THE SURVIVAL OF BATTERER PROGRAMS?

Responding to "Evidence-Based Practice" and Improving Program Operation

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Responding to "Evidence-Based Practice"

The biggest question facing the future of batterer programs may be: Will they survive, evolve, or drift into extinction? Will the mainstream programs of weekly sessions with a gender-based cognitive-behavioral approach go the way of 21-day alcohol treatment, juvenile boot camps, and project DARE? The question has been prompted largely by the escalating "evidence-based practice" movement and its "gold standard" of experimental evaluations (albeit, with limitations of their own (See Berk, 2005).). The findings from five experimental batterer program evaluations, and the meta-analyses based on them, show little effect compared to probation without programming (Babcock et al., 2004; Feder & Wilson, 2005). As a result, experts as diverse as Donald Dutton (2006) and Evan Stark (2007), along with the "what works" literature in corrections (MacKenzie, 2006), argue that batterer programs should be dismantled or dramatically overhauled. These assertions reinforce the lingering suspicious of many battered women advocates that batterer programs raise false hopes in battered women and often endanger them further.

The "don't work" chant is already impacting financially-strapped programs by furthering cuts in funding, decline in referrals, and the undoing of state standards and guidelines. It has also opened the door to an array of pet theories, alternative approaches, and borrowed theories. Most notably, a well-organized faction of researchers and clinicians is vigorously promoting gender-neutral approaches including couples counseling (Corvo et al., 2008). To some in the field, this trend has plunged the batterer programming into disarray; to others, it suggests a promising shift toward a more sophisticated and professional treatment of psychopathology (e.g., attachment disorder); and to others still, it foreshadows an on-going refinement of foundational principles and accomplishments. Substantiation and justification of batterer programs are obviously needed to chart the direction ahead.

The survival of batterer programs is, therefore, likely to hinge on their response to "evidence-based practice" and the support they receive for that response. On one hand, there is an increased opportunity to challenge the bottom-line edicts being drawn from the experimental evaluations underlying "evidence-based practice." At least a few critiques address the implementation problems associated with the experimental evaluations of batterer programs and the questions surrounding their external validity—(i.e., the extent we can generalize from them) (Durlak, & DuPre, 2008; Gondolf, 2001; Saunders, 2008). At issue is whether problematic experimental evaluations carry more weight than sophisticated analyses of more extensive and comprehensive quasi-experimental designs indicating program effects (e.g., instrumental variable analysis and propensity score analysis, trajectory analysis, etc.) (Gondolf & Jones, 2001; Jones et al., 2004; Jones et al., in press).

A second response is to challenge the narrow focus of the bio-medical perspective of evidence-based practice in its current form. A few sources of support are available in this regard, but have been largely ignored up to now. One, a recent anthology of articles criticizes the attention to evidence-based practice in the mental health and social work arenas (e.g., Norcross & Levant, 2005; Gilgun, 2005). It outlines the shortcomings in translating findings to practice, understanding the response of non-dominant cultures, and identifying the components of therapy at work. Two, the widely circulated "opinion" piece by Harvard researcher, Lisabeth Schorr (2009), and an accompanying paper (Smyth & Schorr, 2009) with her colleagues from the Full Frame Initiative (Smyth & Goodman, 2006), argue that evidence-based practice constricts program development (i.e., it doesn't tell us necessarily why something does or does not work). It also doesn't fit the reality of

programs embedded in encompassing intervention system and community setting. These authors lay out criteria for more complex system analysis to evaluate interventions and formulate policy.

Three, the presidential address at the recent meeting of the American Criminology Society highlighted the broader perspective of "knowledge-based action" (Clear, 2009). It endorsed an array of research approaches to address major policy issues, including research on supplemental components of an intervention and evidence from "generic programs." An example of "generic evidence" would be the extensive evaluation research supporting cognitive behavioral approaches with a variety of criminal populations (Landenberger & Lipsey, 2004; Wilson, et al., 2005). These go beyond the very few and problematic evaluations of "specific" programs like the Duluth Model. A complementary aspect of an intervention is represented in the research in the child welfare field (Schorr, 2007), that endorses an organized effort of community building, which several batterer programs seek to promote (e.g., Douglas et al., 2008).

A number of practitioner initiatives are also emerging, but need further resources and leadership to sustain them. One such initiative is the increased demand and expectation of practitioners to be more than advisors in evaluation, but to be joint conceptualizers and interpreters of the research. For instance, judges, probation officers, battered women's advocates, and batterer program staff met in November 2009 to challenge the researcher interpretations of the influential Judicial Oversight Demonstration (JOD) project (http://www.biscmi.org/jod/BISC-MI_2009_National_Conference_Program.pdf). They offered experience and observations from the JOD study that challenge the published findings suggesting that an enhanced community coordinated response, and batterer programs within that response, do not substantially improve outcomes (Visher et al., 2008a). A series of audio conferences conducted through the Muskie School of Public Service at the University of Southern Maine has also promoted this sort of expanded discussion. Interestingly, at least a few researchers tempered their published claims of program ineffectiveness when teamed with the practitioner discussants in these hour and a half broadcasts (vaw.sagepub.com/cgi/reprint/14/6/732.pdf).

A second initiative is a more informal effort to develop practitioner-led evaluations to help document and develop the complexities of the work. The concern here is that prevailing batterer program evaluations do not represent the more developed programming and intervention systems in the field, and do not account for the broader range of impacts and contributions (e.g., the role of batterer programs in assessing risk or filtering non-compliant men back to the courts). The Respect agency in the United Kingdom has, for instance, launched an evaluation project of its community-based network of programs (www.respect.uk.net). A project manager and advisory committee from Respect are working with an external set of university researchers that Respect recruited in a competitive solicitation.

A related matter, discussed in some of the critiques of evidence-based practice, is the need to develop "research-readiness" among practitioners (McCrystal, & Wilson, 2009; Pollio, 2006; Shlonsky & Gibbs, 2004). In order for practitioners to respond more meaningfully to research findings and develop documentation of their own, they need training workshops and technical assistance regarding the basics of program evaluation. Such workshops might offer a fuller discussion of the limitations and shortcomings of research, along with the contribution of scientific inquiry to program and policy development. The national conference on "Intervening with Men who Batterer" in May 2009 had a few sessions with this intent (Debonnaire, 2009; Nitsch & Garvin, 2009).

These initiatives overall represent an expansion of the current conception of evidence-based practice to include broader feedback from practitioners, discussion of interpretations, and a diversity

of methods and designs. Interestingly, the 1990 origins of evidence-based practice in the medical field included and promoted such features (Gilgun, 2005).

Improving Program Operation

A backdrop of operational issues has implications for interpreting program outcomes and furthering program development. These issues, however, have had relatively little research attention and have not been sufficiently considered in interpreting program outcomes. The first is the need to sort out the most appropriate program approaches, nearly all of which have not been systematically evaluated with batterers. (Only two randomized clinical trials have been conducted comparing batterer program counseling approaches (Gondolf, 2007; Saunders, 1996).) Are there universal components across many approaches that can be identified and supported, as "Dodo Bird" research in psychotherapy suggests (Luborsky, 2002)? Moreover, programs are tremendously uneven in expertise, training, orientation, administration, linkages and resources; and state program standards are poorly implemented, according to at least two substantial studies (California, 2006; Labriola et al., 2007). What mechanisms do we need to improve practice in general, standardize it in some way, and increase consistency and competence in programs?

A second influence on batterer program outcomes is court oversight and response to non-compliance. Non-compliance to batter program referral remains the single strongest predictor for re-assault (Heckert & Gondolf, 2005). Yet in many jurisdictions, batterer programs struggle to get judges and prosecutors to consistently and swiftly sanction non-compliant men, as well as refer them to batterer programs in the first place. The role of batterer programs in defining non-compliance, reporting to the courts, and follow-up with program participants is also unclear. The two most systematic studies of court oversight admittedly raise question about its impact on program outcomes, but they also expose the weak implementation of court oversight and monitoring at even collaborating research sites (Rempel et al., 2008; Visher et al., 2008b).

Several batterer studies and program evaluations suggest that risk assessment and risk management should be the focus of the field, as is increasingly the case with sexual assault and other violent offenders (Kropp, 2004, 2008). If the subgroup of unresponsive and problematic men could be identified and contained, batterer program outcomes would tremendously improve (Gondolf & White, 2001). But there are several unanswered questions in this still underdeveloped effort: Which risk assessment instruments, procedures, and conceptions (e.g., actuarial vs. structured professional judgment) are most appropriate and under what circumstances? Also, how do we check the increasing misuses of such assessment that include a mechanistic implementation, triage for cost savings or court efficiency, and disregard of victim input and override (Baird, 2009)? How do we DO assessment in a way that gets valid information, doesn't jeopardize women's safety, and is communicated properly and appropriately (Campbell, 2005)? Who should be doing risk assessment and at what junctures: court psychologists, battered women's advocates, probation officers, and/or batterer program staff AT arrest, court appearance, program intake, and/or program discharge?

Even more important is the question of risk management: What and how do we respond to risk when it is identified? Does it mean simply a more extensive or intensive batterer program, or additional comprehensive treatments (e.g., mental health and addiction services)? What warrants the most attention among the "high risk" men and how do we identify those needs? Who should be overseeing the risk management: batterer programs, probation officers, women advocates, or clinical teams? The current research suggests risk is a dynamic and contingent "potential" rather than a fixed category or type of offender (Douglas & Skeem, 2005; Hanson, & Wallace-Capretta; 2000; Heckert & Gondolf, 2005). It therefore warrants a process of on-going assessment and

comprehensive planning for offender needs and victim safety, rather than merely a static assessment at program intake.

The emergence of risk assessment points back to a familiar intervention topic. Risk management inevitably requires a "coordinated community response" (CCR)—that is, a variety of services, along with the criminal justice system, that have complementary and reinforcing approaches (Pence & Shepard, 1999). A few recent studies confirm the persistent barriers and breakdowns in CCR (Gondolf, 2009; Visher et al., 2008b). There is a need for protocols rooted in frontline staff and practical concerns with information systems that ensure feedback and monitoring (e.g., the St. Paul, MN, Blueprint for CCR). Who is to oversee CCR and make sure it is implemented and sustained? Domestic violence coordinating councils of service administrators may not be sufficient, in some jurisdictions, to achieve this goal (Allen, 2006; Allen et al., 2009). What are the other models for doing this? Should batterer programs play a central role in developing and facilitating CCR, or merely be a component that receives referrals. (In many jurisdictions they are not even a member of the domestic violence coordinating councils.)

In sum, most of these operational issues seem essential to the effectiveness of batterer programs, and have implications therefore about their survival. The current state of the "evidence-based practice" has yet to address these issues and may be diverting us from them. A broader framework for evaluating and developing batterer programming is ultimately needed. An outright dismissal of batterer programs, as is the current trend, may therefore be premature.

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