see them moving along the cycle of change to where they are sort of in contemplation or planning or something along that, we consider that successful. (13:99)

These concepts of participation and engagement, in addition to behavior change, are key differences between groups that are focused on healing the batterer and groups focused on ending domestic violence. Groups focused on ending domestic violence, which generally view the groups as holding abusers accountable to a mandate from the court rather than an opportunity for individual change, are often ambivalent about batterer participation in groups (see next section below). One of the interviewees

discussed this dynamic by juxtaposing their program, which emphasizes participation, with those that are more didactic and do not encourage participation:

> If you give some people a space and opportunity to talk about what is difficult in their lives you can reach them. Some programs where the person tunes out and they are not listening to what you are saying, how effective can you be? (5:28)

Positive behavior change – Eight of the ten organizations (80%) that had the broad goal of healing the individual batterer viewed success as some kind of positive change in the batterer's behavior. However, consistent with the literature, these programs had differences in what they considered a positive change in behavior. Positive behavior change ranged from the extreme of all abusive behavior stopping to the more incremental approach of applying skills to de-escalate violence or improve relationships.

At the one extreme of **ending all abuse**, one interviewee said that success is "when the abuse stops, whatever the abuse is, whether it's verbal or physical … that the abuse stops and he manages to deal with angry feelings a different way" (1:35). One of the problems in identifying the cessation of abuse as a goal is determining how to measure success. Interviewees in this study discussed many of the same measures identified in the literature review section of this paper, including offender self-reports, reports from the partners and reports from other involved service providers. In identifying offenders who self-reported that they had stopped abusive behavior, one of the interviews said, "I've seen a few of them. We had one that came back who said it really has changed his life - he wanted to know what he could do for the program" (20:72). The use of offenders self-reporting change in their behavior has been criticized by domestic violence victim advocates as an unreliable way of determining change, claiming that the abuser may minimize or deny any continued violence. Another

interviewee discussed the use of partner reports to measure success, giving the example of "when the wives call me up thanking me and inviting me over for dinner … [saying] he's not perfect but he has changed" (7:23). Recent studies show that women are the best at judging the risk of future violence by their partners (Cattaneo & Goodman, 2007). However, some battered women's advocates have raised concerns that women may be coerced by their partners to report that the abuse has stopped, often to prevent further sanctions from the criminal justice system or other monitoring body.

The difficulty in measuring or determining if the abuse has stopped has led to some programs focusing solely on **stopping the physical abuse** aspect of domestic violence, but viewed through the lens of stopping re-arrests, which can be measured through monitoring arrest records. As one interviewee stated, "at the very least, we hope that the men will decide not to resort to physical violence, because they pretty quickly learn the connection between physical violence and arrests and possible incarceration" (9:47). Looking at recidivism enables organizations to track cases through existing arrest records rather than having to conduct costly research themselves. (Although locating, matching and documenting information from arrest records is no simple task and requires court permission, extensive time and resources, it is a simpler method than conducting other forms of research that involve data gathering, since the information is already collected. Also, examining re-arrests reinforces the court's role in working with batterer programs by providing access to the information.) However, measuring recidivism is not without its pitfalls. Not all incidents of domestic violence offenses lead to arrest (such as verbal abuse, harassment, assaults without weapons that don't result in injury, undocumented and veiled threats, and minor property damage) and many more don't

result in conviction (due to lack of evidence, pleas to lesser charges or non-domestic violence-related charges). Consequently, limiting recidivism to re-offending may grossly under-represent recidivism in domestic violence cases and leave victims in danger while a program may be perceived as effective. This perspective was supported by one of the interviewees who said that success is not measured:

> …by trying to assess how many men are still being abusive. I even rail against the recidivism studies that use arrest because finding out whether or not a man is arrested again tells you only whether or not a man has been arrested again. It says nothing about his abuse toward his partner. (6:40)

Another kind of positive behavior change involves **applying alternative to violence skills** learned from the program in daily life. As one interviewee described, "clients come back kind of enthusiastically reporting, 'hey...I did something. I did something which was different. I did something which wasn't abusive. I tried something new'...whether it worked or not. It's just the fact that they're trying something new" (7:20). Another interviewee described an example of a participant identifying signs of domestic violence victimization in a co-worker, acknowledging the consequences and intervening:

> In one of the groups I did, one man was a security guard and one of his employees was a woman, and because of being in the batterers group he started to see these signs. He started understanding more about domestic violence and she didn't come to work one day. He went to her house and she was tied up against the radiator. He really changed because of that. (2:68)

One of the criticisms of less than complete behavior change as a goal for batterer programs is defining what is enough behavior change to make a difference. Is it enough if an abuser reduces the amount of physical violence used, but still uses some physical violence? What if the violence doesn't rise to the level of criminal behavior, or the abuse

is no longer physical, but "merely" verbal? These are complicated questions that preoccupy the field of batterer intervention.

One of the interviewees criticized the idea of behavior change by focusing on the impact to the victim of domestic violence; questioning if we can ever quantify what would be considered "enough" reduction of domestic violence:

> We don't define success in, 'oh, well, he was verbally abusive six days a week, now he's down to three days a week.' Good for his wife, huh? We don't define success in those terms. We define it in terms of did they follow through with the court order. (14:42)

The difficulty in defining success in terms of behavior change is that it is impossible to expect complete behavior change and it is also impossible to define parameters of behavior change with which a wide variety of people in the field can agree. Consequently, this is why some programs have refocused on court compliance rather than any expectation about the participant's behavior.

Sobriety – As would be expected, the two interviewees that were part of alcohol and substance abuse treatment programs both had the goal of sobriety in addition to other goals for the participants in the program:

> They all have a set of goals … usually there are…two goals. One of them is sobriety; the other one is to satisfy the legal system. Now some of them are going to take the higher ground and move towards be a more respectful partner, be a more loving dad, different things like that. They always have at least two goals and that promotes the accountability piece. (14:71)

Program Completion – "The first success, I guess, is … somebody who actually completes the program," (13:39) one of the interviewees remarked. Three of the ten organizations (30%) that had the broad goal of healing the individual batterer viewed success as a participant completing the program. Studies show that between 50% and

75% of offenders who enroll in batterer programs fail to complete them (Babcock, Green & Robie, 2004; Daly & Pelowski, 2000). Providers continue to seek to increase program completion rates, often by focusing on increasing the engagement of individual participants for those programs focused on healing the batterer, and, alternatively, focusing on court sanctions for non-completers for those programs focused on ending domestic violence (see "Stop Domestic Violence" section below).

2) Identifying Success: Stopping Domestic Violence

Ten out of the nineteen interviewees (53%) defined success as society taking responsibility for stopping domestic violence. While the programs that focused on healing the batterer were housed in organizations with a largely mental health focus, the programs that defined success as stopping the domestic violence were more diverse. Of these ten programs, five (50%) were victim service organizations, two (20%) were mental health providers; one (10%) was a multi-service organization; one (10%) was a substance abuse program; and one (10%) was a child welfare organization. Consistent with the literature, all five (100%) of the victim service organizations defined success as stopping domestic violence. Many of the programs were housed in organizations or branches of organizations with a specialized connection to the criminal system (i.e., child welfare organization with a juvenile offender program; a substance abuse program working with mandated substance abusers and domestic violence offenders; and mental health organizations with other offender-focused programs). Analysis of the interviews identified three different kinds of success that programs used as goals: improved response by the court system to cases of domestic violence; increased public education about domestic violence and the impact of batterer programs; and implementation and

expansion of community coordinated responses to domestic violence (see table 10). Compared to the five kinds of success described above for the programs that focused on healing the batterer, the stop domestic violence programs had a more distinct definition of success.

Table 11: How Programs Stop Domestic Violence

	Mental Health	**Victim Services**	**Child Welfare**	**Substance Abuse**	**Multi-Service**	**Total**
Improving Court Responses	1	4	1	1	1	8 (80%)
Public Education	1				1	2 (20%)
Coordinated Response	2	2				4 (40%)
Total – Stop Domestic Violence	2 (20%)	5 (50%)	1 (10%)	1 (10%)	1 (10%)	10 (100%)

Improvement in court response to domestic violence – Eight of the ten organizations (80%) that had the broad goal of stopping domestic violence measured success by how well the courts responded to domestic violence. The focus on the court's role in properly prosecuting domestic violence offenders, developing appropriate sanctions for offenders, and creating stiffer penalties for those who do not comply with court sanctions are key components of programs that are focused on ending domestic violence. This perspective is based on the experience and research results that indicate that batterer programs are not effective in stopping offenders from being abusive. Based on this understanding, one interviewee summed up this perspective on a successful batterer programs:

> I just don't think batterer programs are the vehicle to end men's violence against women. They can be a vehicle of the criminal justice system to help the criminal justice system hold offenders accountable by providing this service to the court. (6:47)

Since studies indicate that between 50% and 75% of offenders who enroll in batterer programs fail to complete them (Babcock, Green & Robie, 2004; Daly & Pelowski, 2000), programs that base success on stopping domestic violence have focused on ensuring that the court imposes some sort of sanction or penalty on men who do not complete the program. According to one interviewee, "part of success includes, when there's a court order, did the person follow through? If they did not follow through, what was the sanction" (14:42). According to one of the interviewees, in describing one of the goals behind this approach, "the success that I see is when the courts are using it and in the community people realize that if they commit some domestic offense there's going to be a consequence" (18:30).

While focusing on ensuring increased sanctions or penalties may be a reasonable goal for batterer programs, having the leverage and ability to hold judges and court officials responsible for imposing increased sanctions and monitoring what happens to men who do not complete the program is difficult. While all of the batterer programs that followed the New York Model discussed the importance of increased sanctions for men who do not complete the program, only two of the interviewees said that they had documented the sanctions for men who did not complete the program, but neither of the interviewees had the resources to analyze the data. Therefore, in order to determine the outcome of men who did not complete the program, additional resources would be needed.

Public education about the role of batterer programs – While all organizations with the goal of stopping domestic violence viewed public education as an important role

of batterer programs, two of the ten organizations (20%) identified public education as a specific measure of success.

The success in education described for interviewees who identified success as stopping domestic violence is a different type of education than that provided by the programs that defined success as healing the batterer – in those programs the goal was to educate the batterer about the dynamics of domestic violence and its impact on victims, families and offenders. The goal for programs that define success as stopping domestic violence is to educate the public that batterer programs don't change batterers – that a batterer is responsible for changing his own behavior - and that batterer programs are part of the criminal justice response to domestic violence. Many of these programs are involved in working in collaboration with domestic violence service providers to speak out at conferences, public events, criminal justice forums (i.e., meetings with judges, prosecutors, parole, probation and law enforcement), services for battered women, and other social service providers to discuss what they understand as the role of batterer programs (holding batterers accountable to a mandated sanction) and what these programs do not do (change batterer's behavior and provide safety to victims). One of the interviewees that voiced this perspective identified success:

> Success is really helping your local community understand the role and purpose of [batterer programs]. Let me go back a second, it's really around helping people understand that domestic violence can end through social change, not by having a batterer program. That's what's got to happen first. Then I think at the program level it's really helping people understand the mission and purpose and role of [batterer's programs]. That we are not about fixing men, but we are about holding men accountable for their acts of domestic violence against their intimate female partner within the context of a coordinated criminal justice response. If people understand that's what we're doing, that's what we're about, then we're being successful. Then if the criminal justice system in our community wants to offer and utilize our batterer program within that perspective - great. (10:56)

Another interviewee discussed the 'false hope concept" and the importance of victims of domestic violence to understand the perspective that batterer programs do not "fix" the batterer:

> We go monthly to [the local battered women's shelter] and do informational sessions … it is strictly for anybody who wants to go, primarily women who want to know about what it is that we do [at the batterer program]. If they are partners in our program they can come and they can ask us questions. We do an overview about what we do. We view that as a real important part of what we do. We hear all the time from women that they are so hopeful that if they send their guy or their guy gets sent to [a] batterers program that he is going to come back that guy she really loves, likes and wants. That doesn't always happen so we do some work in terms of just giving them some reality of what to expect. (12:54)

A key issue is how to measure that success – how can programs realistically measure change in the public's, or a segment of the public's, understanding of the role of batterer programs? While possible, this would be a very costly endeavor since it is very difficult to identify any real change in public perception.

Development of a coordinated community response to domestic violence - Four of the ten organizations (40%) that had the broad goal of stopping domestic violence measured success by the development of a coordinated community response to domestic violence. As discussed in the literature review section, a coordinated community response involves the police, criminal and civil court systems, advocates and battered women working together to address the needs of domestic violence victims and to hold perpetrators accountable. One of the interviewees discussed success as the criminal justice system as an entirety taking a role in speaking out against and enforcing laws against domestic violence:

> More important I think is the [district attorney] and each of his assistants that are spreading the word in the courtroom and the probation officers as they're going to different courts or interviewing different probationers. As the people that are in those organizations recognize the issues it becomes where it's not [the local

> domestic violence organization] that has to speak to these things. It's … probation, and the district attorneys, and law enforcement, if they'll speak to domestic violence stuff, then now it's six organizations as opposed to one. That's where it feels like success. (18:33)

Another interviewee discussed the need for the community (i.e., law enforcement, criminal justice system, domestic violence advocates, etc.) to establish and agree on specific goals for defining success for a community coordinated response to domestic violence:

> When I have to report to people, or they're interested in knowing what we did in the coordinated community response, I was describing what indicators of success would be…What we would hope is that as the community at large would become more sensitized and more educated about what DV is and what it looks like, so that there would be not only an awareness, but a call to action to do something about it. That's a general statement, and that would go to legislatures, all kinds of policy makers, educators, clergy, physicians, just general awareness and, kind of, a pull internally that says, I've got to do something about this. If that were to happen and there would be an increased awareness, what we would anticipate would be an increased frequency of arrests that would occur but eventually decline because the new cases - there would be fewer new cases eventually, and the recidivism hopefully would be reduced because there would be a stronger, no-tolerance kind of stance in the community. Initially we would imagine there would be more arrests. We would imagine there would be more increased case loads in the DA's office and probation offices that would eventually hopefully reduce. We would imagine there would be more cases on the court dockets that would eventually decrease. There would be more reports of dating violence where the rapes might decrease over time … That we would increase the frequency of completers in various treatment programs. That we would confirm and have increased frequency of reports of safety and well-being, in general, from adults and children who previously lived in DV relationships, more adults able to financially support themselves, the idea of reducing physical dependency on controlling partners. Fewer emergency room visits due to injuries due to DV. That's what we're hoping. Maybe in my lifetime, but if you don't have a goal or a mission, you don't get anywhere. (19:52)

3) Identifying Success: Improving Relationships

Four out of the nineteen interviewees (21%) defined success as increasing the batterer's ability to improve intimate and family relationships. Of these four, two (50%)

were mental health organizations; one (25%) was a victim service organization; and one (25%) was a child welfare agency. Consistent with the literature in this area, the programs with this perspective were predominantly the ones that considered the program participant as part of their client-base (i.e., mental health organizations focusing on providing couples and family therapy; a child welfare agency focusing on family preservation; and a victim service organization focusing on responding to the reality that most battered women do not leave their abusive partner). Analysis of the interviews identified five different kinds of success for the intervention: positive behavior change; engagement; program completion**;** sobriety; and increased knowledge about domestic violence (see Table 12).

Table 12: How Programs Improve Relationships

	Mental Health	**Victim Services**	**Child Welfare**	**Substance Abuse**	**Multi-Service**	**Total**
Victim-defined	2	1	1			4 (100%)
Family-defined	1		1			2 (50%)
Total – Improve Relationships	2 (50%)	1 (25%)	1 (25%)			4 (100%)

Surprisingly, none of the programs that identified success as improving relationships measured success by any real improvement in the relationship, but, rather based on how the victim or the family as a whole identified improvement. This is in contrast to much of the literature that expressed the concern of using couples therapy in cases of domestic violence, asserting the very real concern about victim safety. All four of the organizations identified victim-defined success as the way to measure success – whether or not the victim felt that the batterer had changed enough to meet her needs.

Also, acknowledging that in many cases, ending the relationship may be the ultimate result and, in reality, the best solution in many of these cases. In describing success, one interviewee stated:

> It's subjective. It's defined by the person who is being abused. Whatever that is that she is reporting, when that stops and something else takes its place that is not abusive. Then a second level of abuse is when the relationship is repaired sufficiently to the point that the couple has resolution. The resolution could be that she decides to leave. Or resolution could be that she is living happily ever after so to speak. Some of our experience has been that when it gets as good as it can get and he is no longer abusive and he's following this behavioral cognitive tool called the contract and she sees the relationship for what is really is and she leaves. I think that has to do with attachment theory and reinforcement theory in that if you are always hoping that it can get better, that keeps you hanging in. But if it is as good as it's gonna get and it's still not good enough, then you are free to leave. (1:53)

The indication here is that couples therapists seem to be taking in and incorporating changes based on previous criticism from battered women's advocates that couples counseling may not be safe for victims. All those who provided couples counseling had safety protocols that involved interviewing the couple as individuals prior to beginning couples work, excluding couples work if the abuse was serious and involved the criminal justice system, and ongoing processes for checking in with victims to assess their safety throughout the process.

In terms of family-defined success, one of the interviewees discussed the emphasis on increased safety and well-being for families in identifying measures of success:

> We would confirm and have increased frequency of reports of safety and well-being, in general, from adults and children who previously lived in DV relationships, more adults able to financially support themselves, the idea of reducing physical dependency on controlling partners. Fewer emergency room visits due to injuries due to DV. That's what we're hoping. (19:40)

An interviewee from a child welfare organization doing this work, focused success on children and raising healthy children:

> the mission is about the children, and it's about healthy children. Success would be for a child to not be exposed to violence and to be exposed to healthy relationships, or to break the cycle. We work with every component of the family, and sometimes we work with more than one part of the family, so success would be in a healthier family unit. (2:108)

For all of the programs, the measures of success were complicated and difficult and, in the case of programs are not quick fixes – requiring time, multiple interventions, and strong collaboration with partner organizations.

Conclusion

This analysis reflects much of the previous research on batterer programs, including the delineation of programs as those focusing on healing the individual batterer, improving relationships, and the social context of ending domestic violence. This analysis offered a clearer picture of the different types of organizations providing batterer programs, their mission and how the batterer program fits into that mission, and some of their struggles, especially in the area of funding. This analysis also created a context to examine how differently success is determined and measured based on how the program defines success. The following chapter will outline the specific findings based on this analysis, the constraints of this research project and recommendations for further research in this area.

Chapter 5: Discussion of Results

This chapter presents a summary of the key findings from this study and the implications of these findings for batterer programs and the field of domestic violence. The chapter concludes with recommendations for direction for future study in this area**.**

Summary of Key Findings

The study included interviews with the leaders of nineteen batterer programs across New York State. An analysis of the data from the interviews resulted in the identification of the following key findings:

1**) Framework for reviewing batterer programs largely supported**

One of the purposes of this study was to test the framework for reviewing batterer programs developed by Healy, Smith, and O'Sullivan (1998). The framework developed a structure to differentiate programs, including: 1) transformational goals of the program (or how it defines success); 2) how the program understands the etiology of battering; 3) interventions used; and 4) evaluation used (see Table 1, page 84). This study supported the categorizations of batterer programs into models that differentiated individual, family and social/cultural theoretical frameworks. In this study, the categorization of the programs occurred while evaluating the transformational goals of the program, or how the interviewees differentially defined success for their programs. During the original coding, nearly twenty different types of success were identified (see "Outcomes and Success" section in Chapter 4 of this study). The codes were reviewed and categorized; categories were merged, with the result of identifying three primary dimensions for success that mirrored the framework described by Healy, Smith, and O'Sullivan (1998): for the individual man participating in the program; for the couple; and for society.

However, the previous studies that identified different typologies of batterer programs (Healey, Smith & O'Sullivan, 1998; Babcock & La Taillade, 2000) did not look at the frequency of these different types of programs. One of the findings from this study indicates that the primary focus of change is in basically equal measure between programs that focus on individual change (healing the batterer) and those that focus on societal change (stopping domestic violence), with fewer programs focusing on change in dynamics between the couple (improving relationships). This finding is directionally similar to the finding in the national survey of batterer programs conducted by Labriola, Rempel, O'Sullivan and Frank (2007), which found a tension between programs that were focused on treating the individual batterer on one hand and programs that focused on court accountability and monitoring on the other.

Ten out of the nineteen interviewed (53%) defined success as healing the batterer – a transformational goal for the individual; with the same number (10) and percentage (53%) defining success as stopping domestic violence – a transformational goal for society; and only four out of 19 (21%) defining it as improving relationships – a transformational goal for the couple or family. (Since some programs defined success in multiple ways, the percentages add up to more than 100%.) The results of fewer interviewees having a transformational goal involving the couple is consistent with the literature that involved domestic violence victim advocate claims that couples counseling compromised the safety of victims of domestic violence and that the majority of states with program standards specifically disallow couples counseling in batterer programs. Consequently, the field of couples and family systems work has less presence in batterer programs, based on this study.

As expected, the majority of mental health program interviewees, five out of eight (63%) defined success as changes in the individual - healing the batterer; while all five (100%) of the victim services program interviewees defined success as changes in society - stopping domestic violence.

However, one could expect 100%, rather than 63% of the interviewees in mental health settings to have the goal based on changes for the individual. This study found that the other 37% of programs equally had the family systems goal of improving the relationship, or the social/cultural theory goal of stopping domestic violence. In addition, of the victim service-focused organizations, all of which have the social/cultural goal of ending domestic violence, one of the programs also had the goal of improving relationships, and one had the goal of healing the batterer. Consequently, there is some overlap between some of these overall goals for men in the program based on this study, although, for the most part, these goals remain largely distinct.

Programs that viewed success as healing the batterer, primarily identified success as behavior change (80%) or engagement (60%). This finding is consistent with research that indicates that much of the focus of batterer programs that target the individual focus on cognitive-behavioral techniques (e.g., Edleson & Tolman, 1992). The focus on engagement includes some of the more recent approaches of utilizing stages of change theory and applying it to domestic violence (Prochaska & DiClemente, 1984; Babcock & La Taillade, 2000).

Programs that viewed success as stopping domestic violence primarily identified success for batterer programs as improvement in court response to domestic violence (80%), while 50% of them identified a community coordinated response to domestic

violence as a goal. This finding is consistent with the battered women's movement history of focusing on improvements in the criminal justice response to domestic violence. In addition, the finding is consistent with the purpose of the New York Model for batterer programs: "provide the courts with one in a series of graduated sanctions for men who have appeared in relation to domestic violence" (http://www.nymbp.org/mission.htm).

This study found a more universal use of group interventions for the programs that focused on change for the individual versus societal change than that suggested in Healey, Smith and O'Sullivan (1998). Of the 19 organizations interviewed for this study, the clear method for providing interventions for batterers was in groups, with 17 of the 19 organizations (89%) providing group interventions; two, (10.5%), providing couples counseling; and three, (16%), providing individual counseling (the total adds up to more than 100% since some organizations provided more than one type of intervention for batterers). In examining the method of intervention by the mission and focus of the organization, differences begin to emerge. For the victim service organizations, child welfare agencies and multi-service organizations, 100% provided only group services to specifically address the issue of batterer intervention. Even for the mental health organizations, group was the predominant form of intervention, wherein six out of eight (75%) provided group interventions, two out of eight (25%) offered couples work, and three out of eight (12.5%) provided individual counseling.

The group interventions were surprisingly similar, with 13 of the 17 programs that offered group interventions (76%) 26 weeks in length. The range for the other programs varied from 12 to 52 weeks, with two programs on the short end – one 12 weeks and the

other 13 weeks – and two programs that operate for 52 weeks. The two shorter programs were focused on serving specific populations - one was an anger management program tied to a substance abuse treatment program, and the other was a program for teen offenders wherein the judge requested a reduced time for the program. One explanation for the finding is that, since the majority of referrals are men who are mandated to the program, many of the programs developed similar structures to meet the needs of the courts. However, as discussed in the Analysis Chapter of this study, interviewees from programs that focused on individual change (healing the batterer) were much more likely to refer to their intervention as "groups," while interviewees from programs that focused on societal change (stopping domestic violence) were more likely to refer to their interventions as "classes" in a way to differentiate between the goals of the programs.

Both of the interviewees that provided couples counseling worked individually with each member of the couple, in part, to assess and probe safety issues throughout the process.

Working to develop a more nuanced approach to batterer programs to incorporate the disparate needs of holding men accountable for abusive behavior, providing interventions for men who are ready for behavior change, and providing victim-centered couples therapy is a challenging proposition for the field of domestic violence, whose founding battered women's advocates and the professional mental health community have historically been at odds on precisely these issues. Finding a niche that would bring together all of these perspectives is a challenge that is necessary to pursue if we are to really work to end the cycle of domestic violence.

2) A majority of the programs accepted only mandated referrals. Eleven out of the 19 programs interviewed (58%) only accepted referrals from men who were mandated to the program. The mandates were coming from the criminal court, probation, parole, and, to a lesser extent, child protective services. The remaining eight out of the 19 programs (42%) accepted at least some referrals from men who voluntarily requested to participate in the program. However, many of the programs that accepted voluntary referrals relied heavily on mandated referrals. Of those programs that accepted non-mandated referrals, the voluntary percentage of their total participant population ranged from as little as 2% of their population to their entire population, with a mean of 50% mandated and 50% voluntary referrals and median of 60% mandated referrals. This finding is supported by the literature that identifies the criminal justice system as a major referral source for batterer programs wherein abusers are mandated to the program as part of a sanction for a domestic violence related offense. Because programs are so focused on serving the mandated population, and since most batterers are not involved in the criminal justice system, batterer programs are serving only a very small minority of offenders. If the goal really is to "heal the batterer," than a concerted effort is needed to specifically design and target an intervention that addresses the needs of men who are not involved in the criminal justice system.

3) Funding for batterer programs may be decreasing. While funding was a major source of concern for the directors of batterer programs interviewed for this study, funding concerns for batterer programs has been largely ignored in the literature. While one study referenced fee collection (Labriola, Rempel, O'Sullivan & Frank, 2007), no

studies were found that included an examination of the funding issue for batterer programs.

The three main funding sources for the interviewees in this study included fees from participants, insurance reimbursement (for mental health clinics and substance abuse treatment programs), and specific government funding for batterer programs (NYSOPDV funding for five programs across the state that meet the definition of the New York Model, and funding from the Mayor's Office of the Criminal Justice Coordinator for one program in New York City). As discussed earlier in this study, as of July 1, 2009, state funding for batterer programs was eliminated from the New York State budget (personal correspondence, Amy Barasch Executive Director, NYSOPDV, June 15, 2009). Since many of the programs that received this funding expressed the importance of the NYS OPDV funding in supplementing participant fees and other funding sources, the elimination of that funding is likely to have a significant impact on the programs that define success as "stopping domestic violence." In addition, continued reduction in insurance reimbursements for mental health may negatively impact the "heal the batterer" model programs.

In addition, in the identification of batterer programs for this study, one-third (five out of fifteen) of the programs identified in the "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006) and confirmed by this study as providing batterer programs no longer offered the service, all citing lack of dedicated funding as a reason for eliminating it.

The lack of resources raises the question about the extent of public commitment to intervening with batterers, both from the perspective of punishing offenders or holding

them accountable to the court and trying to heal batterers. As discussed earlier, the support of battered women's organizations for batterer programs continues to remain relatively low. Further studies are needed to determine if this remains a continuing trend in New York State and to determine if trends are similar or different in other parts of the country.

4) Number of batterer programs seems to be on the decline.

Of the total of 41 organizations listed in the "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006) as providing interventions for batterers, only ten (24%) of the organizations confirmed that they currently provide services to batterers, while five (12%) said they did in the past but no longer provided the services. The literature indicates that during the 1980s and 1990s the number of batterer programs expanded in response to the increase in laws mandating arrest for domestic violence and increased court referrals to batterer programs (Gelles, 2001). However, over the past few years, in New York City, the number of programs had declined. The reason cited by all five of the organizations interviewed that no longer provide batterer programs was lack of funds. In addition, at least two of the programs interviewed outside of New York City claimed that the funding from NYS OPDV enabled them to continue their batterer programs. The elimination of funding for batterer programs from the State of New York budget, coupled with a weak economy, the absence of other dedicated funding streams, and evidence that organizations are eliminating these programs indicate that batterer programs may be on the decline. Further research is needed in New York State to determine if this decline continues and in other parts of the country to determine if this is trend is occurring elsewhere.

5) Batterer programs primarily do not consider success as improving relationships, but that is what women want.

Service providers who work with victims of domestic violence often hear from victims that they want the relationship to continue and the abuser to just stop the abusive behavior (Davies, Lyon & Monti-Catania, 1998). However, systems are set up to keep victims and perpetrators apart. Victims of domestic violence are encouraged to leave their abuser for their safety and referred to domestic violence shelters in confidential locations away from supportive family and friends. Alternatively, victims are encouraged to report violence to the police and obtain restraining orders, if appropriate. Part of this system involves the judge referring an offender to a batterer intervention program.

Yet, in this study, only 17% of the groups identified success as improving the relationship. The others were focused on individual change for the batterer and/or societal change to stop domestic violence. This finding suggests that it is not the wishes and desires of the victims that are driving the focus of the response to batterers, but a focus on either changing the batterer or the larger social system. The work in couples counseling is the one area that is specifically focused on meeting this expressed need of victims.

6) Batterer program leaders' commitment to working with batterers has led to promising new models

Based on the interviews in this study with batterer program directors, those involved in batterer programs continue to remain committed to them. The majority of individuals who participated in the study expressed strong personal motivations for their involvement

in batterer programs, including men who were confronting their own sexism, women with deep roots in the domestic violence movement, and both men and women who had experience with domestic violence in their lives as either victims or offenders. This strong personal motivation played a role in the development of some new approaches, some of which interviewees were doing outside of their job operating the batterer program, or, in some cases where overseeing the batterer program was only part of the person's job, spending extra time on finding new approaches.

Some of the promising new practices discussed by the interviewees included couples counseling, new education programs for men, and developing program models for self-referred men.

Couples Counseling

In this study, for the two providers whose primary intervention was couples work, an initial and ongoing focus was on victim safety. The lack of attention to victim safety and to understanding the impact of the dynamics of power and control on relationships has historically been a primary complaint of couples counseling lodged by domestic violence victim advocates.

However, this study found that the two programs that offered couples work described very clear and structured mechanisms for assessing victim safety at initial assessment and ongoing throughout the treatment process. Also, when asked about how they measured success, interviewees providing couples counseling referred to safety for the victim and improved social response to domestic violence and, surprisingly, neither of them measured success by improvements in the couple's relationship. This finding represents a shift from the original focus of couples work on improving the relationship

and one that bears further exploration regarding the prevalence of this perspective in couples work where domestic violence is prevalent.

Programs that viewed success as improving relationships overwhelmingly identified success as victim-defined (100%). As discussed earlier, as couples therapists gained a greater understanding of the dynamics of domestic violence, they began to incorporate safety planning as an essential part of couples counseling (Bograd & Mederos, 1999; Stith el al, 2005). Those interviewed for this study echoed this dynamic with a focus on initial individual work with the victim and perpetrator to ensure that the victim was not being coerced into couples counseling and to monitor victim safety in an ongoing manner.

Much work has been done in the field of couples counseling to incorporate the early concerns raised by battered women's advocates that couples counseling is not safe for victims of domestic violence. The use of couples counseling is in the extreme minority of programs (as evinced by this study and in the literature), but this study indicates that those engaged in it through the lens of victim safety are bringing an important perspective that needs further exploration.

New Education Programs for Men

Ten out of the nineteen directors interviewed were men (53%). Seven out of the ten men (70%) interviewed talked about how their involvement with batterer programs was part of their own commitment to addressing their own growth and understanding of sexism and how they could interrupt sexism in their own lives. This concept of addressing sexism and individual growth is very much in keeping with some of the early batterer programs and the focus on constant learning and educating about men's role in

perpetrating violence against women, the impact of male violence on women, and ways men can learn to build relationships with women based on equality (Ganley, 1981; Ganley & Harris, 1978; Dutton, 1995).

Three of the male directors interviewed went further and discussed their involvement in establishing organizations that work with men, whose goals are, broadly speaking, to encourage men to interrupt sexism and violence against women when they see it, not to participate in it themselves, and to train boys and men about the impact of sexism and violence against women on themselves, girls and women in their lives and in their families. These programs promise to make a difference in changing the acceptance of violence against women in society and merit further exploration.

Developing Program Models for Self-Referred Men

There are few options available for men who have completed a mandated treatment program or men who are not involved in the criminal justice system and want to work on developing skills, changing attitudes, and ending violence except to return to standard batterer treatment or move on to more traditional psychotherapy (Hamberger, 2008). One promising practice identified in this study and that has been receiving increasing attention in the field of batterer intervention, and mentioned by two of the interviewees, is the model of change process developed by Prochaska and DiClemente (1984), which has been widely utilized in addiction reduction and promotion of healthy behaviors (e.g., Prochaska, 1995; Prochaska, DiClemente & Norcross, 1992). (See Chapter 4, Identifying Success: Healing the Batterer, Engagement subsection).

While developing new program models for self-referred men seems like a promising practice, research shows that programs based on voluntary participation have high rates

of attrition and may only be worthwhile for a small number of men – the most highly motivated (Gondolf and Foster, 1991). Those who run programs, including those in this study, report that men who enter as self-referred often drop out because their motivation seemed to be based more on getting their partner back again and, once that happened, they dropped out. Perhaps the issue for those men also has something to do with the fact that most programs are targeted toward men who are mandated, while the self-referred men require a different intervention. Further programming is needed to develop specific interventions for self-referred men and additional research is needed on the impact of batterer programs on this population of men.

However, the programs are hamstrung in their ability to pursue these new ideas for practice because the majority of the programs accept only mandated referrals and are too busy to pursue these new ideas while managing their relationship with the court to ensure a pipeline of referrals, provide an appropriate program for participants, train and supervise staff, monitor participants and report back to the court, and ensure funding is available to continue the program

7) The need to accurately define batterer intervention (as well as other services) for the field of domestic violence. As discussed in the Analysis chapter, this study began as a review of batterer programs in New York City, using the "New York City Resource Directory of Domestic Violence Services" (City of New York, 2006). The Directory listed "batterers" as a category under "special populations served," but did not specifically define the term, leaving the definition open to interpretation by the service providers who were included in the resource directory. Of the 41 organizations identified in the directory as providing services for batterers, this study found that 25 of the

organizations (67%) had no specific services targeting batterers. Instead, these programs had clients who happened to be batterers, but were participating in another service, such as substance abuse or mental health treatment or legal services (10 organizations or 40%); parenting, family support; or anger management programs that did not focus on domestic violence (9 organizations, or 36%). Six organizations listed (24%) offered no services at all to batterers.

This absence of a definition for organizations that provide service, and the overall lack of accurate resource information is problematic for batterers, victims, the criminal justice system, service providers, and anyone looking for specific services for batterers. Inaccurate and incomplete information leads to frustration and discourages people continuing to seek services, especially for an already resistant population like domestic violence offenders. It also calls into question the service providers' understanding of what it means to provide a service to a population and their understanding of domestic violence and the need for specific interventions to address battering.

The finding that the use of terms not clearly defined, such as the use of "batterer" services in the directory used for this study, has been identified as a problem in other research in the field of domestic violence. For example, in a national study of domestic violence shelters, the researchers found that in reviewing listings in national and state domestic violence resource directories, not all organizations defined as shelters in the directories would qualify as domestic violence shelters – some were actually homeless shelters that happened to include clients who were abused homeless women, while other organizations focused on other issues, such as substance abuse treatment (DeLeon-Granados & Wells, 2003). The reasons for organizations that do not provide services to a

specific population being listed in a referral directory are not entirely clear. One research study speculated that inclusion in a directory might help an organization receive more referrals, which, in turn, may justify continued or increased funding (DeLeon-Granados & Wells, 2003).

More accurate measures of service availability might start with a consistent definition for batterer programs. It is difficult to define batterer programs without involving a perspective on their function (such as whether the program is working to change the behavior of participants or to hold the participant accountable for a sanction from the criminal justice system). One possible definition that would generally accommodate all perspectives is to define batterer programs as intervention programs specifically for those who are abusive to a spouse or intimate partner.

Recommendations

Based on the findings from this study, there are four primary recommendations that require further consideration and exploration:

1) **Consider the elimination of court mandated batterer programs and find alternative ways for the courts to hold batterers accountable.**

Five out of the sixteen interviewees (31%) who were currently providing batterer programs had contemplated closing down their batterer programs, citing their lack of proven effectiveness in stopping domestic violence: "Maybe we should just shut down," said one interviewee, "because we can't promise anything to the community" (14:60). Another supported this sentiment by stating, "I would say from the perspective of the program itself, I would honestly say that I don't think the program in itself does much to

have any impact on domestic violence in our community" (12:58). Another went even further by claiming that, "I don't believe that the program itself really is all that valuable" (18:32). All of these were directors of programs who currently or had previously received funding from NYS OPDV and were functioning entirely with men who were mandated by the criminal justice system.

Those programs with the goal of trying to change the behavior of individual batterers by working with mandated men, are working with individuals whose impetus for enrolling in the program is not a self-motivated interest in changing behavior, but an external mandate, which can promote resistance to change. Coupled with the findings from existing research, as discussed in Chapter 2 of this study, which found that these programs had little if any effect on batterer attitudes and behavior, mandated men may be the wrong population to focus on for attitude and behavior change. Decoupling batterer programs from the criminal justice system may allow the programs with the goal of individual behavior and attitude change to focus on the needs of self-referred men, who may be more amenable to change.

The NYS OPDV has already made the determination to end state government funding of batterer programs. This decision is likely to have an impact on batterer programs' ability to operate, particularly those that had received funding from NYS OPDV, due to both the concrete reduction in funding and the added message sent citing the research findings that these programs are largely ineffective in changing batterer attitudes and behavior. One of the criticisms that many of these programs had levied against the courts is that the crime of domestic violence is not taken seriously – batterers frequently do not comply with the order to attend and complete a batterer program, and

the courts often do not impose increased sanctions for those who are non-complaint. This would enable policy advocates and researchers who are concerned about ensuring appropriate sanctions against those arrested for domestic violence to focus on the sanctions, compliance with those sanctions by the defendant, and the actions of the courts for those who are noncompliant.

Because battered women want these men to change, we as a society desperately want to do something about the problem. However, what we have is not working and we do not have an alternative. Over the years, the domestic violence movement has actively pursued the path of criminal justice interventions. Based on its history working with victims of domestic violence, working in mental health clinics, and working with batterers (some funders require that batterer groups be staffed by masters level social workers), the social work profession could play a role in helping to rethink the model for batterer intervention and find ways to work with abusers before the point of criminal justice system involvement. Retaining batterer programs as part of the criminal justice system response to domestic violence merely keeps these programs from having any significant role in the goal of stopping domestic violence.

2) Explore Promising New Approaches

A second recommendation is to continue the exploration of the promising new approaches discussed in the Findings section of this chapter. The exploration of these new approaches must be made by service providers with a deep understanding of the dynamics of domestic violence and the need to prioritize victim safety. For example, participants in this study involved in couples work voiced a clear understanding of the need for initial assessment of appropriateness for couples work and ongoing assessment

of victim safety during the course of couples counseling. Couples work may be an effective intervention for those who are not involved in the criminal justice system and are each interested in keeping the relationship together.

Additionally, the role of men in functioning as mentors and role models for young boys and other men should continue to be explored. For at least some of the men involved in the batterer programs, that experience has spurred them to become more active in raising awareness of men's violence against women more broadly in society. However, concrete objectives will need to be developed for these programs to hold them accountable for creating some sort of behavior and/or attitude change among men in addition to providing education.

Finally, appropriate interventions for men who refer themselves to batterer programs need to be developed, conducted and evaluated to determine if programs can be created that actually function to create change in the attitudes and behaviors of men toward women. The programs that have been created primarily in response to the needs of the courts may not be the appropriate format for men who are self-referred.

3) **Ensure that services are clearly and accurately defined.** A very practical recommendation is for resource listings and directories to offer clear definitions of services, including what it means to offer a particular service. In the early days of the battered women's movement, sensitivity to the issues surrounding domestic violence was rare enough; now there are often a range of domestic violence services in most places across the country, certainly in metropolitan areas. Incorporating basic information about what a service provider offers is helpful to the victims, batterers and service providers who are looking for assistance and referrals.

4) Re-evaluate sources of funding to consider funding for prevention of domestic violence. While funding programs for domestic violence offenders is controversial, interventions that specifically target offenders are needed in order to stop domestic violence. Recommendations include the exploration of domestic violence prevention for school-age boys and girls, and examining how domestic violence prevention and intervention programs could work better together with intervention programs. Eliminating funding for batterer programs that are not seen as being effective is laudable, but the problem continues and government must work together with advocates and service providers to find other solutions to explore to interrupt the cycle of domestic violence.

Further research needs

First, there is a need to duplicate the study to see if there are similar results around the country and determine if we really should move forward with the recommendations as listed above. Further research is also needed in all the areas of new promising approaches, including couples counseling, education programs for men, and batterer programs for self-referred men. In the area of couples counseling, new practices and evaluation of those practices is needed by providers who have a deep understanding of the dynamics of domestic violence and the need to focus on victim safety. In addition, further research is needed in exploring the idea of batterer programs for self-referred men, which would focus on the goal of supporting change for the individual batterer. Theories such as Prochaska's (1984) theory of change are potentially helpful models. For example, further studies are needed to see if Prochaska's theory of change would work

for the domestic violence population – viewing men who are mandated as in the pre-contemplative stage then determining what criteria are needed to acknowledge movement to the contemplative stage and having resources focused on this population.

Further research is also needed to examine national funding trends for batterer programs. Clearly services to victims of domestic violence have increased, especially since the passage of the Violence Against Women Act of 1994. However, the findings of this study indicate that, at least in New York, the funding for batterer programs is on the decline. Further research is needed to determine if this trend continues and if it is consistent with or different from funding trends across the country.

Conclusion

Batterer programs are a relatively new phenomenon and most of the research in this field has focused on batterer typologies and effectiveness of batterer programs. A review of the literature found little to no evidence that batterer programs provide the intervention necessary to stop abusers from re-offending. This study also found that while program leaders were passionate about and dedicated to their work, and organizations that provide batterer programs tend to be larger and more established, funding for batterer programs continues to shrink. A lack of adequate dedicated funding streams and the erosion of existing funding streams jeopardize the continued viability of these programs.

However, as a society, we cannot end domestic violence without intervening with the offenders. We need to develop a system to hold offenders who are involved in the criminal justice system responsible for their criminal behavior, which means clear

sanctions and consequences for not abiding by those sanctions. In addition, we need to develop a system for the majority of offenders whose abusive behavior has not risen to the level of a crime and are looking for ongoing support in changing their behavior. This second area needs to also dovetail with building safety for victims, given the fact that many battered women either return to their abusive partner or never leave their partner. By batterer programs and victim advocates working together, we can create a system that allows for new interventions that provide appropriate interventions for abusers who want to stop abusive attitudes and behaviors, that focus on victim safety, that educate both young people and adult that violence against women is not accepted and will not be tolerated, and that ensures appropriate sanctions are levied on offenders who are involved in the criminal justice system.

We can only end domestic violence if we give it more, not less, attention. The current trend is to cut funding for batterer programs, but no alternative is being offered. One could question the wisdom of continuing to fund programs that consistently show a lack of evidence of actually stopping men from abusing their partners. However, it is important to remember why these programs exist to begin with. Four women are killed every day in the US as a result of domestic violence; and one in four women will be the victim of domestic violence at some point in her life. Simply cutting funds from programs that are attempting to address the problem with no alternative does not show the kind of political will that is needed if as a society we are to end domestic violence.

Practitioners, lawyers, social workers, politicians and researchers alike all agree that domestic violence should stop. Women in abusive relationships want the violence to stop—and most want the relationship to continue. Each of the approaches discussed in

this study show promising signs; each has been stifled to some extent by constraints, be they financial, or be they the need to fit within a donor's agenda. If the purpose of a program is to make sure men comply, on a limited budget, there is little room for innovation, for experimentation, for thinking outside of the box. Yet innovation is exactly what we need right now—and the political will to support innovative approaches that can take the best of what is already being done, develop clear evaluation tools, and to come up with a brand new models for addressing domestic violence that can incorporate much of what has been learned; that can include the voices of the victims themselves; that can build bridges between the factions that are developing within a small field that is on the verge of collapse, certainly of splintering even further.

A rigorous analysis led by experts in the field of social work who can work to bring together the voices of all parties, all interest groups, women and some of the men involved in the struggle against domestic violence leading to a recommended new model—one that aims to increase victim safety and to be able to measure that increase—is required at this time. All of us working in the field of domestic violence, by working together, have the opportunity to bring in the best of the field and reshape their work in a new direction, one that can provide a model that all are comfortable to following—and that can attract new practitioners as well.

Focusing on victim safety by including work with the abuser may not be popular across the field of domestic violence; there may be opposition in many quarters if increased funding were directed toward programs for couples and for batterers. But turning away and ignoring the problem is not going to fix it. If we believe that domestic violence can, and should, be ended, then it will require a concerted effort of law

enforcement, lawyers, social workers, counselors, psychologists, advocates, and survivors. My hope is that this study can provide one step in that direction.

Appendix

Interview Guide with Probes

- **Tell me about where you work** (Organizational Characteristics)
  - Size
  - Area(s) of focus
  - Mission and goals (if not available online or through published materials)
  - Size of batterer program compared to others in the organization
  - Where batterer program fits in organizational chart
  - Staffing structure and requirements/credentials

- **Tell me about your batterer program** (Batterer Program Characteristics)
  - How and when did it start?
  - Funding sources (i.e., government, fee for service, client payment)
  - How the program funding mirrors (or doesn't) the organizational funding
  - Single vs. diverse/multiple and type of funders
  - How are participants referred to your batterer program? What percentage is voluntary/mandated?
  - Describe where your referrals come from
  - What types of interventions do you use with batterers in your program (individual counseling, couples, group…)?
  - Describe the curriculum you use (if any)
  - Please describe your batterer program (number of sessions, requirements, consequences for not abiding by rules)
  - What happens if a participant does not comply with the rules of the program? (assess leniency of applying rules or court order to attend the program)

- **How does your program interact with other domestic violence services/advocates/systems?**

- **How do you define success in your program?**
  - Probes: What change do you want to see as a result of your program? To the individual participant, to the relationship, to society?

- **Do you have a way of measuring success? If so, how?**
  - Probe: What kinds of tools do you use to evaluate the success of your program (pre-post test, computer-generated rosters…) Who do you include in the evaluation (participant, their partner, staff, mandating organization)? How do you define success? (Accountability, knowledge, behavior change)?

- **What do you think the impact of your program is on domestic violence?** (Ideology and Values)
    - How does your organization define the problem of domestic violence? Probe for impact of three theory model:
        - Social/Cultural (role conditioning and how it constrains men; model of egalitarian relationships; confront men over power and control in class; concern for colluding with batterer)
        - Family Systems Theory (interpersonal and conflict resolution skills to promote safety; focus on solving problem instead of looking for causes)
        - Individual (explores life experiences; focus on internal psychological functioning; cognitive restructuring; teaching alternative behaviors – conflict resolution tactics, relaxation)

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