

Certified Batterer Intervention Programs:

History, Philosophies, Techniques, Collaborations, Innovations and Challenges

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While treatment programs for batterers have proliferated in the United States over the past 20 years, little is known about these programs by other human service providers, and much less by the general public. This article reviews the historical development of such programs, overviews their goals and methodology, and concludes with a discussion of emerging issues.

At this writing, at least 1,500 batterer intervention programs exist in the United States and the number continues to grow. Part of the general public's unfamiliarity about batterer intervention programs stems from the fact that domestic violence is itself only beginning to be widely viewed both as a social problem and as criminal behavior. While defining domestic violence as criminal behavior has served to elevate battering as a serious issue, it has also tended to reinforce popular stereotypes of batterers as a social subset of the population; those who get arrested. This obscures the reality that batterers come from all walks of life and that batterer intervention programs are not intended only for the worst offenders of domestic violence, or those who successfully prosecuted.

History

Most batterer intervention programs have been established since the mid 1990's. While a few programs provide groups for women who abuse their male partners, and even fewer serve lesbians and gay men, the vast majority of programs are geared for heterosexual men who abuse their female partners. Men attending these programs are overwhelmingly court-referred, though the exact proportion isn't known and varies from program to program. The original programs, including Emerge in Boston, RAVEN in St. Louis, AMEND in Denver, Manalive in Marin County California, the Domestic Assault Program in Tacoma Washington, and Men Stopping Violence in Atlanta were established in the late 70's, before significant numbers of batterers were arrested and mandated into such programs. The nation's first program, Emerge, was established in Boston in 1977 by a group of ten men at the behest of women who were working in Boston-area battered women's programs. [1] Staff at RESPOND, Transition House and Casa Myrna Vazquez, charged with helping battered women, had been also been fielding calls on their hotline from abusive men who were often desperate for help. Some were seeking counseling in hopes of reconciling with their partners while others were hoping to avert a separation. Other early programs like RAVEN, AMEND and the Oakland Men's Project were similarly founded by men who had backgrounds in social services or experience in social causes such as the anti-

war movement of the Vietnam era, and the civil rights movement. Most had also been allies of women involved in the woman's rights movement. [2]

By the mid to late 1980's, a second generation of batterer intervention programs began to Emerge. By then, most states began to enact pro-arrest and prosecution policies regarding perpetrators of domestic violence. In some cases, these new policies were prompted by new laws that expanded police powers of arrest for domestic violence and even created liability for police who failed to protect victims. [3] In other cases, states merely began to more consistently enforce existing laws. Some states and jurisdictions developed new guidelines relating to police and court responses to domestic violence. While these protocols vary from state to state, they have in common the dual goals of protecting victims and increasing accountability for perpetrators. Police in many states are now required to advise victims of their rights, offer them assistance and referrals, and arrest the alleged perpetrator when there was probable cause to believe that domestic violence had occurred. Many states and counties have also adopted 'victimless prosecution' policies in which prosecution of the offender does not depend upon the testimony of the victim, thereby reducing the likelihood of retaliation to victims who testify against their abusers. These new protocols have been accompanied by ongoing trainings of police and prosecutors that are intended to increase sensitivity to victims, and identify more effective investigatory strategies. [4] As a result of these new laws and policies, there has been a dramatic increase in the numbers of batterers who were arrested and prosecuted over the past 15 years.

This increase in the arrest and prosecution of batterers spurred an increased demand for treatment and rehabilitation programs for batterers, and in response, many states enacted legislation that specified batterer intervention programs as a sentencing option for the courts. This in turn led to an almost overnight proliferation of such programs in many states. In many cases, new programs were offered by community mental health or family service agencies, substance abuse centers, or health clinics that had little experience or expertise in serving perpetrators of abuse. As a result, the approaches and services offered were sometimes modeled after the services offered to other populations that the agency already served such as mental health clients, couples with communication problems, or substance abusers, without adequate regard to the special needs and challenges posed by batterers. For those who advocated for the rights of victims, this raised concerns about victim safety and batterer accountability. One key issue was whether batterers should be granted the same level of confidentiality as given patients of clients of mental health or substance abuse programs, even if they were re-offending. Another issue was whether victims should be required or even asked to participate in their partner's treatment, such as is common for treatment of substance abuse, mental illness, or marital discord.

Responding to concerns about quality control and victim safety, many states have developed certification standards for batterer intervention programs. By 2008, 45 states had developed such standards. [5] In some states, these are legally binding standards, while in others they are offered as guidelines to be voluntarily followed, with little oversight. In some states, certification is tied in with state or county funding of the programs. In Massachusetts, funding from the Department of Public Health is available to the fifteen certified batterer intervention programs. The certified programs may apply for this funding in order to better serve indigent clients or clients referred by the child welfare agency. Funding is also available to extend services to non-English speaking men, batterers in same-sex relationships, and teen boys. In most states with standards, programs are certified and overseen by the Department of Probation or the Department of Corrections (which typically includes community probation and parole). In other

states, the state coalition of battered women's programs certifies and oversees the batterer intervention programs. [5,6]

Characteristics of Certified Programs

The following overview of programs is based primarily on known practices of state-certified programs as well as published accounts of programs that serve as national training centers or are widely recognized program models with active training programs. In order to capture a wider spectrum of practices, the descriptions of some practices is based upon unpublished accounts, such as websites, program manuals, and personal communication. Judging from the volume of training they provide to other batterer intervention programs as well as to statewide networks of programs, the most widely emulated program models are Domestic Abuse Intervention Project (DAIP) in Duluth, MN and Emerge in Cambridge, MA. Though each program model has been widely replicated by other programs, often the replicators have often made substantial adaptations, combining elements of DAIP and/or Emerge with those from other models including their own pre-existing practices. As a result, the vast majority of programs could best be described as eclectic in their orientation. One major challenge in over-viewing batterer intervention programs is that they are ever evolving, including the original models. Programs have evolved not only in response to their own experience, including program evaluations, but also to the changing demographics of the communities they serve. Further adaptations have been prompted by the many changes in local, state and federal laws and policies that address domestic violence, including the advent of coordinated community responses.

Program Duration

Certified batterer intervention programs have a fairly wide range of minimum program durations, ranging from 12 sessions in Utah, to 52 in California, New Hampshire, and Washington. [5] The average duration is 24-26 sessions, usually offered on a weekly basis. [6] Most of the batterer intervention programs that serve as national training centers offer longer intervention models. Men Stopping Violence and DAIP are 24-26 sessions long respectively, while Emerge and AMEND each have a minimum duration of 40 sessions. [7,8,9,10] It should be noted that programs that replicate these models may be shorter or longer, depending upon the minimum program duration requirements in their particular state.

Definition of Abuse

Most state standards for batterer intervention programs define battering more broadly than do their laws pertaining to domestic assault. For instance, Chapter 209A of the Massachusetts General Laws defines abuse as:

- a) attempting to cause or causing injury
- b) placing another in fear of imminent or serious physical harm
- c) causing another to engage involuntarily in sexual relations by force, threat, or duress. [11]

By contrast, the Massachusetts State Standards for Certified Batterer Intervention Programs defines abuse “as a pattern of coercive control directed to the victim” The standards further state that abuse may consist of one, or a combination of the following:

- a) physical assault
- b) verbal or emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation
- c) economic forms of control such as withholding or denying access to money or other basic resources, sabotaging employment, housing or educational opportunities
- d) sexual assault or coercion
- e) social isolation such as possessiveness, jealousy, denying communication with friends, prohibiting access to transportation or the telephone
- f) failure to comply with immigration requirements making the immigrant partner unable to work and vulnerable to deportation or loss of child custody
- g) stalking, harassing and on-going monitoring and pursuing of the victim. [12]

While many state standards do not specify abusive acts in as much detail as the above, most conceptualize battering as “a pattern of coercive control” that typically includes physical, sexual, psychological and economic forms. [6] This view of domestic abuse as a pattern of behavior counters more traditional notions of battering as discrete or isolated episodes of physical violence. Most batterer intervention programs seek to broaden their clients understanding of abuse as more than violent or illegal behavior. The Duluth Model uses the “power and control wheel” as a schema that represents eight categories of abuse, symbolized as spokes of a wheel that has power and control as its hub. For each category of abuse represented on the wheel, 3-4 group sessions are devoted to identifying how this type of abuse is manifested in relationships and how it affects the victim. [13]

Contact with Victims

Certified programs in most states make some form of contact with victims, though the purpose and frequency of such contact varies considerably from state to state and program to program. One survey of state and county standards in 1997, found that 86% allowed or required certified batterer interventions to have contact with victims, minimally to warn them if they were subject of threats by their abusers. [5,6] Many certified programs additionally contact victims to inform her of the abuser’s program enrollment, and beyond that, to notify her of his program completion or termination. State standards in Georgia, Washington and Wisconsin specify that programs shall keep victims informed of the batterer’s progress, while those in Colorado and Delaware provide guidelines for the programs to inquire about the victim’s safety or to help her in developing a safety plan. [5,6] The standards in Massachusetts and in several other states permit programs to ask victims about the abuser’s history of abusive behaviors in the relationship and to do follow-up contacts to inquire if there have been any re-offenses. To prevent retaliation from abusers, nearly all standards require that information received from victims shall be kept confidential by the batterer intervention program. Some states discourage or ban batterer intervention programs from having direct contact with victims, except to mail her an information packet or to warn her of imminent danger. [6]

Community Linkages

Certified batterer intervention programs distinguish themselves from uncertified ones in their linkages with systems of accountability such as state or county program oversight agencies, referring courts, community-wide collaborations to address domestic violence, and battered women's programs. Most state standards require certified programs to submit to regular program review by the monitoring agency. In Massachusetts, the Department of Public Health conducts site visits of each certified program every two years. Programs must apply to renew their certification every two year period by submitting, for instance, evidence that a) all new hires have received the minimum 30 hours of training on batterer interventions, b) they have made efforts to contact victims of abuse as specified by the Standards, furnished timely client progress reports to the courts and other referral sources, c) made services accessible to indigent clients, and d) contracted with a battered woman's program for observation of its perpetrator groups.[12] Certification standards in Ohio require programs to have formal linkages with their local battered women's programs. In some states, including Virginia and West Virginia, the overseeing agencies are the state coalitions for battered women's programs. [14,15] In some cases, batterer intervention programs have been incorporated within existing programs for victims of abuse.

Many certified programs participate in coordinated community responses to domestic violence that are intended to bring agencies and individuals together to devise community-wide responses to domestic violence that promote victim safety as well as abuser accountability. Development of coordinated community responses to domestic violence was pioneered in Duluth. The batterer intervention program in Duluth is an integral part of a carefully crafted community intervention that includes a wide array of integrated services and advocacy for victims, a 911 policy that gives priority status to all domestic violence calls, jail holding of all offenders until the next weekday morning, aggressive prosecuting of offenders, pre-sentence investigations for all domestic violence cases including assessment of dangerousness, mandating of nearly all offenders in batterer intervention programs, probation monitoring of offenders' compliance with programs, and prompt revocation of probation status for re-offences. [10] DAIP notes that there has been a dramatic drop of domestic violence homicide and felony cases since the advent of these policies in 1986. [13] All the programs cited in this report actively participate in community, county and statewide collaborations with battered women's programs, child welfare agencies, criminal justice agencies, clergy, health care providers, and other service providers. AMEND is a member of the Denver Domestic Violence Fatality Review Board that is charged with reviewing all domestic violence deaths in Denver. [16]

Many certified battered intervention programs have actively collaborated with victim-based programs prevention strategies aimed at young people. For instance, Emerge and Transition House co-founded the Dating Violence Intervention Project (DVIP) in 1987. DVIP offers a three-session curriculum addressing teen dating violence at many high schools and middle schools, trainings of educators and peer leaders, separate groups for young victims and perpetrators of abuse, and parent awareness programs. [17] Men Stopping Violence in Atlanta has participated in a wide variety of collaborations with battered women's programs as well as other organizations that reach out to boys and men. According to Dick Bathrick, "Strategies for ending violence against women are unlimited when we allow ourselves to think beyond batterer's intervention programs. We are part of a growing network of men..... relentlessly moving those boundaries." [18] Caminar Latino, another agency in Atlanta that provides batterer

interventions, similarly sees itself as part of a larger community. Caminar Latino is a member of TAPESRI (The Refugee and Immigrant Coalition Against Domestic Violence) which provides domestic violence services as well as prevention programs for families from the international community in Georgia. [19]

Program Philosophy

The majority of certified batterer intervention programs subscribe to the so-called “power and control” model of battering, which is primarily informed by sociological and feminist theories. According to this model, battering does not arise from mental illness, anger, dysfunctional upbringings, or substance abuse. Rather, battering is viewed as learned behavior that is primarily motivated by a desire, whether conscious or unconscious, by the abuser to control the victim. According to this viewpoint, battering is purposeful rather than irrational behavior, though many batterers may present to mental health providers as impulsive, angry, or otherwise unable to control their emotions.[9,20,21] Research by Dobash & Dobash found that many of abusive men’s outbursts toward their wives appeared to be attempts to enforce male prerogatives regarding housework, childcare, sex, or emotional caretaking.[22] Despite its outward appearance as irrational and spontaneous outbursts, the battering behavior has an underlying logic. [23] Practitioners have pointed out the many batterers manage to refrain from ‘losing their tempers’ toward other people in their lives who disappoint them or otherwise fail to fulfill their expectations. [9,21,22,24]

Many batterer intervention programs integrate the power and control philosophy with social learning theory, which essentially posits domestic violence as learned, and often socially reinforced, behavior. Research about domestic violence seems to confirm its intergenerational transmission. Several studies have found that boys exposed to domestic violence in their upbringings are more likely to become abusers in their adult relationships. [25,26,27]

The idea that battering is learned behavior contrasts with rival theories that it is essentially a result of mental illness. [28,29,30,31] While studies of domestic violence offenders have found that some, though not the majority, have diagnosable mental health conditions, many batterer intervention programs see the mental health problem as a separate issue, rather than a contributing factor to domestic violence. [9,23] In fact, most state standards of batterer intervention programs prohibit psychotherapeutic approaches that view battering as a psychopathology, or which devote primary emphasis on helping individual batterers to understand how unresolved issues stemming from their childhoods may have contributed to their violence as adults. Most state standards do, however, require certified batterer intervention programs to provide mental health treatment referrals for individuals who have mental health problems or who have experienced untreated childhood trauma, much as they also require those with alcohol and drug problems to do so. [6,9,12,14] In many cases, mental health treatment is concurrent with participation in the batterer intervention program. Some programs have found that early detection of and referral for mental health problems has helped to reduce batterer program attrition. [9,32] Besides making referrals to mental health programs, some batterer intervention programs, like AMEND, have licensed mental health staff who provide concurrent individual sessions for clients with problems like depression, suicidality, and thought disorders which impact on their group participation as well as their overall progress. [12]

Program Goals and Techniques

Batterer intervention programs utilize a wide variety of techniques to confront abusive behavior and teach alternatives. These include, but are not limited to didactic education, group participatory exercises, structured feedback, self-evaluation, role-plays, skills training and practice, homework assignments, positive reinforcement, and cognitive behavioral techniques. The following summary briefly details learning goals and techniques that are typically used to meet these goals. These teaching methods and techniques are thought to work best in a group modality. That such education is offered in groups is for pragmatic as well as philosophical reasons. The group format not only facilitates an educational framework but also serves to counter the common perception among batterers that their violence is a private matter that should be of no concern to others. Group interventions are also thought to promote social accountability of battering men by requiring them to disclose their abusive behavior to others, as well as providing opportunities for social reinforcement and peer support of nonviolence.

Overcoming Denial

Since abusers typically minimize or deny their abusive behavior, many batterer intervention programs seek to broaden the abuser's understanding of what constitutes violence and abuse. Most programs therefore include didactic or educational exercises in which abusive men are taught to identify the various forms of abuse. The Emerge curriculum includes an exercise in which men are asked to list, in brainstorm fashion, examples of physical, psychological, economic and sexual abuse. [7] Later in the program, clients are expected to identify, and to discuss in more detail, the abusive behaviors they have most frequently used. The DAIP program utilizes videotaped portrayals of various kinds of abusive behavior as a tool for identifying and analyzing such behaviors committed by others. After identifying the actor's abusive behavior, group members are encouraged to recognize their own versions of that

behavior. [10] The Alternatives to Domestic Aggression program (ADA) utilizes an exercise called “Do I have a reason to be in this program?” in which group members are asked to list reasons that they should not attend, as well as reasons that they should. [33] Though not specifically identified as a motivational interviewing technique, the group leaders see it as a means to enhance the individual abuser’s motivation to confront his violence. Similarly, many other practitioners recognize that countering client denial involves more than simply educating or confronting individuals about abusive behavior. It also involves helping abusers to develop their own motivations for change. More will be said about use of motivational interviewing and other motivational enhancement techniques in a later section.

Taking Responsibility for Abuse

Beyond identifying abusive behavior, many batterer intervention programs have a goal of promoting responsibility for abusive behavior. AMEND uses education and group feedback to help each client break down his denial and to recognize his own rationalizations for abuse. Abusers are taught to recognize that abusive behavior is not ‘provoked’ by one’s partner but is always behavior that is chosen by the abuser. [9] DAIP uses videotaped depictions of various kinds of abusive behavior to engage group members in a guided de-construction of the portrayed incidents. Clients are asked not only to identify the abuser’s controlling actions but also the expectations that motivated the behavior. Lastly, clients are asked to identify the effects of the abusive behavior on the victim. [13]

The Alternatives to Aggression Program has operationalized accountability and developed a set of procedures for promoting it. First, accountability is generally defined as an obligation and willingness to accept responsibility for one’s abusive actions, and more specifically defined as ‘actions involving others that reflect the integrity of the person that you want to be’. Second, various domains of accountability are presented, and these include accountability toward one’s intimate partner, children, family and extended family, community, and self. Third, various stages of accountability are presented in the form of a baseball metaphor, with first base symbolizing acknowledgement of one’s past abuse, second base meaning change of one’s behavior and/or repair of one’s situation, third base involving the commitment to take further steps, and home plate symbolizing the integration of these changes into one’s lifestyle. Finally, program participants receive guidance and feedback about their roadblocks and progress in making these changes. [33]

The Cultural Context Model in Somerset New Jersey uses an exercise in which abusers are asked to write a “letter of accountability” to their partners. Such letters, which include admissions of abuse as well as acknowledgement of responsibility for abuse, are read in the group and used to spur discussion about the impact of abuse on victims. [34] Letters of accountability are also used in the AMEND Program. [9] Some programs see recognizing of effects as the first step toward developing empathy for partners. Empathy training is an explicit goal of some programs. This includes teaching skills such as active listening, paraphrasing their partner’s comments during arguments, or simply being asked in group to state their partner’s perspective during incidents that have resulted in abusive behavior.

Refraining from Abuse

For clients attending many certified batterer intervention programs, refraining from violence is both a learning goal as well as a requirement for program completion. Approximately half of the states with certification standards for batterer intervention programs specify that program participants must refrain from violent or threatening behavior as a condition for program completion, though some of these states do not specify how the programs are to determine whether clients have complied with this requirement. [6] Many certified programs require clients to be in compliance with any protective orders pertaining to contact with their partners, ex-partners, and children. Many states require programs to inform the courts of any new acts of abuse that are reported by their clients. Clients entering such programs are required to sign a waiver of confidentiality concerning new acts of abuse, as well as program attendance and participation. Because programs are required to report new acts of violence that are reported by their clients, it must therefore be said that court sanctions are one technique used by certified batterer intervention programs to promote nonviolence. In fact, some studies concerning the outcomes of batterer intervention programs have concluded that the legal sanctions and court monitoring may play as much a role in the perpetrator's refraining from abuse as the educational content of the batterer intervention program. These researchers have said that it is the combination of the batterer education and consistent court monitoring that seems to result in the most consistent positive results. [35,36,37,38,39]

Almost all certified batterer intervention programs teach techniques for refraining from abuse. Many teach abusers to become more aware of their somatic and cognitive cues to violence so that they can take steps to refrain and redirect themselves. The Men's Group Program in Racine Wisconsin teaches 'arousal management skills' which entail becoming more aware of anger arousing thoughts and teaching them skills, such as relaxation, and thought switching, to reduce arousal and to better cope with aversive situations. Some BIPs teach abusers to take a 'time out' when they believe that they might otherwise imminently commit a new act of violence. Given that some abusers may misuse timeouts to psychologically punish their partners, those programs that teach this technique generally promote it only as a temporary measure in the earlier stages of intervention, and also provide guidelines for how to take timeouts in a responsible way. [7]

Learning Alternatives to Abuse

Certified batterer intervention programs employ a variety of techniques for helping their clients to avoid violence and learn nonabusive behavior. One of the most common techniques is teaching, or otherwise promoting, alternatives to abuse such as listening, supporting and validating to one's partner, recognizing other people's perspectives, compromising, and practicing self-reflection and self-care.

Some programs teach alternatives to violence by providing opportunities for participants to identify possible nonabusive responses to situations in which they have been abusive in the past. As mentioned previously, DAIP requires batterers to analyze video portrayals of abusive behavior and to identify how the abusive person could have responded in a noncontrolling manner to his partner. Some programs using the DAIP curriculum require clients to keep 'control logs' in which they reflect on situations in which they have used controlling and noncontrolling behavior in response to situations they faced during the past week, and to dissect the underlying intentions and beliefs that supported that behavior. [13] Many programs, such as Men Stopping Violence, simply require their clients to give weekly reports in group that include descriptions of

situations in which they have used controlling behavior or avoided using controlling behavior. (Bathrick D, personal communication, 2002) Programs using the Emerge curriculum require clients to give weekly updates on their progress in pursuing their individual goals while attending the program. Each man is required to establish specific goals that are based on his history of abusive behavior toward women, as well as his behavior toward his children. Program participants are then assigned regular 'turns' in the group during which they receive feedback from fellow group members and group leaders about their progress in meeting their established goals. To promote a higher level of group accountability, group leaders teach group members how to give constructive feedback to one another, and accompany this with regular feedback to each group member about the quality of his feedback to others in the group. [23]

Some batterer intervention programs integrate cognitive behavioral techniques as a means for helping men to avert abusive behavior. These typically include exercises that promote identification and critical re-examination of the thoughts, beliefs and expectations that give rise to battering behavior. In the Aggression Cycle Exercise used by the Manalive Program in Marin County California, men are required to reconstruct acts of abuse in order to identify particular cognitive elements. This 'script analysis' teaches men how to deconstruct each other's past incidents of abusive behavior by breaking it down into six 'stations'. In the first five of these stations, abusers are taught to identify habitual decisions they are wittingly or unwittingly making. These include the decision not to listen to one's partner, to expect authority based on male prerogatives, to perceive that services from his partner have been denied him, and to assert control. [40] Emerge teaches men to identify their 'negative self-talk', or internal dialogue, that typically precedes physical or verbal violence. Examples of negative self-talk include jealous thoughts, habitual negative beliefs about one's partner (such as 'she never gives me credit', or 'she's so stupid'), jumping to conclusions (such as 'there she goes again), or blaming thoughts (such as 'she makes me so angry'). Clients are further taught to interrupt these habitual thoughts and to replace them with positive self-talk, or more constructive ways of thinking. [23] This is similar to the thought-switching technique used by the Men's Group Program. During this exercise, men are taught to identify self-defeating thoughts in response to interactions with their partners. According to program originators, these typically include dehumanizing thoughts such as "she's nothing but a bitch", 'all or nothing' thoughts such as "I can't stand it when she does that", rigid expectations such as "she should do things the way I want her to", threat-oriented thoughts such as "I'm under attack", profanity or abusive self-instructions such as "I'll kick her ass for that", and sexist beliefs such as "All women are like that". [41] This analysis is followed by cognitive re-structuring assignments in which men are taught to self-monitor for negative thoughts and to replace these with more responsible thoughts.

Batterer intervention programs vary in whether they teach communication skills, and if so, which skills are taught. Beyond teaching relaxation skills as a way for men to cope with anger arousal and avoid violence, the Men's Group Program also provides responsible assertiveness training to help them avoid, passive, or passive-aggressive behavior. [41] Skill-building exercises are used to give participants practice, with feedback, about such behaviors as active listening, showing empathy, expressing feelings, receiving negative feedback, and giving and receiving positive feedback. The Manalive Program teaches intimacy skills as part of its Assertion Cycle Exercise. [40] Intimacy is explained as process that includes listening, noticing one's partner, recognizing feelings, acknowledging oneself and others. Emerge utilizes several exercises to help men recognize the differences between abusive and respectful ways of communicating with partners, including non-verbal forms of communication. This material is

accompanied by regular feedback to each man about how he is applying or misapplying this information in his interactions with his partner. This feedback piece is considered critical because of the tendency for abusive men to misappropriate information about negative forms of communication and to use it as ammunition against their partners. [7]

Some programs teach, or otherwise promote, empathy for victims as a strategy for promoting gender equality to abusive men. As one method for this, many programs teach program participants to identify the effects of abuse on partners, as well as on children who are exposed to this abuse. EmERGE uses a separate small group brainstorming exercise to identify how partners, as and children of specific ages, are affected by abuse. In another exercise, men are asked to describe their most recent or most serious act of abuse from the perspective of their partners or children. [7]

Supporting Gender Equality

For many batterer intervention programs, another strategy for stopping violence is promoting gender equality in relationships. DAIP utilizes an Equality Wheel that includes eight categories of behavior that contribute to equality. These include respect for one's partner, nonthreatening behavior, negotiation and fairness, economic partnership, shared responsibility for housework and decision-making, responsible parenting, honesty and accountability and trust and support. Group leaders devote 3-4 sessions for discussion, reflection and exercises concerning each of these eight elements of equality. [10] The Cultural Context Model employs a socio-educational process to help "raise critical consciousness about issues of gender, race, culture and sexual orientation". The program makes use of videos, readings, and music lyrics, to stimulate discussion among men about how they have been socialized and how this socialization has shaped their decision-making and behavior with women, children, as well as with people of other backgrounds. [34]

Another approach to promoting gender equality, as well as other forms of positive male role modeling, has been pioneered by the Manalive Program, which expects their clients to become "community advocates" following completion of their first year in the batterer intervention program. Community advocates are told that they must give something back to their communities, such as by becoming involved in neighborhood violence prevention efforts. [40]

Program and System Innovations

Many batterer intervention programs are still in their infancy and continue to refine their approaches as well as working to enhance the effectiveness of the coordinated community responses in which they participate. Program changes are occurring at such a rapid pace that it is difficult to characterize the emerging trends in the field or to identify those that will have the most lasting impact. Despite this several broad trends are noteworthy.

Reducing Attrition and Enhancing Program Compliance

Client attrition rates in batterer intervention programs range from 25-65% according to various studies and surveys. [36,42,43,44] The rate of attrition varies both according to program length, with shorter programs having higher completion rates. Program attrition is significant because it appears to be related to recidivism. Most outcome studies have found that program

dropouts are more likely to re-offend than program completers. One study of 840 batterers participating in 4 different batterer intervention programs found that at the 30-month follow-up period, program dropouts had re-offended at 1.5 times the rate as program completers. [36] A study in Seattle found that program completers had re-arrest rates of 8% compared to 23% for noncompleters, and 62% of a control group of offenders who did not receive treatment. [45] A smaller study in Pittsburgh found that program drop outs were four times more likely to be arrested than those who had completed their batterer intervention program. [46] While it could be argued that men who drop out of their programs are demographically different from those who complete programs, at least two studies have found program effects to persist even after statistically controlling for these differences. [36,45] In his analysis of program effect, one researcher estimates that completing a batterer intervention program reduces the likelihood of recidivism by 44-64%. [36]

One factor that is believed to contribute to higher program attrition rates is inconsistent court responses to clients who drop out or who fail to enroll in programs. An outcome study in Seattle concluded that the high rate of program drops-outs (40%) seemed related to a lax response on the part of the courts in sanctioning noncompliant clients. In reviewing this and similar findings, the authors conclude, “not sanctioning men for noncompliance implicitly excuses domestic violence and colludes with batterers in minimizing the seriousness of the crime”. [47] Both practitioners and researchers have argued that the effectiveness of batterer intervention programs depends upon consistent court and community sanctions that serve to reinforce the goals of the intervention programs. [34,36]

Coordinated community responses have been shown to lower rates of recidivism among offenders. [36,37,38] In reviewing these findings, one researcher states, “each part of the community network of interventions contributes something to the reduction of violence..... and that coordination of activities enhances the efficacy of the separate parts”. [48] Given this, batterer intervention programs have increasingly sought to articulate how other elements of the system can best reinforce the goals of their programs. The Dorchester Roundtable on Domestic Violence in Boston included a batterer intervention subcommittee that sought both to promote batterer accountability and also to make batterer intervention program more accessible. One significant innovation was the development of court sessions that are dedicated to domestic violence cases. Under this system, offenders referred to batterer intervention programs go before a judge every 30 days to review their progress in the program. Probation officers schedule weekly visits with offenders, including home visits for offenders who are considered to pose the highest risk for re-offenses. Outreach workers have been hired to advise recipients of protective orders about the law, and to direct them to batterer intervention programs as well as other services. [49] Both DAIP and AMEND provide outreach staff at the county jails so that offenders can have immediate access to information about their programs. [9,10]

Some batterer intervention programs have pioneered ways of promoting social accountability that extends beyond the courts and depends more on community peers. The Cultural Context Program has devised a sponsorship program for its program participants. Sponsors are male volunteers who receive intensive training that includes attending the batterer intervention program. Following this, sponsors are paired with program participants for one-year periods to serve as their advisors and role models for nonviolence. [34] Men Stopping Violence requires each group members to select two people from the community (usually a friend or relative) to participate in his evaluation process in the group. [8]

Increasingly, certified batterer intervention programs have incorporated concepts of Motivational Interviewing as well as Stages of Change as parts of strategies for enhancing client motivation. Developed initially as a response to substance abuse, Motivational Interviewing (MI) is a broad approach to overcoming client resistance and promoting self-motivation. The basic elements include eliciting the client's own reasons for resisting change rather than directly confronting resistance, using a nonjudgmental empathetic therapeutic style, evoking the client's own motivations for change such as by facilitating the development self-directed goals, drawing upon the client's own strengths to develop and implement these goals, and emphasizing the client's responsibility for change versus past problems. Compared to more didactic or directive treatment approaches, MI has been found to be effective in promoting change among substance abusers. [50]

Many programs that use MI techniques have similarly integrated those that are informed by Stages of Change (SOC) theory, also originally developed in response to substance abuse. Stages of Change theory is a central element of the Transtheoretical Model of Change developed by Prochaska and DiClemente. SOC posits that clients engaged in anti-social behavior have differing levels of motivation to change, ranging from 'pre-contemplation' (characterized by minimization and denial) to 'action' which entails taking active steps to make changes, and ultimately to 'maintenance' which means actively monitoring oneself in order to maintain changes and to avoid relapse. In between 'pre-contemplation' and 'action', are the important stages of 'contemplation' (having a dawning awareness of one's problem behavior) to 'preparation' (entailing one's first intentions to change). [51] Proponents of SOC for batterer intervention programs argue that treatment intervention strategies must match the particular level of motivation to change exhibited by the client. [52,53] In the substance abuse intervention field, Motivational Interviewing has been augmented by the SOC notion that treatment providers not only should explore the individual client's reasons for resistance, but also assess his/her level of readiness for change. [54]

While a number of BIPs have integrated aspects of SOC and MI to enhance client motivation and to promote active participation, it should be noted that SOC and MI were not devised as educational curricula but rather as broad approaches to change. Proponents of SOC argue that BIPs should be better attuned to the level of motivation of their clients. Further, they state that a confrontational approach is not appropriate for clients who are still in the pre-contemplation or contemplation stages. [54]. To date, there has little outcome evaluation of BIPs that have integrated elements of SOC or MI. One outcome evaluation that directly compared a BIP that included SOC and MI in its educational curriculum with a more traditional one based on a cognitive behavioral techniques, found no difference in overall program completion rates among the program participants, though the completion rate were actually higher for the Spanish-speaking men who were assigned to the *more traditional* treatment option. While there were no significant differences in self-reported reports of violence recidivism among the men assigned to the SOC and the traditional treatment options, the researchers did find significantly fewer victim-reported assaults by those attending the SOC groups, particularly for the English-speaking men. Overall, those men who were self-referred to the BIP responded less favorably to the SOC treatment condition than to the traditional approach, as did the Spanish-speaking men. Despite this, both English and Spanish-speaking group leaders in the SOC groups rated higher levels of client 'working alliance' among their clients. [55]

Though not explicitly using MI, other BIPs have experimented with client motivational enhancement strategies that are analogous. One such strategy is the more active engagement of

clients in establishing their own goals. The Batterer Education Program for Incarcerated African American Men, developed by Oliver Williams, asks program participants to establish two goals for 'self-transformation'. While the first of these goals must be to end violence, the second is left to them. Typical examples include staying out of jail, entering a drug/alcohol treatment program, making a religious commitment and taking steps to become a better father. In this way, ending violence is included within a broader context of bettering or transforming oneself. [56] Emerge asks clients to self-identify six goals: two having to do with the man's treatment of his partner, two with his treatment of his children, and two with his treatment of himself. While each individual group member constructs his own goals, and then presents these to the group, fellow group members are invited to give feedback and to suggest additional goals, so that the individual goal-setter has the opportunity to consider other goals or to refine those he has already chosen. [23] One team of researchers who conducted a preliminary outcome evaluation of the efficacy of self-determined goals in BIPs, found improved program completion rates and reduced recidivism, particularly for those participants whose self-determined goals were 'specific' and congruent with the overall goals of the program. [57]

Most outcome evaluation studies have found that program attrition is particularly likely in the earliest stages of BIPs. [36,42,48] Program drop out rates are particularly high for abusive men who are not mandated into treatment by the courts. [36] In response, some BIPs have taken greater measures to enhance the motivation of new clients, and in some cases, potential clients. One such protocol is the Men's Domestic Abuse Check-Up (MDACU) being piloted by researchers at the Schools of Social Work at the Universities of Washington and Minnesota. [58] Adapted from the Drinker's Check Up in the substance abuse field, MDACU is a protocol geared to substance abusing abusive men who are resistant to participation in a batterer intervention program. Its goal is to motivate these men to self-refer into domestic violence and/or substance abuse treatment. Utilizing a MI approach, targeted men receive a telephone call that invites them to participate in two informational sessions. During these meetings, men are given information about domestic violence which increases their awareness of its scope, typical consequences, and risk factors. They are then asked to discuss their own behavior concerning abuse of an intimate partner and use of alcohol and drugs. After this, men are given 'normative feedback' which enables them to compare their own behavior with the extent to which it exists in the general public. This is important since it's been found that people tend to overestimate the frequency of problems like intimate partner violence and substance abuse, and this is even more so for those who have these problems. Their over-estimation of these problems may lead them to ignore the problem because they believe that they are in such 'good company'. [59] Normative feedback has been found to motivate some people to seek help because they learn that their behavior is more atypical than they originally believed. This normative feedback is followed by feedback about the consequences and risk factors pertaining to intimate partner violence and substance abuse. [58] It is hoped that this kind of early intervention, will prove to be as successful in engaging voluntary clients into treatment as it has been found to be for substance abusers. Though it does not utilize this protocol, Emerge has increased the proportion of self-referred abusive men from 10%-28% over the past 10 years. Emerge attributes this to the following factors:

- replacing the term 'batterer intervention program' in program brochures with 'a program for abusive and controlling behaviors in intimate relationships'.
- active participation in men's outreach campaigns.

- providing free parenting education groups that are geared for men with histories of domestic violence.
- intensive outreach to faith communities through the Safe Havens Interfaith Partnership Against Domestic Violence, and to employers through Employers Against Domestic Violence.
- intensive outreach to substance abuse and other social service agencies. [60]

Becoming Culturally Relevant

Another trend in batterer interventions is to make programs more accessible and relevant to underserved populations of abusers. These include, but are not limited to rural men, African American men, Latinos, Asian-American men, Native American men, and abusers in same-sex relationships. Proponents for culturally relevant programs have noted that the original batterer intervention programs were developed primarily for Caucasian men and that the resulting models do not reflect the perspective of men from other cultural traditions. [61,62] For instance, African American men and other men of color may be less trusting of batterer intervention programs that are mandated by courts and therefore less willing to believe it is in their interest to disclose abusive behavior in such a program. Abusers in same-sex relationships are likely to feel that an educational curriculum that is heavily geared toward discussion of male-female relationships is not relevant to their problems.

Responding to these problems, some batterer intervention programs have developed culturally specific programs while others have used the diversity of their groups to connect gender inequality to other forms of inequality and domination. Pioneering examples of the first approach are Centro de Capacitacion para Erradicar la Violencia Intrafamiliar Masculina (Training Center to Eradicate Masculine Intrafamily Violence), otherwise known as CECEVIM for Latino men in San Francisco, the Batterer Education Program for Incarcerated African American Men (BEPIAAM) in Atlanta, the DAIP program for Native American men in Duluth, the African American Program at Men Stopping Violence, the Latino the Vietnamese Programs at Emerge, and the program for abusive gay men at Men Overcoming Violence (MOVE) in San Francisco. Pioneers of the second approach include the Cultural Context Model and the EVOLVE curriculum that is currently being used at various locations in Connecticut. [63] The culture and language specific groups have many of the same goals and methodologies as other batterer intervention programs but have made adaptations to make them more relevant to the experience of the population that they are serving. For instance, CECEVIM borrows curriculum and techniques from the Manalive Program but has evolved unique features to suit Latino men. CECEVIM uses an ecological framework to help clients to ‘deconstruct’ their male and individual identities in terms of the physical, intellectual, emotional, cultural and social ‘spaces’ in which they live. Groups are facilitated in a democratic manner in order to promote maximum motivation for men to self-reflect and to help one another. [64]

Culturally specific groups not only afford greater opportunities for abusive men to trust their group leaders but also for programs to make use of cultural norms and strengths that promote nonviolence. Both the African American Program at Men Stopping Violence and BEPIAAM use African American men’s experience and understanding of racial oppression as a strength for understanding gender inequality. BEPIAAM devotes one session to social learning in which men are asked to reflect on how they learned about violence in their families, peer

groups, and communities. [56] Compared to other programs, culturally specific batterer intervention programs appear to devote more attention to issues of self-care, balancing this with attention to how men treat others. The Vietnamese and Latino Programs at Emerge encourage men to address unmet problems related to physical or mental health, legal immigration status, education and employment training. Attention is also devoted to insuring that clients understand this countries laws pertaining to domestic violence and child abuse. [65]

Assessment of Dangerousness, Substance Abuse and Mental Health Problems

Some outcome findings of batterer intervention programs have shown that battering men who abuse substances are more likely to re-offend. [36,39] Other predictors of re-assaults are men with prior histories of serious assaults, lengthy criminal record, and severe mental disorder. [36] These findings have spurred some programs to develop methods for earlier detection of dangerousness, substance abuse and mental disorders. One of most comprehensive set of assessment protocols is provided by The Men's Group Program. Evaluators of this protocol have found that information derived from psychometric and substance abuser screening tools that are administered at intake has been useful customizing and enhancing treatment. [66] Besides developing better assessment tools, programs have also established more consistent criteria for requiring clients to seek outside evaluation for substance abuse or mental illness as well as concurrent treatment for these problems when it is warranted. Some have also sought stronger linkages or collaborations with substance abuse and mental health providers so that these services can be better integrated with batterer interventions. While Gondolf found only weak support for the efficacy of one such protocol, he concluded that this was primarily due to poor implementation rather than on the protocol itself. The impediments included failure to make or to follow through with mental health referrals, inadequate supervision, and poor collaboration between the BIP and the mental health programs. [67]

Methods for risk assessment vary a great deal among programs. The better programs routinely seek to assess for risk factors such as suicidality and depression, past threats to kill, stalking behavior, past use of weapons, sexual violence, and past criminal behavior. AMEND provides one of the more rigorous risk assessments with the use of the Violence Risk Inventory (VRI), a 22-item list of psychosocial and violence history factors to be filled out by the interviewer upon client intake. [68] This is accompanied by separate tool in which the interviewer indicates the presence of various situational factors, such as 'recent loss of job', as well as potential triggering factors such as 'intrusive or obsessive thoughts about the victim'. As new information becomes available about the client, it is added to the VRI, enabling AMEND staff to update their assessment of dangerousness, and to conduct long-term risk management with clients. [9] Programs like DAIP, AMEND and Emerge routinely gather police reports as well as criminal records regarding each court-mandated client from the referring probation departments. These and a growing number of BIPs also actively participate in community-based high risk assessment teams that review and pool information about particular high risk cases for the purposes of enhancing victim safety as well as monitoring of the offender. [69,70]

Providing Parenting Education

Numerous studies have shown significant overlaps between partner and child abuse. [25,26,27,71] Even when they are not directly abusing their children, abusive men often expose their children to the verbal and physical abuse of their mothers. [25,27] Exposure to abuse is known to have many short and long term negative effects on children. [25,27,72,73] Recognizing this, some batterer intervention programs provide education to their clients about the effects of domestic violence on children. Several also provide ongoing feedback to their clients about their parenting behavior. AMEND, Emerge and the Domestic Abuse Project (DAP) in Minneapolis have developed separate parenting classes that are available to all clients who are parents or step-parents. The Responsible Fatherhood Program at Emerge is based on the Caring Dads curriculum developed by the Changing Ways abuser education program in London Ontario. Changing Ways developed this curriculum in collaboration with researchers when it became apparent that a second generation of abusers – the sons of men who had attended past groups – were beginning to attend their abuser education program. By providing more specific education about parenting, Caring Dads sought to help abusive men to become better and more cooperative co-parents, and in so doing, set a more positive example for their own children. Additionally, according to Tim Kelly, “We found that in our current system of intervention, fathers were not being held accountable for their abusive actions. Instead, women and children were being left to pick up the pieces.” [74] Similarly, the Restorative Fatherhood Program at DAP believes, “It is important for the men in the program to understand that the violence in the home has redefined how the children see them as fathers. Restorative Parenting helps these men better understand their children’s perspectives, increase empathy for their children, and improve the quality of their connection with their children.” [75]

Besides, or lieu of, offering their own dedicated parenting education groups, some BIPs have integrated parenting education into their abuser education curriculum. Some programs have used the Parenting After Violence (FAV) curriculum developed by the Family Violence Prevention Fund. One rationale for providing such education for abusers is that surveys of battered women have found that many want their partners or ex-partners to remain apart of their children’s lives, so long as these fathers end their violence and take responsibility for their past abusive actions. [76] The Fathering After Violence curriculum includes one lesson, called the *Empathy Exercise*, in which abusers view pictures that children have drawn of their abusive fathers in order to sensitize them to how violence affects children’s perceptions of their fathers. The men are then asked to draw pictures of themselves to reflect how their children might perceive them following an incident of abuse. Another lesson provides guidelines for abusive men about how to responsibly make reparations for their children for having exposed them to abuse of their mothers. Beyond ending their abusive behavior, important steps of reparation include stopping the minimization, denial or justification of past abusive behavior, acknowledging the damage done to children and their mother, accepting consequences for past violence, including any limits placed on their contact with children, modeling constructive behavior, validating and supporting children’s feelings, and supporting and respecting the mother’s parenting. In taking these steps, abusers are admonished not to ‘rush the process’, or to pressure their children into reconciliation. It is emphasized that the reparation framework with children needs to be seen as a long term process, and it is one that is not necessarily appropriate for all fathers. [76]

Preliminary outcome evaluations of parenting education within the context of batterer intervention programs have found positive benefits in terms abusive men’s understanding of their children, reductions in anger toward children, and improvements in their parenting skills. [77,78]

One additional benefit, according to BIPs that have provided this kind of curricula, is that this attention to how children are impacted by domestic violence appears to enhance fathers' motivations to confront their domestic violence. There appears to be two reasons for this. First, information from outside experts about how children are adversely affected by violence often bolsters the credibility of the abusive man's partner who has often attempted to call attention to these effects. Secondly, attention to children often stimulates men to self-reflect to their own experiences as children, and in so doing, better identify how abusive behavior might have been modeled by their own fathers or mothers. [79] It is hoped that this self-reflection might strengthen abusive men's resolve to set a better example for their own children.

Conclusion

Certified batterer intervention programs distinguish themselves from uncertified programs and more generic forms of treatment in their emphasis on abuser accountability as well as victim safety. Certified programs are themselves accountable to larger community and statewide responses to domestic violence. Beyond this, batterer intervention programs also appear to help significant numbers of abusers to change their behavior, and to have more positive relationships with their partners and children. [36,77] Despite this, batterer intervention programs are still underutilized, particularly by the larger human service and medical communities, who tend to view these programs as mere extensions of the criminal justice system. However, batterer intervention programs are continuing to evolve by refining their methodology as well as their message.

A major challenge for batterer intervention programs is to make themselves more familiar to the general public as well as to other human service providers, including health care professionals as potential sources of referral. One survey that was commissioned by the Florida Department of Corrections found that only 41% of the general public was aware of the existence of batterer intervention programs while 8% knew of someone who attended such a program. Despite this, 92% of the respondents believed it should be a requirement for those charged with domestic violence crimes to attend a batterer intervention program. [80] Some BIPs have responded to this challenge by mounting community education campaigns that help men and women recognize abusive or controlling behavior that falls short of criminal behavior. Emerge has utilized posters, billboards, as well as radio and television ads to help men and women self-identify the need to confront any behaviors that are alienating to intimate relationships. Similarly, Men Stopping Violence has sought to create a climate of 'community accountability' in which all men are asked to become allies in motivating abusive men to seek help. [81] Other batterer intervention programs have targeted outreach to faith communities. An increasingly utilized model for community accountability is Restorative Justice, which is a broad category of informal, dialogue-based practices that seek to address harms caused by crime. [82] Applied to intimate partner violence, restorative justice has sought to counteract the messages that it is a 'private matter' on the one hand, or strictly a criminal justice matter on the other. But rather than replacing the criminal justice response, restorative justice seeks to augment it by increasing social accountability for abusers by 'widening the circle' of support for victims. [83,84]. This is similar to other community organizing efforts which seek to broaden the base of those who are informed about domestic violence, and once informed, better able to serve as social agents for change. Examples of this are the *Neighbors, Friends and Family* campaign in London Ontario

Close to Home in Boston, and *Bringing In the Bystander* at several college campuses. [85,86,87] An important side benefit of community education is that it may well serve to prevent domestic violence by helping people recognize abusive behavior in its earliest stages.

BIP participation in community education and violence prevention efforts reflects the philosophy of most of the pioneer programs that efforts to eliminate intimate partner violence must proceed on both the community and the individual levels. DAIP stresses that the Duluth Model is more than a batterer intervention program but rather a coordinated community response system that seeks to create justice for accountability for abusers as well as justice for victims. [13] Yet this broader purpose of BIPs has been rarely included in outcome studies that have tended to narrowly focus on their role in changing individual batterers in isolation from other factors. [48,88] Certified Batterer Intervention Programs are but one part, though an integral one, to the overall community response to domestic violence. To be effective, these efforts must be coordinated and transparent. When well integrated within social this broader social response, BIPs represent an opportunity for individual abusers to change within a context of community accountability.

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