EVALUATING THE BATTERER INTERVENTION PROGRAMS IN NAPA COUNTY: WHAT TYPE OF INTERVENTION IS PROVIDED AND DOES THE PROCESS REDUCE DOMESTIC VIOLENCE?

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EVALUATING THE BATTERER INTERVENTION PROGRAMS IN NAPA COUNTY: WHAT TYPE OF INTERVENTION IS PROVIDED AND DOES THE PROCESS REDUCE DOMESTIC VIOLENCE?

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Abstract
of
EVALUATING THE BATTERER INTERVENTION PROGRAMS IN NAPA COUNTY: WHAT TYPE OF INTERVENTION IS PROVIDED AND DOES THE PROCESS REDUCE DOMESTIC VIOLENCE?
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This paper aims to examine how batterer intervention programs in Napa County operate, how they attempt to lower the rate of domestic violence, and whether the reduction of domestic violence occurs. Data for this study include one interview with all four program providers in Napa County. The interviews are transcribed and analyzed using content analysis. Findings suggest all four programs are both compassionate and clear in the definitions of services offered. Each program uses a cognitive behavioral therapy approach and believes to graduate a high percentage of offenders. Research limitations include a small sample size, choice in interview questions, and the fact the researcher did not gather secondary data from Napa County’s criminal offender database. It is the hope of this researcher that the Napa County Probation Department will continue researching whether the batterer intervention programs reduce domestic violence in the community.

______________________, Committee Chair
Joyce Burris, PhD

_____________________
Date
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Chapter 1

THE PROBLEM

Introduction

Envision what it must be like for a probation officer to refer an offender to a batterer intervention program knowing that the treatment may not help stop their violent behavior. Imagine what it must be like for an offender to be mandated by the courts to attend a batterer intervention program when they know the program may not help lower their risk of domestic violence, but that failure to participate in the program may result in incarceration.

This researcher is currently a probation officer working for the Napa County Probation Department. As someone working in a correctional agency, I have the opportunity to reduce the risk of violence by working with the offender in a way that helps to promote the safety of the victim and hold the offender accountable for his or her actions (Crowe et al. 2009). Therefore, it is important for correctional agencies to offer the best treatment possible so the rate of re-offense is minimized. This researcher is interested in evaluating the batterer intervention programs in Napa County to see what type of intervention is provided and to determine if the process reduces domestic violence. This chapter will address the background of the problem, statement of the research problem, and the purpose of the study. Further, theoretical frameworks used to address the research topic are discussed in this chapter along with the definitions of terms used throughout the research. Finally, assumptions, justifications and delimitations are discussed.
Background of the Problem

Domestic violence occurs daily in the United States and is both painful and tragic for the victims and their loved ones. Many women and some men are physically, sexually, and emotionally abused by their intimate partner (Crowe et al. 2009). In 2005, the Bureau of Justice Statistics estimated that 1 in 320 households were affected by intimate partner domestic violence throughout the United States. However, statistics do show since 1993, the rate of intimate partner violence has continued to decline (Bureau of Justice Statistics, 2007).

Violence against women became more public after feminist groups in the 70’s began to realize violence was occurring in the home against women and children (Hovell, Seid, & Liles, 2006). During the 80’s, many states continued to address domestic violence through legal reforms. In 1994, the Violence Against Women Act (VAWA) became the first federal law to address domestic violence crimes and to provide a federal role in prosecution of these crimes, as well as provide treatment and protection of victims. The Violence Against Women Act (VAWA) was reauthorized in 2000 and 2005 and has continued offering the existing programs and created much more needed support (Conyers Jr., 2007). Public awareness of violence against women continues to increase due to the work of advocates for battered women, and society is now beginning to respond more appropriately to violence occurring in intimate relationships (Cho & Wilke, 2005).

Due to mandatory arrest laws, more people convicted of domestic violence are being mandated and referred to participate in batterer intervention programs (Dalton,
2007). Research has just begun to look at the effectiveness of these intervention programs, however, most research shows inconsistencies when identifying whether these batterer intervention programs actually reduce domestic violence (Babcock, Green, & Robie, 2004; Corvo, Dutton, & Chen, 2008; Silvergleid & Mankowski, 2006). Further, when researching a batterer intervention program, fixed standards and guidelines are shaped and controlled by each state, which determine the approaches to be used in the local programs (Corvo, Dutton, & Chen, 2008). This makes it hard for programs to tailor their approach based on their client’s needs. Also due to mandatory arrests, more women are being ordered to participate in batterer intervention programs, which are intended for male abusers. Research shows mixed results. Some women who complete the program changed their beliefs about using violence and acquired new skills to allow them to use non-violent conflict resolution with their partners (Carney & Buttell, 2004). Other research states women should not be ordered to participate in batterer programs that are oriented to male domestic violence offenders (Crowe et al. 2009).

When looking at domestic violence, it is important that more research be done to show effectiveness of batterer intervention programs so that more funding will be provided for effective programs and laws can be changed which may help lower recidivism based on sound knowledge of what works.

Statement of the Research Problem

The state of California legally mandates offenders convicted of domestic violence to attend a 52 week batterer intervention program. As domestic violence laws continue to flourish, it is hard to determine whether offenders are lowering their domestic violence by
attending these intervention programs without looking at the effects the intervention have on the offender. This researcher intends to discover if referring a domestically violent offender to a batterer intervention program in Napa County actually lowers the rate of domestic violence.

*Purpose of the Study*

The primary purpose of the study is to develop basic knowledge about how batterer intervention programs in Napa County operate, how they attempt to lower the rate of domestic violence, and whether the reduction of domestic violence occurs. The secondary purpose of the study is to look at ways to improve the effectiveness of batterer intervention programs and collaboration of all agencies involved. The results of the study will help the researcher to have a better understanding if the treatment intervention for offenders lowers their rate of domestic violence in the community.

*Theoretical Framework*

Many theoretical frameworks can be used to describe domestic violence. For the purpose of this study, the researcher will address the social learning theory and the psychoanalytic theory. The researcher will first give a description of the theoretical frameworks, followed by an explanation of how it may be applied to this research study.

*Social learning theory.* Social learning theorists define how adults and children develop in terms of cognitive abilities, which are believed to influence behavior and maturation processes (Grusec, 1992). According to learning theory, learning is what takes place as a result of imitating and observing other people’s behavior. A person can imitate a certain behavior accurately the first time it is tried. Researcher and psychologist, Albert
Bandura, believed children not only watch the behaviors carried out by a role model, but also watch what happens to the model. A model could be in a television show or a model could be a child’s parents who engaged in a physical conflict. When the model’s behavior is rewarded, the behavior will more likely be imitated by the child. When the model’s behavior is punished, the behavior is more likely to be avoided. When the naughty behavior goes unpunished, the behavior may then be imitated (Grusec, 1992; Newman & Newman, 2006).

When addressing social learning theory as it relates to domestic violence, research shows that a risk factor for the occurrence of domestic violence is the violence the offender witnessed in their family of origin. Social learning theorists believe that the violent behavior and attitudes shown by parents throughout early childhood, often lead people to use violence themselves (Bowen, Brown, & Gilchrist, 2002; Corvo, Dutton, & Chen, 2008; Simmons, Lehmann, & Collier-Tenison, 2008). Therefore, treatment of batterers should expose offenders to ways to resolve conflict and deal with frustrations without resorting to violence. Offenders also see that their continued violent behavior results in negative consequences (Day, Chung, O’Leary, & Carson, 2009; Mankowski, Haaken, & Silvergleid, 2002).

*Psychoanalytic theory.* “The Psychoanalytic theory focuses on morality as the ability of people to control their impulses and resist temptation, rather than on their cognitive understanding of what constitutes a moral transgression” (Newman & Newman, 2006; p. 235). Children of parents, who use physical punishments, are more likely to have impulsive behaviors and become physically aggressive and do not control
their behavior well (Newman & Newman, 2006).

The psychoanalytic theorists believe that offenders who batter their intimate partners have fears of dependency and failure, as well as frustration and anger, which give way to the violent behavior. Further, they may have unresolved emotional conflicts or trauma, which exacerbates them into aggressive behavior. Offenders are seen as dependent and susceptible to childlike tantrums in response to their partner’s inability to be tuned to their needs and they may impose infantile demands on the mother figures in their lives, which can also be their intimate partner. Therapy should include forceful interruption of the behavior and should impose consequences so that the power struggles are less reinforcing. Therapy also addresses the controlling and destructive behavior, which may be covering the fear of being out of control, powerless, or feminine (Mankowski, Haaken, & Silvergleid, 2002).

Research Question

This study was done to evaluate the batterer intervention programs in Napa County. What type of intervention is provided and does the program for intervention reduce domestic violence?

Definition of Terms

The following terms are used throughout this project and are relevant to domestic violence, risk tools, and batterer intervention programs:

Domestic violence occurs when women and some men are physically, sexually, and emotionally abused by their intimate partner (Crowe et al. 2009).

Batterer intervention programs are programs that are mandated by the state of California
to provide services to offenders convicted of domestic violence. These programs must follow strict guidelines defined in the California Penal Code Section 1203.097 (California Penal Code, 2008).

*California mandates* govern how the correctional system supervises offenders convicted of domestically violent crimes, as well as mandates how batterer intervention programs are operated (California Penal Code, 2008).

*Risk assessments* are an important tool to use as it balances the treatment and supervision needs of an offender by ensuring community safety (Hoyle, 2008).

*The Duluth model* is used in some batterer intervention programs and is characterized as psycho-educational and incorporates some cognitive behavior therapy for men arrested for domestic violence (Day, Chung, O’ Leary, & Carson, 2009).

*Cognitive behavioral model* is an approach that confronts men regarding the consequences to their behavior, holds them responsible for their abuse, confronts rationalizations and excuses, and teaches them alternate behaviors like conflict resolution tactics, assertiveness, and communication skills (Bowman & Gilchrist, 2004; Gondolf, 2004; White & Gondolf, 2000).

**Assumptions**

The assumptions to be considered in this study include: 1) Domestic violence is an ongoing problem in United States that effects many families; 2) Offenders are more likely to receive help when mandated by the courts; 3) The rate of domestic violence is reduced when offenders participate in a batterer intervention program; 4) Both men and women can become domestically violent.
Justifications

As demonstrated above, domestic violence is prevalent in the United States and effects 1 in 320 households (Bureau of Justice Statistics, 2005). In California, offenders who are convicted of domestic violence are mandated to attend a 52 week batterer intervention program. The results of this study will determine the impact the batterer intervention programs in Napa County have on reducing domestic violence as well as give valuable information on how these programs operate and what types of services they provide. The outcome of this study will provide both the programs and the referring agencies information needed to best supervise and treat offenders convicted of domestic violence.

Delimitations

Much more research should be done on the effectiveness of batterer intervention programs in reducing domestic violence. The project did not research in depth the triggers that cause domestic violence. Reasons why offenders fail to complete batterer intervention programs were also not explored. Secondary data was not gathered from Napa County’s criminal offender database whether there was a reduction of domestic violence upon successful completion of a batterer intervention program. The data gathered is limited only to the batterer intervention programs used in Napa County. Further, information was only gathered by treatment providers and not participants in the batterer intervention programs. Interviewing offenders who are participating in these batterer intervention programs may be useful in future studies.
Summary

Chapter one includes the background of the problem, statement of the research problem, and the purpose of the study and research problem. The chapter also includes the theoretical frameworks, definitions used throughout the project, as well as assumptions, justifications and delimitations. Chapter two is the literature review which will cover sections relating to domestic violence, history of domestic violence, history of batterer intervention programs, California mandates, risk assessment tools, types and effectiveness of batterer intervention programs, and women who are mandated into batterer intervention programs.
Chapter 2
THE LITERATURE REVIEW

Introduction

The literature review will be divided up into nine sections. The first section will define domestic violence. The second section will look at the history of domestic violence. The third section will give a history of the batterer’s intervention programs. The fourth section will define the California mandates which regulate the terms of probation for domestic violence offenders and batterer intervention programs. The fifth section will identify various assessment tools used to determine the risk of domestic violence. The sixth section will define the types of batterer’s intervention programs. The seventh section will look at research on effectiveness of batterer’s intervention programs. The eighth section will address women who are mandated into batterer intervention programs. The ninth and final section will address the gaps in the literature.

Definition of Domestic Violence

Domestic violence is defined as aggressive behaviors and includes intimate partner, sexual, and stalking violence. Intimate partner violence is a threat or use of physical force against an intimate partner that may result in injury or death. Sexual violence is the use of physical force or threat to make a person engage in a sexual act against their will, whether or not the act is completed (Moore- Parmley, 2004). Stalking is defined as a pattern and/ or threat of behavioral intrusion upon another person that is unwanted, as well as a person who is threatened and experiences reasonable fear (Dietz, 2007). Nonphysical abuse refers to controlling behaviors, verbal abuse, and threats. This
type of abuse is done to lower another person’s self esteem and mental functioning (Gondolf, Heckert, & Kimmel, 2002).

Research shows that five forms of violence are used against intimate partners. This includes ongoing physical abuse, general violence, mental impairment or incapacity, isolated acts of violence, self defense, and responsive battering. It is important to investigate the type of domestic violence as a way to better help the batterer (Crowe, Sydney, DeMichele, et al. 2009).

Understanding the nature of domestic violence can also help prevent the further escalation of criminal activity. Some activists and practitioners believe domestic violence is based upon patriarchal, societal, and institutional structures that reward the domination of men or women in the hopes of keeping their positions of power. Male privilege helps men to form the behavior that gives them power, control, and domination over the women in their lives (Eckhardt, Murphy, Black, & Suhr, 2006).

In California, two definitions of domestic violence are used to prosecute cases. The first definition from the California Penal Code (2008) Section 273.5 defines domestic violence as “Any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a traumatic condition” (p. 125). The second definition from the California Penal Code (2008) Section 243(e)(1) defines domestic violence as a “battery which is committed against a spouse, a person with whom the defendant is cohabitating, a person who is the parent of the defendant’s child, former spouse, fiancé, or a person with whom the defendant currently has, or has previously had, a dating or
engagement relationship” (p. 97). As can be seen in the section above, California does a good job describing what constitutes domestic violence.

**History of Domestic Violence**

Violence against women became more public after feminist groups in the 70’s began to realize violence was occurring in the home against women and children. Before the feminist movement, family violence was not acknowledged as a social problem and was limited to the examination of child victimization. Further, the criminal justice system was treating offenders leniently and failing to arrest even with probable cause to do so (Hovell, Seid, & Liles, 2006). As concern grew regarding children who were abused, recognition of family violence began to include adult women’s victimization at the hands of their intimate partners. Due to this feminist movement, violence against woman soon became a crime and not just family secret (DeJong & Burgess-Proctor, 2006).

An important component of this feminist movement began when women started discussing their life experiences and identifying the personal, legal, and societal barriers. During these discussions, it became apparent violence was a common part of women’s lives and it had a negative impact on the way they lived (Kilpatrick, 2004). Feminist groups soon began to influence the reform of the criminal codes defining the crimes of sexual assault, criminal domestic violence, child abuse and neglect, and other crimes against women. These groups were also responsible for setting up community organizations in an effort to offer services to victims of rape and other types of intimate abuse. Feminist groups showed that violence against women was an important public
health issue as well as a criminal justice issue (Kilpatrick, 2004).

During the 80’s, many states continued to address domestic violence through legal reforms which included defining domestic violence as a crime, developing arrest policies, expanding the definition of intimate partners, and introducing civil protective orders (Buttell & Carney, 2008; Cho & Wilke, 2005). Over the years, public awareness of violence against women has increased due to the effective advocacy for the human rights of battered women. Society is now beginning to respond to violence occurring in intimate relationships (Cho & Wilke, 2005).

In 1994, the Violence Against Women Act (VAWA) became the first federal law to address domestic violence crimes and to provide a federal role in prosecution of these crimes, as well as to provide treatment and protection of victims. The act required the criminal justice system, social services system, and the non-profit system to come together in their response to domestic violence (Conyers Jr., 2007). The Violence Against Women Act of 1994 focused on six areas which included safe streets and homes for women, equal justice for women in the courts, stalker and domestic violence reduction, protection for battered immigrant women and children, and requirements for strengthening existing laws. The Violence Against Women Act made consistent domestic violence laws throughout the U.S. by strengthening and effectively facilitating each state’s policies regarding domestic violence (Cho & Wilke, 2005). Further, the act provided mandatory arrest policies and orders of protection for victims against the offenders. This act also added domestic violence courts and began referring offenders to intervention programs (Contrino, Dermen, Nochajski, Weiczorek, & Navratil, 2007).
In 2000, the Violence Against Women Act was reauthorized and continued offering the existing programs plus created much more needed support. The reauthorization identified dating violence and stalking as a crime (Conyers Jr., 2007). The policy also created legal assistance programs for victims of domestic violence and sexual assault. It promoted supervised visitation programs for families experiencing violence and gave further protection to immigrants experiencing domestic violence, dating violence, sexual assault, or stalking. This policy also added coverage for victims of dating violence and prosecution for interstate stalking when a perpetrator violated the protective order by travelling to another state to stalk the victim (National Coalition Against Domestic Violence, 2006).

The Violence Against Women Act was again reauthorized in 2005 and began fighting domestic violence even further by expanding protection to the victims by increasing funding for programs that help domestic and dating violence, sexual assault, and stalking (Conyers Jr., 2007). Amendments were also made to stalking offenses by criminalizing surveillance stalking and expanding penalties for stalking if it occurs in violation of a protective order. The act enhanced protection for victims of immigrant trafficking and other immigrant crime victims by reuniting them with their children and family members living abroad. The reauthorization also ensured immigrant children who are victims of incest or child abuse to receive services from the Violence Against Women Act up until age 25, if the immigrant children were victims of abuse prior to age 21. The act also gives confidentiality for immigrants who are battered, by not allowing immigrant enforcement agencies and officials to rely on information provided by the
abuser to arrest or deport an immigrant victim from the U.S. The reauthorization also prohibited disclosing victim information, such as issuance of a protective order, on national databases (National Coalition Against Domestic Violence, 2006). As one can see, the Violence Against Women Act has been reauthorized two times since the implementation of the Violence Against Women Act in 2004, and has given more support to domestic violence victims, however, much more must be done.

*History of Batterer Intervention Programs*

In the 1970’s, mental health practitioners developed rehabilitation programs for men convicted of battering their partners. The process began as couples counseling as it was thought domestic violence was more of a symptom of marital conflict (Mankowski, Haaken, & Silvergleid, 2002).

In the 1980’s, the feminist movement defined domestic violence in more political terms and concerns were raised regarding to treating the domestic violence in couples or family therapy. Unstructured group therapy became common because it concentrated on the batterer’s behavior and not on the dysfunction with the victim or the family (Mankowski et al. 2002). Also during the 1980’s, many areas around the country adopted mandatory arrest policies for cases involving domestic violence which brought about the emergence of batterer intervention programs. The programs began as a way to create other sentencing options for judges besides giving a fine or jail time to the offender, which did not always seem to be effective (Buttell & Carney, 2004; Dalton, 2007; Taylor, Davis, & Maxwell, 2001).
In the 1990’s, the feminist groups became concerned that unstructured therapy might provide an excuse for offenders’ and their anger. They came up with interventions using psycho educational principles, which defined the power and control offender’s feel. This became known as the Duluth Model (Mankowski et al. 2002). Also during this decade, nearly every state used a batterer’s intervention program and those programs estimated that nearly 80% of their clients were ordered by the courts (Taylor et al. 2001). Even, in year 2009, batterer intervention programs continue to flourish as domestic violence offenders are ordered to participate.

Current California Mandates

There are many California mandates that govern expectations of the offender, how batterer intervention programs are operated, and services provided to the victims. These mandates are divided up as they relate to the offender, treatment provider, and the victim.

Batterer mandates. California Penal Code Section 1203.097(a)(1-12) states if a person is granted probation for domestic violence, many terms and conditions are required. Offenders are assigned a minimum probation of 36 months, must complete required jail time, pay restitution fines to various domestic violence funds, successfully complete a batterer’s program for at least one year, participate in consecutive weekly sessions, complete a batterer’s program within 18 months, and, remain compliant with all terms and conditions of probation. Dismissal from probation will not be granted until all terms and conditions of probation have been completed. The offender must have an understanding that failure to follow the terms and conditions of probation may result in
further sentencing by the court (California Penal Code, 2008).

Treatment provider mandates. There has been a national legislative trend to institutionalize the batterer intervention programs through the use of state standards for treatment providers (Buttell & Carney, 2004). The California Penal Code (2008) offers the most recent legislation regarding implementation by batterer intervention programs in the treatment of offenders. According to California Penal Code Section 1203.097(a)(12)(c)(1)(A-P), treatment components should include the following: a written statement by the program given to the offender stating the importance of holding that person accountable for the violence such as acts or threats of domestic violence; requirements that the offender participate in same gender group sessions; written definitions given to the offender defining physical, emotional, sexual, economic, and verbal abuse as well as the techniques for stopping these types of abuse; educational programming that discusses gender roles, socialization, the nature of violence, the dynamics over power and control, and the effects abuse has on children and others; assessment from the treatment provider to see if that person would benefit from the program; written agreement signed by the offender regarding attendance, refraining from using illegal substances during group, and a statement that the offender may be removed from the program should they be disruptive or do not seem to be benefiting from the program; and a confidentiality statement must be signed by the offender that information shared in group will not be disclosed (California Penal Code, 2008). California Penal Code Section 1203.097(a)(12)(c)(6) state that offenders who are chronic substance abuse users should be referred to other counseling while still attending batterer’s treatment.
The statute further states a batterer intervention program must provide offenders with specific knowledge of spousal abuse, child abuse, sexual abuse, substance abuse, the understanding of violence and abuse, the law, and the procedures of the legal system. Staff should employ the training and assistance from local domestic violence agencies. The program must be sensitive to cultural and ethnic backgrounds. Procedures for submitting to the probation department, progress reports which include attendance, fee payment history, how offenders are doing in the program, and a final evaluation on whether the recommendation is successful or unsuccessful termination from the program. In addition, a sliding fee based scale must be used on the offender’s ability to pay (California Penal Code, 2008).

Further, California Penal Code Section 1203.097(a)(12)(c)(2)(A-B) states the courts may only refer a person to a batterer’s program if it has been approved by the county probation department. The county probation department should approve the program only if it is in compliance with applicable laws and regulations (California Penal Code, 2008).

California Penal Code Section 1203.097(a)(12)(c)(5)(A)(i-iv) states the way to approve a new or existing program yearly is to have each program complete a written application describing the application process, demonstrate that the program has adequate administration as well as the capacity to operate a batterer’s intervention program, offer proof that it has been providing batterer programming for at least one year prior to the application, and must also adhere to all related statutes and regulations and pay the approval fee which will not exceed $250 (California Penal Code, 2008).
California Penal Code Section 1203.098(a)(1)(A-I) includes the batterers’ intervention program facilitator training requirements. These requirements include forty hours of training for facilitators related to basic domestic violence, victim safety, the role of domestic violence shelters, multicultural diversity and domestic violence, substance abuse and domestic violence, intakes and assessments as it relates to the history, nature, and threats of domestic violence and substance abuse, gender roles and socialization, the nature of violence, the understanding of power and control, affects of violence on the children and others involved, group facilitation, and domestic violence regarding the law and ethics (California Penal Code, 2008).

**Victim mandates.** According to California Penal Code Section 1203.097(a)(12)(c)(1) a criminal court protective order must be implemented to protect the victim from further violence, stalking, threats, sexual abuse, and harassment, notice must be given to the victim of the case disposition by the probation department; the victim must be given the batterer intervention requirements the offender must participate in, information must be given to the victim regarding services that can be offered to help them, and the victim must be informed that the program does not guarantee the offender will not re-offend.

Assessment Tools Used to Determine Domestic Violence

Risk assessments are important to use as they balance the treatment and supervision needs of an offender by ensuring community safety. Further, risk assessments classify offenders into certain groups according to their shared characteristics, as well as classify their risk of re-offense. Risk assessments are not used
to give direction on how to manage a certain case, but to classify the offender, and identify possible recidivism (Davies & Dedel, 2006; Hoyle, 2008). Risk assessments also improve the protection and intervention for families who are victims of domestic violence (Hoyle, 2008).

Research shows that statistical assessments are more accurate than clinical methods when it comes to predicting violence and criminal behavior (Hilton & Harris, 2009). As different types of programs have been developed for batterer intervention programs, it is important to understand that correction departments and the courts should refer offenders to programs with the appropriate goals of victim safety, offender accountability, and the offender’s behavior to change (Crowe et al. 2009). It is important to note, once a risk assessment is conducted, revisions should be made to maintain accuracy (Hoyle, 2008).

There are two models of risk assessments discussed for the purpose of this research. These include actuarial risk assessments and structured professional judgment. Hilton & Harris (2009) found that “actuarial risk assessment is a particular type of statistical system that uses empirical validated predictor variables, empirically derived algorithms to combine variables, and formal tests with measured outcomes to yield estimates of the risk of violent recidivism” (p. 327). The researchers further state “predictive effect sizes, both in development and in cross-validation, are important for demonstrating the generalizability of an assessment instrument and its value to practice and policy” (p. 327). The larger the predictive effect size, the more likely the decisions based on that assessment will show the true recidivism (Hilton, Harris, Rice, Lang, &
Cormier, 2004). However, this type of risk assessment does not inform the assessor about specific violence prevention strategies, nor can it consider unique, unusual, or context specific variables that might require different attention because the factors are already set (Kropp, 2004). Research shows actuarial risk assessments have more accurate predications than unaided clinical assessments. Research also shows that a short, easily scored, and easily understood actuarial assessment can give a large prediction effect and can be scored by officers with no statistical training (Hilton et al, 2004). There are many advantages when law enforcement and corrections use the actuarial assessments. Each score matches to a percentile rank in the referent population and gives an estimated probability of the outcome. When implementing non actuarial assessments, the person using the tool must make unaided clinical judgments about an offender’s risk and these risk management decisions must be made without the knowledge of either a percentage of cases affected or the probable reduction of that risk (Hilton et al, 2004).

The structured professional judgment approach to risk assessment is to prevent the violence by identifying risk factors that are relevant to the offender as well as identify strategies to prevent violence. This type of risk assessment allows for a logical, visible approach to risk factors and interventions in addition to having the ability to identify the risk of the offender. The limitations to the assessment are that it allows significant professional discretion (Kropp, 2004). Various risk tools are currently being used throughout the United States and for the purpose of this study, the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton & Harris, 2009), the Domestic Violence Risk Appraisal Guide (DVRAG), the Hare Psychopathy Checklist (PCL-R) (Hilton,
Harris, Rice, Houghton, & Eke, 2007), and the Spousal Assault Risk Assessment (SARA) will be identified.

The ODARA is a cross-validated actuarial assessment for evaluating the risk of intimate partner assault recidivism and can be used in regard to different sets of cases, using police reports and criminal records, when an assault occurs by a man against his intimate partner (Hilton et al., 2007; Hilton & Harris, 2009; Kropp, 2004). This risk assessment can be conducted by frontline officers with information readily available to them (Kropp, 2004).

The second tool is the Hare Psychopathy Checklist (PCL-R). According to Loving (2002) the PCL-R is the accepted, standard forensic tool for measuring psychopathy, which is defined as “a characterological condition marked by a persistent pattern of antisocial or impulsive behaviors as well as a constellation of personality traits most closely akin to those of Narcissistic Personality Disorder” (p. 282). Psychopathy has been receiving attention when implementing assessments on offenders, as it appears that psychopathy is associated with continued violence (Gondolf & White, 2001). Although it is not used as a risk assessment, the actuarial tool has the best predictor for violent and criminal recidivism (Hilton et al., 2008; Loving, 2002) and by understanding an offender’s psychopathy, will help to specify the personality and behavioral aspects that contribute to the continued behavior of antisocial and violent actions (Gondolf & White, 2001). The assessment is based on a review of collateral records and an in-depth semi-structured interview and is composed of 20 items which corresponds to interpersonal and affective features and patterns of impulsive and antisocial conduct. The PCL-R helps
with screening, program implementation, and decision making throughout the course of
the offender’s treatment (Hilton et al. 2008; Loving, 2002).

The Domestic Violence Risk Appraisal Guide (DVRAG) is a new actuarial in
depth risk assessment which targets wife assault recidivism and is made up of the
ODARA and the PCL-R It is a 14 item tool that uses the original ODARA items, but
scores continuously rather than dichotomously, and includes items from the PCL-R.
According to researchers “DVRAG scores exhibited good inter-rater reliability, and
large, cross validated effects in the prediction of several related outcomes reflecting the
occurrence, frequency, and severity of wife assault recidivism (Hilton et al. 2008; p. 160).
This is an assessment that can be used by probation officers and courts to decide the best
possible intervention to give the offender (Hilton et al. 2008).

The SARA was developed using a structured professional judgment model
(Kropp, 2004) and uses empirical literature and clinical interpretation of variables to
determine domestically violent offenders (Hilton et al. 2004). The SARA can be scored
from more in-depth correctional and clinical records and is made up of two parts (Kropp,
2004; Hilton et al. 2008). Part one identifies general violence risk factors and includes
substance abuse, employment issues, mental illness, personality disorders, domestic
conflict including suicidal and homicidal relationship problems, exposure to family
violence, violations of probation, and a history of family assault (Hilton et al. 2004). Part
two identifies spousal risk factors and includes recent escalation offender attitudes, and
beliefs on the recent assault. The offender is then given a low, moderate, or high risk.
Research shows when using SARA, the items which are identified for the tool, as well as
the scoring criteria are easily created and the simple score computing shows a correlation with wife assault recidivism (Hilton et al. 2004).

Research shows the SARA does not benefit from psychological assessment and does not use the actuarial method of assessment. The ODARA appears to be a strong predictor for intimate assaults and is shorter and more suited for the use in law enforcement during initial decisions (Hilton et al. 2004). Further, the ODARA is an actuarial assessment tool which uses a percentile ranking and an estimated probability of outcome. This helps in the decisions of offering bail as well as other correctional decisions. Non actuarial assessment tools must make clinical judgments about the offenders risk without the understanding of the proportion of cases affected or the reduction of the risk (Hilton et al. 2004). Limitations to the ODARA include the idea that not all domestic violent crimes are reported and more research must be done to include ways for the tool to distinguish between recidivists and non recidivists based on various reporting techniques (Hilton & Harris, 2009). Other research shows the use of a front line risk tool for officers at the scene of the crime does not take in account the in-depth clinical and correctional information (Kropp, 2004). Research on the Domestic Violence Risk Appraisal Guide (DVRAG), which combines the ODARA and the PCL-R, is believed to be the most effective tool. Research shows the DVRAG performed better than the ODARA and the SARA in a cross validation study on wife assault recidivism.

In using risk assessment tools, a police officer can use the ODARA to determine whether bail will be offered and a probation officer can assess using the DVRAG to aid in sentencing treatment, and supervision (Hilton et al. 2008). It should be noted that law
enforcement and correction agencies cannot know for one hundred percent if the risk tool they are using will accurately predict whether the offender will re-offend against the victim. Even if the risk tool was deemed to be found infallible, ongoing evaluation of the use of the tool must be conducted (Hoyle, 2008). However, researching the best risk assessment tool may help the offender to be the most successful both in the batterer intervention program and while on probation.

Types of Batterer Intervention Programs

Batterer programs are defined by weekly counseling or educational groups for individuals arrested for domestic violence. Some programs have great success while others see them as a hope for victims that the offender will get help and an easy way out for batterers. Due to the requirements of mandatory arrests, more people are being ordered to batterer intervention programs (Gondolf, 2001). Batterer programs differ between their own counseling approach, program length, and the services they provide. They are also different in their connection to the court system, victim services, and other community agencies involved (Gondolf, 1999). It is important for community correction professionals to understand the different types of programs offered, and select and refer offenders to the programs that are most likely to work with the goals of victim safety, offender accountability, and offender behavior change (Crowe et al. 2009).

The two theories for intervention this researcher will be discussing are the Duluth model and cognitive behavioral therapy. The Duluth model is characterized as psycho-educational and incorporates some cognitive behavior therapy for men arrested for domestic violence. The Duluth model includes a strong educational module which
confronts the belief system of masculinity (Day, Chung, O’ Leary, & Carson, 2009; Gondolf, 2007; Miller, Gregary, Iovanni, 2005) as men develop a sense of power to control and dominate their partners (Contrino et al. 2007; Mankowski et al. 2002). The Duluth model has both feminist and sociological analyses of domestic violence. Using the Duluth model, the facilitator teaches clear values and beliefs in showing offenders their attitudes in regard to their right to use power and violence over the victim (Day et al. 2009; Eckhardt et al. 2006). The facilitator’s recognize that men have more power over women in a patriarchal society and that it is imperative that men stop their chauvinism (Miller et al. 2005). Battering is seen as an intentional choice, rather than a loss of control and this intervention is used to hold the offender accountable for their violence (Mankowski et al. 2002). The goal of the model is to attempt to reduce the abuse through education and critical thinking skills that will help them to change their behavior. The curriculum shows offenders how to use non threatening behavior, respect, support and trust, honesty, sexual respect, and fairness rather than power and control (Contrino et al. 2007; Gondolf, 2007). Facilitators use vignettes, role playing and discussions to describe their behavioral response (Gondolf, 2007). The model discusses the use of power and control and deals with the deconstruction of male privilege and allows the men to look at their domestically violent behavior (Corvo, Dutton, & Chen, 2009; Gondolf, 2007; Mankowski et al. 2002) as it is thought that most men have been taught through the media, other men, sports, and their own fathers, to expect and exert power and control (Gondolf, 2001). The philosophy of the model is not to necessarily treat offender’s psychological issues aside from those related to aggressiveness (Gondolf, 2001), nor does
it address issues relating to substance abuse (Corvo et al. 2009). The model is a part of a larger system of intervention, which includes arrests for domestic violence, added sanctions for non compliance, support and safety planning for the victims, and referrals to other agencies if needed (Gondolf, 2007).

The second type of batterer program is one that uses the cognitive behavioral group treatment approach. This type of treatment also incorporates a patriarchal analysis of the relationship types and attempts to change the thinking the offender may have on the intimate relationships (Buttell & Carney, 2006). This approach confronts offenders regarding the consequences to their behavior, holds them responsible for their abuse, confronts rationalizations and excuses, and teaches them alternate behaviors like conflict resolution tactics, assertiveness, and communication skills (Bowman & Gilchrist, 2004; Gondolf, 2004; White & Gondolf, 2000). This approach teaches skills training, cognitive restructuring, and anger management with education and confrontation regarding power and control (Bowan & Gilchrest, 2004; White & Gondolf, 2000). This program helps the offender identify the chain of events that led them to the violence that occurred in his personal history (Bowan, Brown, Gilchrist, 2002; Bowman & Gilchrist, 2004). Practitioners using cognitive behavioral treatment teach new skills to offenders so that they learn to identify how they are feeling and engage in positive self talk, self awareness, and then decide for themselves to make a change. Activities used include writing in journals, and writing a letter of accountability, as well as reading information on domestic violence, which offers them something they can put into practice (Silvergleid & Mankowski, 2006). This type of therapy also helps the offender take
responsibility for the abuse, and learn techniques to avoid the abuse, develop other appropriate behaviors, and expose their rationalizations behind the abuse (Gondolf, 2004). Research shows that an offender’s motivation to change may play a role in helping that person to recognize the existence of a problem, in helping them understand compliance within structured treatment, and in helping to lower risk of abusive behavior once they are finished with the program (Eckhardt et al. 2006). Motivational interviewing is also a successful tool used in conjunction with cognitive behavioral treatment and it promotes client engagement in treatment. In addition, it helps the offender to understand the need for change. Research shows that two 45 minute motivational interviews found the offenders making more positive statements about treatment. They also took more responsibility for their behavior (Eckhardt et al. 2006).

It is becoming more difficult to discern the differences between the Duluth model and the cognitive behavioral programs as both programs target negative attitudes and beliefs and address the behavioral consequences should they continue with the behavior (Eckhardt et al. 2006). Both use the “Power and Control Wheel” which provides the information needed to identify the thinking errors of offenders while also providing the feminist understanding of domestic violence (Bowen, Brown, & Gilchrist, 2002; Corvo et al. 2009).

Overall, it is important to have an understanding of the curriculum being used in the batterer intervention programs in which offenders are referred, as their behavior must change for them to be successful and free from violence.
Research on Effectiveness of Batterer’s Intervention Programs

Research on the effectiveness of batterer’s intervention programs has many different outcomes, especially when involving evidence based practices. For the purpose of this study, information will be given regarding effectiveness of the Duluth model and cognitive behavior model. The study will also look at research on effectiveness of batterer’s intervention programs as it relates to attendance and drop-out rate, culture, and re-assault rates.

Evidence based practice is defined as “the commitment to understanding and using the best available scientific research findings to inform practice” (Corvo, Dutton, & Chen, 2008; p. 115). Corey, Corey, and Callanan (2007) believe evidence based practice “implies that clinicians are accountable to their clients and need to have up to date information on what treatments have been demonstrated to work” (p. 400).

There is some research done on effectiveness of batterer intervention programs especially using the Duluth model. This research shows a lack of empirical evidence that the Duluth model reduces domestic violence and it was believed there are other intervention programs that may have more of an impact on the offender (Day et al. 2009). Research shows that successful treatment of alcohol dependency lowered partner violence to a much greater degree than found with the Duluth model (Corvo et al. 2009). However, evaluations of Duluth type interventions using quasi-experimental designs shows a larger finding for positive treatment effects, but with a higher risk of bias toward finding these positive treatment effects when none existed (Corvo et al. 2009). Other research shows a review of two intervention programs using the Duluth model. One site
revealed no difference between treatment and control groups, while the second site using an 8 week and 26 week program showed offenders in the longer treatment had a greater reduction in recidivism than those in shorter programs and control groups (Day et al. 2009). Another research study conducted evaluations of multi-site batter intervention programs. Over a four year follow up, victim reported assaults and arrest reports of batterers were tracked and the researchers found some validation for the utility and effectiveness of the Duluth model (Gondolf, 2007). A critique of that research showed that other factors besides just the treatment program contributed to the change. In addition, the sites researched may not have used the Duluth Model correctly (Day et al. 2009; Dutton & Corvo, 2007).

Gondolf (2004) states research on cognitive behavior models showed batterer intervention may be appropriate for most men as some programs are able to stop the abuse and tend to be less costly. During an analysis of personality profiles, research shows 56% of men had no type of psychological problem, but those who did were still suitable for cognitive behavior (Gondolf, 2004). Other researchers believe that identifying the criminogenic needs of offenders when using cognitive behavioral therapy is important. According to Bowen, Gilchrist, & Beech, (2008), criminogenic needs are defined as the “dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism” (p. 599). These needs include the cognitive discrepancies of the way the offender relates to his own attitudes and behaviors, which render him unable to empathize with the victim. Meta-analyses research shows that targeting the criminogenic needs of the offender in the treatment program are the most
successful intervention strategy. Once the criminogenic needs are identified, treatment is then matched based upon the offender’s level of risk and learning style (Bowen & Gilchrist, 2004; Bowen et al. 2008). As to the effectiveness of both the Duluth model and cognitive behavior, research from a meta-analytic review examined the findings of 22 studies and found no significant difference existed between both types of batterer intervention programs when police records or victim reports were reviewed (Babcock, Green, & Robie, 2004).

Attendance and drop-out rate is also an issue for men ordered to participate in batterer intervention programs as attendance is necessary to determine the effectiveness of the program, in preventing violence, reducing legal costs, and protecting the women who were abused (Daly, Power, Gondolf, 2001). Most batterer intervention programs suffer from a higher drop-out rate due to certain demographic variables which include age, employment status, educational level, alcohol use, income, criminal history, and relationship status (Buttell & Carney, 2008; Daly, Power, Gondolf, 2001; Stalans & Seng, 2007). Other research shows a national drop-out rate between 50% and 75% (Buttell & Carney, 2008). Some men referred to programs never attend, drop out, or are dismissed for failure to comply with the rules (Contrino et al. 2007). Two recent meta-analytic reviews of batterer intervention programs showed that the programs had little effect on abuse recidivism (Eckhardt et al. 2006). A classification tree analysis showed three groups of batterers who were at a high risk (at least a 60% chance) of treatment failure. These groups included unemployed generalized aggressors, high school drop outs also mandated to participate in substance abuse counseling, and unemployed
offenders ordered to participate in substance abuse counseling. These findings showed the importance of separating generalized aggressors from family only aggressors, when looking at drop out and treatment failure rates. Researchers show the importance of assessing risk before placing an offender in a batterer intervention program. High risk offenders often have a higher drop-out rate and may benefit from other treatment or added sanctions (Stalans & Seng, 2007).

Research conducted from a multisite evaluation among four batterer programs showed men referred to the program averaged 11.2 out of 20 required weekly sessions. The reasons for this could be due to his court involvement, which does not however, ensure completion and education, employment, and substance abuse problems are of importance (Daly et al. 2001). Researchers also found, in a sub sample of 22 men that those who completed the batterer intervention program began using the proper techniques to avoid violence. Further, those who used respectful language show a greater recall of material learned in the program (Contrino et al. 2007).

Cultural diversity has become a sensitive issue since batterer intervention programs have become legislatively mandated by law and a consistency in the type of treatment has occurred. Researchers mention that diverse, ethnic, racial, and immigrant groups may have different perspectives, attitudes, and behaviors that may conflict with conventional types of therapy developed by theoreticians from white middle class backgrounds in the United States (Gondolf, 2004). Consequently, batterer programs are believed by some to be more effective if they account for diverse client groups, with cultural sensitivity and differences in mind (Buttell & Carney, 2006; Gondolf, 2004).
However, according to the multi site evaluation administered by Gondolf (2004, 2008), African American men were no more likely than white men to re-assault. Specialized counseling that took cultural diversity into consideration, did not appear to improve the rate of program completion. Tailoring batterer programs and offering specialized counseling for men of high culture identification may enhance outcomes (Gondolf, 2008). Other research conducted by Buttell and Carney, (2004) used secondary analysis and found that the standardized treatment program outcomes for both African American and Caucasian men were equivalent in providing poor treatment to offenders.

Re-assault has drawn a lot of attention to the field of domestic violence, as it is more objective and concrete to measure and easier to prosecute (Gondolf, Heckert, & Kimmel, 2002). Re-assault is also an ongoing issue when looking at batterer intervention programs. Research show little or no program effect on court ordered batterers (Gondolf, & Heckert, 2004; Jones & Gondolf, 2002; Jones, D’Agostino Jr.). Research conducted by Jones et al. (2004) used propensity scores in a quasi-experimental evaluation of batterer programs and suggested a moderate program effect on re-assaults in a 15 month follow up. This finding showed a 33% difference in the probability of re-assault when comparing people who complete the program and those who dropped out. The difference approached 50% when men have been court ordered, which may be due to other sanctions by the courts. Findings from this research believe that program completion does reduce the probability of re-assault by an amount of importance.

Other research shows that heavy drinking, severe psychopathology, criminality, and prior severe abuse are risk factors for re-assault, whereas, non physical violence is a
risk factor but is harder to measure. Non physical violence is defined as controlling behaviors, verbal abuse, and threats, which diminish another person’s self esteem and mental well being (Gondolf et al. 2002). Gondolf et al. (2002) conducted a multi site sample with a longitudinal 15 month follow up to identify risk markers for non physical violence. Results showed continued or recurrent non physical abuse. During the 15 month follow up, program dropouts were more likely than participants to non physically abuse their partners. The study also found that other underlying issues related to history of abuse, heavy drinking, and anti social behavior were not consistent with offenders who use non physical violence. There has been a lot of research done on the effectiveness of intervention programs, however, findings appear to contradict each other and ultimately more research must be done to find the effectiveness of these programs.

Women who are Mandated into Batterer Intervention Programs

Due to mandatory arrest laws, more women have been prosecuted for domestic violence and have been mandated to attend batterer intervention programs (Carney & Buttell, 2004). Data collected over the last eight years show different subtypes of female batterers which include women who are victims of domestic violence, women who perpetrate the domestic violence (Carney & Buttell, 2004; Muftic, Bouffard, & Bouffard, 2007), and dual arrests (Miller, Gregory, & Iovanni, 2005; Muftic et al. 2007).

Research shows that women who are ordered into batterer’s programs are often using violence as a way to defend themselves or to fight back, and are the victims of the violence (Carney & Buttell, 2004; Simmons, Lehmann, & Collier-Tenison, 2008; Tower, Schiller, & Fernandez, 2008). Research from Henning, Jones, & Holdford (2003) shows
that women who batter may have been exposed to physical aggression while growing up, witnessed violence between their parents, and were physically abused by a caregiver. The violence is not always intentionally used to intimidate or elicit power over their partner, but instead violence is used to gain control over power lost in the situation. Women often admit their partners were the first to initiate the violence in the relationship. Even when women admit to being more aggressive than their partners, they still exhibit significant violence from their partners and lack the power of control over their partners (Tower et al. 2008). Research also explains the importance of understanding that women arrested and ordered in batterer treatment programs may feel re-victimized (Simmons et al. 2008; Tower et al. 2008).

It is no longer possible to suggest that women are frequently the victims of domestic violence, otherwise there would be very few women arrested, prosecuted and ordered into batterer intervention programs (Carney & Buttell, 2004; Carney, Buttell, & Dutton, 2007). Some researchers believe women are just as likely to resort to violence as men are (Muftic et al. 2007). Women who do use violence against their partners do not necessarily have power or control over them and are not usually able to change their partner’s behavior. Further, their partner’s were often not intimidated by them (Tower et al. 2008). Research conducted at various emergency clinics showed that male victims had been kicked, bitten, punched, or choked by their female partner. Some stated that a weapon had been used against them. Others stated they had been stabbed and burned. Further, women admitted to using more psychological aggression than did men (Carney et al. 2006). Researchers also found that 50% of women arrested for a domestic violence
offense had also committed a violent offense against someone with whom they were not in an intimate relationship (Simmons et al. 2008). A longitudinal study of men and women in large community samples shows a commonality in that female violence is common and occurs at about the same rate as male violence and is generated independently of the partner. Further, this study illustrated that violence had a developmental history which showed violence occurred before the most current relationship, which would dismiss self defense (Carney et al. 2006).

Dual arrests have also increased the number of women ordered into batterer intervention programs following the mandatory arrest policies (Miller et al. 2005). Many women who are also arrested may have been the victim of an abusive relationship and were fighting back when law enforcement arrived. Some do not call law enforcement for this reason, which may put women at greater risk for continued abuse by their intimate partners (Muftic et al. 2007). Once a dual arrest happens, research shows female offenders are often times given deferred imposition sentences, may not be seen as serious in the criminal justice system, and may be seen as the victims; whereas, men and sole female offenders may be given harsher sentences (Muftic et al. 2007).

Once a woman is arrested, she must attend a batterer intervention program. A secondary data analysis of court ordered women in batterer’s intervention programs designed for men showed that at the conclusion of treatment, the women were less passive aggressive and less likely to use physical force against their partners (Carney & Buttell, 2004; Tower et al. 2008). Further, research has shown that women who complete the program changed their beliefs about using violence and acquired new skills to allow
them to use non violent conflict resolution with their partners. Re-arrest with women was low one year after completion from the batterer’s program (Carney & Buttell, 2004). Further, the intervention programs helped women’s attitudes about men and modified their behavior they engage in with their partners. Additionally, the research showed that the men’s batterer programs had similar affects on both African American and Caucasian women (Carney & Buttell, 2006).

Carney et al. (2007) state women who are categorized as primarily victims can be distinguished between women who are seen as domestic violence perpetrators. The authors further state that women and men referred to batterer intervention programs are more similar than not when referred for severe violence, inflicting severe injuries on their partners, and using alcohol or drugs during the arrest. They also had similar childhood experiences, exposure to parental violence, and mental health history.

Other research findings suggest that women should not be ordered to participate in batterer programs that are oriented to male domestic violence offenders (Crowe et al. 2009). Intervention for women should be provided individually or in same sex groups and should include topics like safety planning, harmful indicators, exposure to violence, victimization, post-traumatic stress disorder, substance abuse, parenting, socialization, and building healthy adult relationships (Crowe et al. 2009). Other research shows anger management, assertiveness, suicidal ideation, and communication skills should be a part of program (Henning et al. 2003). Research also shows culturally competent, gender specific methods should be used when working with women ordered into batterer intervention programs (Tower et al. 2008). This includes working with women around
their own victimization, building on strengths, defining domestic violence, developing a safety plan, implementing anger management and other cognitive behavioral strategies, addressing children’s issues, assertiveness, substance abuse, and meeting with the partner (Tower et al. 2008). Miller et al. (2005) suggested having a female facilitator, as some women are more comfortable sharing information or behaviors with other women. The researchers also believed issues relating to victimization and oppression, and learning to take responsibility for their actions, and seeking non violent ways to engage with themselves and their children, is important. Miller et al. (2005) also believed cultural competency is important as the women may have a victimization history and a defensive nature in their violence.

**Gaps in the Literature**

Extensive research has been done in the field of domestic violence, specifically regarding batterer intervention programs; however, this researcher found that many of the studies had contradictory findings in regard to the effectiveness of a risk assessment tool for offenders, reducing re-assault rates with offenders, and finding the appropriate treatment for both female and male offenders.

Studies show that risk assessments do not do a great job at identifying batterer program outcomes as “the field has yet to produce an actuarial instrument that will yield cutoff scores that will allow decision makers, in an absolute sense, to determine risk categories for spousal violence” (Kropp, 2004; p. 681). Gondolf (2004) believes risk assessment instruments have been able to show prediction on types of therapy, but their predictive power of actual risk is not as reliable.
Re-assault rate for offenders are hard to measure when offenders are participating in batterer intervention programs as physical abuse is the most measurable and is based on police reports and wounds and other re-assaults go unreported (Gondolf et al. 2002). Research shows providers should do more screening before assigning the batterer to a specific program (Jones et al. 2004). More information on domestic violence should be given to the victims and correctional personnel should have a good understanding of characteristics leading to criminal recidivism, re-assault, and criminal violence, however, there is no empirical evidence these types of interventions work (Crowe et al. 2009).

According to evaluation studies, no one treatment model or modality is superior to another. It is believed that batterer intervention programs are more likely to improve their services by adding components or tailoring treatment to the specific offenders, than by strictly teaching from the curriculum. However, there is no empirical evidence that adding components helps and providers should work with researchers to evaluate their efficacy in an effort to develop evidence based practice (Babcock et al. 2004).

There are increases in the number of women who are being arrested for domestic violent crimes and ordered to participate in batterer intervention programs. Further research must be done to look at specific treatment needs of this population as many women are being placed in batterer intervention programs for men when other underlying issues must be addressed (Simmons et al. 2008). This researcher will attempt to look at these gaps in literature, as well as other important information when conducting a program evaluation of the batterer intervention programs in the Napa County.
Summary

In this chapter, the literature relevant to batterer intervention programs was reviewed. Topics discussed included the history of domestic violence and batterer intervention programs, definitions of California mandates which regulate batterer intervention programs and offenders, identification of various risk assessment tools, different types of batterer intervention programs, effectiveness of batterer intervention programs, and women who are mandated into batterer intervention programs. In the next chapter, the methods used to conduct the research will be described.
Chapter 3

METHODS

Introduction

This chapter provides a description of the methods developed for this study. Included in this are sections on the research design, research variables, research participants, instrumentation used, Validity and reliability of the instrument, data gathering procedures, and the protection of human subjects.

Research Question

The purpose of the study is to evaluate the success of the batterer intervention programs in Napa County. The research question to be evaluated is “What type of intervention is provided in the batterer intervention programs and does it reduce domestic violence?”

Research Design

The type of study being used in this thesis project is a program evaluation. The researcher is looking at program policies or service delivery systems from the program therapists and/or directors and is using non-probability sampling techniques, specifically purposive sampling to gather the research data. The study design is qualitative and the researcher is conducting a face-to-face interview with four program providers. This occurs one time only. The interview questions are given to the providers one week before the interview. Collected data are subjected to content analysis where by common themes and patterns are identified and analyzed in the hope of evaluating whether domestic violence is reduced by attending batterer intervention programs. The following
is a more detailed account of the framework for this research design.

*Program evaluation.* A program evaluation is a purpose of research rather than a specific research method. The purpose of program evaluations is to evaluate and improve the conceptualization, design, planning, administration, implementation, effectiveness, efficiency, and service of social interventions and human service programs (Rubin & Babbie, 2001).

*Qualitative research.* For this study, the researcher is using qualitative research in looking at program policies or service delivery systems from the program therapists and/or directors. The researcher is using a qualitative design approach with content analysis to determine themes and categories. A qualitative study allows a researcher to learn more about how participants experienced an event, their perceptions during the event and provides a mean of evaluating the current meaning to the participants (Yegidis & Weinbach, 2009). The interview questionnaire designed for the study allows for data collection of specific data, but also allows for spontaneous information to be gleamed from interpersonal interactions. In using the qualitative study, the researcher hopes to find out what types of interventions are provided by the batterer intervention programs in Napa County and whether the process reduces domestic violence. The data obtained during the interview is subjective in nature; therefore, the researcher can use the qualitative study and content analysis to interpret the depth and intensity of the experience of each participant. The advantage of using a qualitative study in the form of a person-to-person interview is that the researcher is able to ask for clarification during the interview which allows the researcher additional information into the participant’s
responses (Yegidis & Weinbach, 2009). The disadvantages of this method is that the participants may respond in a matter that they believe is expected by the interviewer, creating a distortion known as the expectancy effect (Yegidis & Weinbach). The accuracy of the data collection may also be negatively affected without proper recording of the interviews and allows the researcher to communicate they are listening to what is being said, and to explore important cues (Rubin & Babbie, 2001).

*Content analysis.* Content analysis analyzing data obtained through human communication, which for the purpose of this study, includes in-person interviews. Content analysis is cross-sectional, examining a specific sample set from whom data is collected at a specific point in time. The data obtained is informative, allowing for categorization of the information gathered (Yegidis & Weinbach, 2009). In this study, content analysis will be used to obtain common themes and patterns during the program evaluations. The researcher chooses to analyze the data in the hope of evaluating whether domestic violence is reduced by attending batterer intervention programs in Napa County.

*Purposive sampling.* Purposive sampling is a non probability sampling technique which allows the researcher the ability to select the sample which will yield the most comprehensive understanding of the subject of study, based on the researcher’s understanding of the sample. This researcher chose participants who are experts and professionals known for their experience with batterer intervention programs.
Participants

The participants in this sample consists of four therapists in Napa County who facilitate batterer intervention programs for domestic violent offenders in Napa County. The participants have professional expertise in working with individuals who are convicted of domestic violence and facilitate a 52 week batterer intervention program mandated by the state of California. The focus of the interview is to determine what type of intervention is provided and whether the process reduces domestic violence. The researcher is contacting each program participant by telephone to ask for their participation. Participation in the study is voluntary.

Instrumentation

In preparation for the interviews, the researcher uses a self-designed and standardized open ended questionnaire consisting of fifteen questions (See Appendix C). The questions are given to all four participants one week before the scheduled interview. The interview takes roughly thirty minutes to complete and occurs where the participants choose and feel comfortable. The purpose of using a standardized type of open ended questions is to ensure interviews are conducted in a consistent, thorough manner (Rubin & Babbie, 2001). The questions are written out in advance by the researcher with the help from Napa County’s Chief Probation Officer, Mary Butler. Great care is given to the types of questions asked in the interview and each question asked is directly related to the type of intervention is provided and whether the process reduces domestic violence. Some deviation from the interview questions are allowed, but only when the answers still reflect the questions asked by the researcher.
Validity

Validity is the systematic error, which occurs in measurement (Babbie & Rubin, 2001). The interview questions directly related to the participant’s current position as a facilitator of a batterer intervention program in Napa County. These questions are based on their experiences and are subjective in nature, which is a threat to the validity of the research. However, the strength of qualitative research is the richness and depth of the data gathered. Future research may be designed to test factors and relationships described in a qualitative research study. The questions are also subjective as the researcher put the tool together with questions of direct interest to Napa County. A measured tool is not used to conduct this research, as one could not be found available for use.

Reliability

Data, which is collected and measured the same way each time (Babbie & Rubin, 2001). The structured interview questions ensure that the participants are asked the same questions in the same sequence to maximize the comparability of responses and to ensure that complete data was gathered from each person on all relevant questions (Rubin & Babbie, 2001). The downside to the highly structured interview, however, is that it reduces the natural conversational nature of the interview and the participant’s flexibility to follow up on important unanticipated circumstances or responses (Rubin & Babbie, 2001). Further, the interview questions do not allow further questions to be generated.
Data Gathering Procedures

The Chief Probation Officer of Napa County, Mary Butler, gave the researcher the name and telephone numbers of the four therapists who facilitate batterer intervention programs in Napa County. The research participants signed an informed consent document prior to the being interviewed. A copy of the consent form can be found as appendix B. The researcher’s first contact with each prospective participant is by telephone to provide them with a description of the research project. The researcher personally delivers the consent forms and interview questions to the participants at each batterer intervention program site. At that time, the researcher answers pertinent questions that relate to the research project and scheduled an interview time. Each participant is advised the interview is digitally recorded and lasts approximately 30 minutes.

Each interview takes place in the participant’s place of business if that is their choice and occurs one week after the interview and consent forms are delivered. Each participant is given a description of the research project and they are informed the interview is digitally recorded. The participants are then asked if they read and signed the consent form (See Appendix B). They are asked if they have any questions. Fifteen standardized questions are asked of each participant with the interview lasting roughly 30 minutes in length. The researcher takes notes related to the content throughout each interview. At the conclusion of the interview, the participants are thanked for their participation in the research study.
Protection of Human Subjects

As required by the California State University, Sacramento, a human subjects application is submitted to the Committee for the protection of Human Subjects from the Division of Social Work (See appendix D). The committee approved the proposed study, approval number 09-10-062, and determined the project as “no risk” to the clients or the participants, as the human subjects answered questions related to their professional work and daily professional activities for which they have received education, professional training, and professional support or supervision. The researcher received the approval prior to initiating the collection of data.

Through the informed consent document and procedures, the participants are informed of the voluntary nature of their participation. The document also states that data collected is to be reported in the thesis in collective form so as to reveal no personal or identifying information. Further, the participants are aware the research will only be used for the purpose of the school project and does not reflect on potential future referrals by the Napa County Probation Department.

The participants are aware consent forms will be stored separately from the data collection and notes and digital collection are secured in a locked filing cabinet at the researcher’s home until June 2010, when all notes, data collection, and/or consent forms are shredded. The researcher reiterates to participants in the consent form that the data collected is to be reported in the thesis in collective form so as to reveal no personal or identifying information about them and that the research is only used for the purpose of the school project. The researcher’s and faculty advisor’s contact information is also
given to each participant should they need further contact.

Data Analysis

After the interviews are complete, the digital recordings of each interview are transcribed precisely and the raw data is analyzed for content. During the content analysis, the researcher determines the similarities and differences in the material and identifies relevant ideas, themes and concepts from the responses given by the participants. The common themes are outlined and described making comparisons to the literature and theoretical framework that is reviewed for this study.

Summary

This chapter focused on the qualitative, content analysis research design used for this study. This research study reveals the common concepts or themes shared by facilitators regarding the subject of batterer intervention programs and asks the research question, whether these types of programs reduce domestic violence. A description of the study population and the sampling technique used is also included in this chapter. Further, this chapter explains the method for collecting and reporting the data and reviewed the procedure for protecting the human subjects. The next chapter identifies the findings of the study.
Chapter 4

FINDINGS

Introduction

The purpose of the study is to evaluate the success of the batterer intervention programs in Napa County. The research question to be evaluated is “What type of intervention is provided in the batterer intervention programs and does it reduce domestic violence?” The type of study is a program evaluation. The study design is qualitative and the researcher conducted interviews with four batterer intervention program providers in Napa County. The researcher asked each provider a series of 15 questions (see Appendix C) regarding program policies and service delivery systems and used non-probability sampling techniques, specifically purposive sampling to gather the research. Interviews were transcribed and analyzed using content analysis. Common themes and patterns were identified and examined in the hope of evaluating whether domestic violence is reduced by attending batterer intervention programs. Five main themes emerged from these interviews: 1) missions of the batterer intervention programs; 2) interventions provided in the batterer intervention programs; 3) other types of therapy and batterer intervention programs to which offenders are referred; 4) changes in batterer intervention programs and offender’s behavior over the years; and 5) successes of the batterer intervention programs in Napa County. This chapter will explain the different batterer intervention programs used in Napa County, will focus on the five themes presented in the data, and highlight quotes from the interviews when discussing the themes. To protect the identity of the therapists, names will not be included in the results.
Procedures

The state of California legally mandates offenders convicted of domestic violence to attend a 52 week batterer intervention program. According to the California Penal Code (2008) Section 273.5 defines domestic violence as “Any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a traumatic condition” (p. 135). The second definition from the California Penal Code (2008) Section 243(e)(1) defines domestic violence as a “battery which is committed against a spouse, a person with whom the defendant is cohabitating, a person who is the parent of the defendant’s child, former spouse, fiancé, or a person with whom the defendant currently had, or has previously had, a dating or engagement relationship” (p. 97).

There are currently four batterer intervention programs used and certified by the Napa County Probation Department. The California Penal Code (2008) mandates how batterer intervention programs are operated and the Napa County Probation Department must certify each program every year. Three programs used are facilitated by private therapists in the community and the fourth is a batterer program offered within a counseling agency used in the community. Each program has been in operation for more than ten years. At this time, two of the four programs are very specific in nature. One program only works with Hispanic male offenders and the other works with only female offenders. When gathering data, it took the researcher approximately one month to contact each program provider, schedule interview times, and conduct each interview.
Due to availability, two interviews were conducted over the telephone and two were conducted at the therapist’s program site. The researcher did not use digital recording in an effort to make each therapist feel more comfortable, therefore, only notes were taken of the conversation, which were transcribed and placed into themes.

*Missions of the batterer intervention programs.* Each therapist the researcher interviewed was both compassionate and clear in the definition of services offered. All four therapists discussed their mission is to stop the violence by giving offenders tools needed to reduce domestic violence. Individual ideas on ways to stop the violence varied. One therapist believed it is important to reduce abuse and violence by helping offender’s with their inappropriate use of communication with others. This therapist used the systems theory approach in explaining that when “Changing one portion of the offenders system, other portions of the system must also accommodate the change. This, therefore changes the dynamic of the family.” A different therapist stated, “Abuse is not an option if their family is important to them.”

When asked about the missions of each therapist’s program, two therapists explained they are currently working with a very specific population of offenders. One therapist works with Hispanic males and the other works with women convicted of domestic violence. During the interview, the therapist working with Hispanic males mentioned the “importance of looking at the offender’s core belief system and helping them to build a more healthy way of life.” This therapist believes “it is important to discuss their children and families, ending the cycle of violence, helping them to understand trauma, reflecting back to when they were kids, and learning the value of
respect despite what they have been taught.”

The other therapist who works with women stated it is important to “Teach women effective tools to avert future angry situations.” This therapist further stated it is important for women to “Find other types of recognition whether that is attending an art class, gym class, or volunteering, as these types of recognitions help build self-esteem.” This therapist also works with the woman, as many have also been the victims of domestic violence.

Research shows therapy with women should revolve around topics related to their own victimization, building on strengths, defining domestic violence, developing a safety plan, implementing anger management and other cognitive behavioral strategies, addressing children’s issues, assertiveness, substance abuse, and meeting with the partner (Tower et al. 2008). The research also shows the importance of having a batterer intervention program that is specifically designed for working with female offenders convicted of domestic violence.

While discussing the mission of each program, the researcher found each therapist to be excited when explaining how their program’s mission helped offenders in the community. They appear extremely knowledgeable in the field of domestic violence and understand the importance of facilitating the most effective batterer intervention program possible.

*Interventions provided in the batterer intervention programs.* Batterer intervention programs are defined by weekly counseling or educational groups for individuals arrested for domestic violence. These programs differ in their own approach
to counseling and the services they provide to offenders (Gondolf, 2001). The researcher found all four therapists interviewed in Napa county use a cognitive behavioral therapy approach when working with their clients. Cognitive behavioral therapy is based on the idea that thoughts cause changes in an individual’s feelings and behaviors. This approach does not rely on changes in external things, like people, situations, and events. By changing feelings and behaviors, individuals can therefore change the way they think, even if the situation does not change (National Association of Cognitive Behavioral Therapists, 2007). This type of treatment also incorporates a patriarchal analysis of the relationship types and attempts to change the thinking the offender may have on the intimate relationships (Buttell & Carney, 2006). This approach confronts offenders regarding the consequences to their behavior, holds them responsible for their abuse, confronts rationalizations and excuses, and teaches them alternate behaviors like conflict resolution tactics, assertiveness, and communication skills (Bowan & Gilchrist, 2004; Gondolf, 2004; White & Gondolf, 2000). Using this approach, the therapists also teaches skills training, cognitive restructuring, and anger management with education and confrontation regarding power and control (Bowan & Gilchrist, 2004; White & Gondolf, 2000). This program helps the offender identify the chain of events that led them to the violence that occurred in their personal history (Bowan, Brown, Gilchrist, 2002; Bowman & Gilchrist, 2004).

Practitioners using cognitive behavioral treatment teach new skills to offenders so that they learn to identify how they are feeling and engage in positive self talk, self awareness, and then decide for themselves to make a change. This type of therapy also
helps the offender take responsibility for the abuse and learn techniques to avoid the abuse, develop other appropriate behaviors, and expose their rationalizations that have been used in the past to justify the abuse (Gondolf, 2004). Research shows that an offender’s motivation to change may play a role in helping that person to recognize the existence of a problem, in helping them understand compliance within structured treatment, and in helping to lower risk of abusive behavior once they are finished with the program (Eckhardt et al. 2006).

Cognitive behavior therapy can be used in many different ways. One therapist believed it is important to remind people they are in a program in which their behavior is accounted for and that by participating in the program they are doing something to better themselves. The therapist further exclaimed, “If the offender continues to make changes to improve, their emotional life becomes better.” Another therapist reported it is important to focus on the “story you tell yourself.” As behaviors change and improve, the story changes.

Further, another therapist uses “practice time outs which focus on tension and anger.” Offenders leave a message on the therapist’s voice mail giving the reason for the time out. They call back at the completion of the time out. This therapist stated, “Practice time outs interrupt old patterns and build new patterns and self esteem.” Still another different therapist uses motivational interviewing as a way to bring out behavior change by helping the offender explore and resolve ambivalence. Motivational interviewing is also a successful tool used in conjunction with cognitive behavioral treatment because it promotes client engagement in treatment. In addition, it helps the
offender to understand the need for change. Research shows that two 45 minute motivational interviews found the offenders making more positive statements about treatment. They also took more responsibility for their behavior (Eckhardt et al. 2006).

According to evaluation studies, no one treatment model or modality is superior to another. It is believed that batterer intervention programs are more likely to improve their services by adding components or tailoring treatment to the specific offenders, than by strictly teaching from the curriculum (Babcock et al. 2004).

There are other types of interventions used by the therapists that include education as to the different types and characteristics of abuse, the cycle of violence, anger management techniques, substance abuse, parenting, legal issues as defined in the California Penal Code, anger styles, male role belief systems, the power and control model, and the effects of violence on the family. Each therapist stated that they use the curriculum materials found on the internet, in workbooks, or curriculum offered during conferences.

Along with the educational component comes the counseling component. The therapists take the time to speak with the group and get feedback on how they are feeling. One therapist organizes the 2 hour program by spending 45 minutes on education and 1 hour and 15 minutes on group counseling. A different therapist tailors the batterer group according to the needs of that group. Another therapist breaks down the types of interventions used based on the various seasons. Each therapist working with offenders in Napa County takes great pride in the interventions they teach their clients.
Other types of therapy and batterer intervention programs to which offenders are referred. All four therapists the researcher interviewed stated they refer clients to substance abuse counseling when an issue presents itself. According to California Penal Code Section 1203.097(a)(12)(c)(6), offenders who are chronic substance abuse users should be referred to other counseling while still attending batterer intervention programs. This is done most of the times at the initial screening process. According to Thomas and Bennett (2009), half of the men in batterer intervention programs suffer from substance abuse and are eight times more likely to batter on a day in which they have been drinking. Alcohol and other drugs alter perception, problem solving, and decision-making abilities, increasing the chances that the substance user will misperceive the partner’s behavior, lowering the patience for aggression, and increasing the risk for violence. Further, as substance abuse impairment increases, the batterer’s ability to plan, solve problems, resolve conflicts, or experience intimacy becomes increasingly impaired, independent of whether the person is using substances or not (Thomas & Bennett, 2009).

Many of the therapists mentioned substance abuse as a specific trigger that may generate re-offense for offenders. By referring the offender to a program like Alcoholics Anonymous or Narcotics Anonymous, it is giving the offender the specific help needed to address the substance abuse (Thomas & Bennett, 2009). The batterer intervention program can then concentrate on the domestic violence, knowing the offender is also getting help and support for the substance abuse.

Changes in batterer intervention programs and offender’s behavior over the years. Each therapist would agree that many changes have occurred in both the batterer
intervention programs and the offender’s behavior over the years. Two therapists felt the age of offenders is becoming younger. Each therapist stated the curriculum has changed as California mandates have continued to change, regarding material that must be covered in batterer intervention programs. One therapist also stated, “New additions are added to the curriculum when certain situations are presented in group.” Another therapist exclaimed the structure of the group has changed over the years. Previously, the therapist had another person facilitate the educational piece of the program while that therapist concentrated on the group counseling. More recently, this therapist has been facilitating both sections. Another therapist has seen a decline in the referrals as Immigration and Naturalization Service (INS) is currently deporting all illegal immigrants once convicted of a crime in California. A different therapist reported a decline, in general, regarding referrals.

The therapists have also seen many changes in offender’s behavior. One therapist stated, “Different types of denial are addressed in group, however, the process of denial has changed despite teaching them the denial system.” Another therapist believed the “denial system has stayed the same over the years.” One therapist stated the level of aggressiveness has subsided and intimate partners are not tolerating the violence as long as they previously had. A different therapist believed batterers are becoming more acceptable of their abuse. Other therapists reported more women are being arrested for domestic violence and understand they cannot abuse their partners.

Success of the batterer intervention programs in Napa County. The research literature on batterer intervention programs remains confined by methodological
limitations such as contradictory findings regarding the re-assault rates with offenders who complete batterer intervention programs and the appropriate treatment needed for both male and female offenders. Initially, studies of batterer intervention programs showed high rates of success in reducing the occurrence and severity of violence among offenders, however, methodological issues such as a small sample size and a lack of appropriate comparison and control groups have brought these findings into question. Actual program success, have been shown to be important in determining the reliability of the evidence, however, recent evaluations using more rigorous designs have found little or no reduction in battering (Mills, Grauwiler, & Pezold, 2006).

The therapists were asked many questions in regards to the success of their program. These questions included how each participant measured outcomes from the program in regards to re-assault (ie: through physical, emotional, or verbal abuse), how they define success, and how many graduate, successfully, from the program.

Each therapist reported that they rely on self-reports from offenders, regarding their domestic violence behavior. Two therapist’s specifically stated re-offense and arrest rates are used to measure outcomes for re-assault. Therapists also mentioned other ways to measure outcomes. One therapist stated, “Offenders typically tell on themselves, not so much if they are physically abusing their partner, but will tell on themselves if they are using verbal abuse.” Another therapist agreed that self-report is how his or her program generates information regarding offender’s behavior, although this therapist added that listening to the victims, and getting reports of re-offending behavior can measure outcomes on how well they are doing in the program. A different therapist considers how
What constitutes success for offenders placed in batterer intervention programs in Napa County? One therapist believed success occurs when the offender “is not referred, but comes back voluntarily.” This therapist stated, “Once an offender completes the program, they can come back for free. Many people come back to group just to check in.” Another therapist stated it is rewarding when “Wives, husbands, and kids explain how their lives have been changed due to therapy.” A different therapist stated success is “If at the end of the night you can go home and know the families are not being subjected to any more violence. If the offender is practicing what is being taught, people are not getting hurt.” This therapist further stated numerous victims have called to say that whatever the therapist did, thank you.

Each therapist the researcher interviewed stated their program successfully graduates a high percentage of offenders referred. Estimates show a 90% graduation rate for one program, 95% rate for another, and at least a 75% pass rate for the third program. The fourth program stated almost all the batterers who enter the program graduate successfully. During the interviews, the researcher noticed the therapists appeared very excited when explaining the high succession rate from their programs. Each of them believes that batterer intervention treatment works and is a valuable component to reducing domestic violence.
Summary

In this chapter, the data from the study was analyzed and discussed. Chapter five is a description of the conclusions and recommendations. The limitations of this study and the implications for social work practice and policy are also discussed.
Chapter 5
CONCLUSIONS AND IMPLICATIONS FOR SOCIAL WORK

Introduction

This chapter summarizes the conclusions extracted from this study. This chapter will include a discussion of the common themes and patterns, which were identified and examined in the hopes of evaluating whether domestic violence is reduced by attending batterer intervention programs in Napa County. These themes include the missions, interventions, other types of therapy offenders are referred to, changes in program and offenders behaviors over the years, and successes of the batterer intervention programs. In addition, this chapter will discuss future recommendations, explain the limitations of this study, and outline the implications of social work policy and practice.

Review of Findings and Relevance

It is very important that the batterer intervention programs in Napa County lower recidivism by offering the most effective intervention possible to clients referred to the program. The researcher found that all therapists interviewed were both compassionate and clear in the definitions of services offered. All four therapists discussed their mission is to stop the violence by giving offenders tools needed to reduce domestic violence. The researcher found each therapist to be excited when explaining how their programs mission helped offenders in the community.

Cognitive behavioral therapy approach. The researcher found that all four therapists use a cognitive behavioral therapy approach when working with offenders in batterer intervention programs. This is consistent with research that suggests that
cognitive behavior therapy is an effective intervention when working with domestic violence offenders, because it gives offenders the tools needed to make changes to their behavior (Gondolf, 2004). Research shows that an offender’s motivation to change may play a role in helping that person to recognize the existence of a problem, in helping them understand compliance within a structured treatment, and in helping to lower risk of abusive behavior once they are finished with the program (Eckhardt et al. 2006). Gondolf (2004) states that research on cognitive behavior models showed batterer intervention might be appropriate for most men, as some programs are able to stop the abuse and tend to be less costly. Therefore, it appears the batterer intervention programs in Napa County are offering interventions believed to change offender’s behavior and lower recidivism.

Substance abuse counseling. The researcher found that all four therapists interviewed stated that they refer clients to substance abuse counseling when an issue presents itself. The California Penal Code Section 1203.097(a)(12)(c)(6) requires that offenders who are chronic substance abuse users should be referred to other counseling while still attending batterer intervention programs (California Penal Code, 2008). Research shows that heavy drinking are risk factors for re-assault (Gondolf et al. 2002). Further, according to Thomas and Bennett (2009), half of the men in batterer intervention programs suffer from substance abuse and are eight times more likely to batter on a day in which they have been drinking.

Changes over the years. The researcher found that many changes have occurred in both the batterer intervention programs and the offender’s behavior over the years.
Each therapist stated their curriculum has changed over the years, the number of Hispanic referrals have dropped due to the current deportation of all illegal immigrants convicted of a crime in California, and the age of offenders has become younger.

When interviewing the therapists, each of them believed changes have occurred with offenders behavior’s over the years. One felt the offender’s denial system has changed over the years. One therapist felt batterers are becoming more accepting of their abuse, another felt the level of aggressiveness has subsided, and a third felt intimate partners are not tolerating the violence as long. One therapist mentioned more women are being arrested for domestic violence. This research shows the many changes that have occurred within Napa County, however, changes within other batterer intervention programs outside Napa County was not researched.

Successes. The therapists were asked many questions as to the success of their program and included how they measure outcomes from the program in regards to re-assault through physical, emotional, or verbal abuse, how they define success, and how many graduates successfully from the program.

When measuring outcomes regarding re-assault each therapist stated they relied on self-reporting from offenders. Two therapists also stated that they relied on arrests to determine outcomes. Another therapist believed listening to the victims is important to measure outcomes for re-assault.

The researcher also found high success rates for batterer intervention programs in Napa County. Estimates show a 90% graduation rate for one program, 95% rate for another, and at least 75% pass rate for the third program. The fourth program stated
almost all the batterers who entered the program graduate successfully. Each therapist defined success in different ways. One therapist stated, “Once an offender completes the program, they can come back for free. Many people come back to group just to check in.” Another therapist stated it is rewarding when “Wives, husbands, and kids explain how their lives have been changed due to therapy.” A different therapist stated success is “If at the end of the night you can go home and know the families are not being subjected to any more violence. If the offender is practicing what is being taught, people are not getting hurt.” This therapist further stated numerous victims have called to say that whatever the therapist did, thank you.

*Attendance and drop-out rates.* While research in Napa County shows high success rates for batterer intervention programs, research shows other issues, which contribute to lower success rates in other batterer intervention programs outside Napa County. Attendance and drop-out rate is an issue for men ordered to participate in batterer intervention programs as attendance is necessary to determine the effectiveness of the program, in preventing violence, reducing legal costs, and protecting the women who were abused (Daly, Power, Gondolf, 2001). Most batterer intervention programs suffer from a higher drop-out rate due to certain demographic variables which include age, employment status, educational level, alcohol use, income, criminal history, and relationship status (Buttell & Carney, 2008; Daly, Power, Gondolf, 2001; Stalans & Seng, 2007). Other research shows a national drop-out rate between 50% and 75% (Buttell & Carney, 2008). Some men referred to programs never attend, drop out, or are dismissed for failure to comply with the rules (Contrino et al. 2007).
Two recent meta-analytic reviews of batterer intervention programs showed that the programs had little effect on abuse recidivism (Eckhardt et al. 2006). Research conducted from a multisite evaluation among four batterer programs showed men referred to the program averaged 11.2 out of 20 required weekly sessions (Daly et al. 2001).

Researchers also found, in a sub sample of 22 men that those who completed the batterer intervention program began using the proper techniques to avoid violence. Further, those who used respectful language show a greater recall of material learned in the program (Contrino et al. 2007). It appears the issues facing other batterer intervention programs outside of Napa County do not appear to be the same presenting issues when looking at success within Napa County.

*Specialized batterer intervention programs.* During the interviews, the researcher was intrigued that two therapists work specifically with the Hispanic male population and female population as research shows tailoring batterer programs and offering specialized counseling for offenders of high culture identification may enhance outcomes (Gondolf, 2008). Researchers believe batterer programs are by some to be more effective if they account for diverse client groups, with cultural sensitivity and differences in mind (Buttell & Carney, 2006; Gondolf, 2004).

When working with women convicted of domestic violence, researchers believe women are just as likely to resort to violence as men are (Muftic et al. 2007). Researchers found that 50% of women arrested for a domestic violence offense had also committed a violent offense against someone with whom they were not in an intimate
relationship (Simmons et al. 2008). A longitudinal study of men and women in large community samples shows a commonality in that female violence is common and occurs at about the same rate as male violence and is generated independently of the partner. Further, this study illustrated that violence had a developmental history which showed violence occurred before the most current relationship, which would dismiss self defense (Carney et al. 2006).

Research findings suggest that women should not be ordered to participate in batterer programs that are oriented to male domestic violence offenders (Crowe et al. 2009). Intervention for women should be provided individually or in same sex groups and should include topics like safety planning, harmful indicators, exposure to violence, victimization, post-traumatic stress disorder, substance abuse, parenting, socialization, and building healthy adult relationships (Crowe et al. 2009).

It appears the research supports Napa County’s use of referring both Hispanic males and women to batterer intervention programs that tailor the specific needs of that population. This allows for more specific information to be discussed that is directly relevant to their needs.

Implications

This study is designed to help improve the effectiveness of batterer intervention programs and collaboration of all agencies involved. The information gathered from the researcher shows that each batterer intervention program in Napa County currently uses a cognitive behavior therapy approach, which is consistent to evidence based practices currently being developed within the Napa County Probation Department.
The information gathered also supported the idea that the batterer intervention programs are highly successful in working with Napa County offenders placed in their programs, as the success rates appear high. High success rates show that offenders have learned ways in which to change their behavior and lower their risk of reoffense in regards to domestic violence.

During the course of the interviews, it appeared each program has a solid collaboration with the Napa County Probation Department. Each program receives most of their referrals from the department, however, some programs receive referrals from the public defender’s office or through another private therapist. Further, each program has been in Napa for over ten years and has built connections within the community.

By conducting this study, the information the researcher has gathered will help the Napa County Probation Department have a different perspective as to how the batterer intervention programs in Napa County operate. The list of interview questions was generated with the help of the chief probation officer and asked questions the probation department is curious about. The information gathered also gives the batterer intervention programs information regarding how other programs are currently operating.

*Encountered problems.* The researcher faced only two problems when collecting the data from the batterer intervention programs. The problems occurred, as the time needed to interview and analyze the data was longer than expected due to the therapist’s busy schedule. Attempting to connect with two therapists was difficult due to their busy schedules and two interviews were conducted over the phone rather than in person. Due to those slight problems, the researcher felt the pressure of the upcoming deadlines for
As the researcher embarked on this project, she was unaware the sample size would make analyzing the data more difficult as there are only four batterer intervention programs in Napa County. When pursuing further research, this researcher would advice that the interviews have more questions which could have been used for content analysis. The researcher would also advice that specific data from the Napa County Probation Department relating to domestic violence offenders be analyzed to compare the re-assault rates of the offenders and the success rate of the programs based on recidivism.

**Recommendation for Further Research**

The primary purpose of the study was to develop basic knowledge about how batterer intervention programs in Napa County operate, how they attempt to lower the rate of domestic violence, and whether the reduction of domestic violence occurs. The secondary purpose of the study was to look at ways to improve the effectiveness of batterer intervention programs and collaboration of all agencies involved. The finding from this study suggest the batterer intervention programs in Napa County to be successful in lowering domestic violence.

Future research could include asking different interview questions as to whether implementing a domestic violence risk assessments with offenders convicted of domestic violence would help the batterer intervention programs in their initial screening of clients. The researcher spent some time in the literature review discussing various domestic violence assessment tools, however, never asked the programs if they use currently use domestic violence risk assessments. Further, more questions could be asked regarding
women convicted of domestic violence as the literature review researched in depth treatment for women.

Other future research should include generating specific data from Napa County’s local database to see if offenders convicted of domestic violence and ordered to batterer intervention programs are re-offending. If so, what is the re-offense?

The researcher is also interested in gathering feedback by interviewing offenders who are currently participating in the batterer intervention programs in Napa County and/or having them fill out surveys as to the effectiveness of the program which can be useful in future studies.

Finally, the data collected was limited only to the batterer intervention programs used in Napa County. It would be interesting to know how successful batterer intervention programs are in the San Francisco Bay Area, Northern California, and possibly all of California. It is the hope of this researcher that the Napa County Probation Department will continue researching whether the batterer intervention programs reduce domestic violence in the community.
APPENDIX A

Letter of Permission

October 30, 2009

Office of Research Administration
Hornet Bookstore, Suite 3400
Mail Code 6111
6000 J Street
Sacramento, Ca. 95819-6111

Re: Letter of Permission (Appendix A)

To Whom It May Concern,

The Napa County Probation Department is aware that Debra Gehring, Master’s in Social Work Student at California State University, Sacramento plans to evaluate the batterer intervention programs in Napa County to research what type of intervention is provided and whether the process reduces domestic violence.

I have given direct permission for Mrs. Gehring to contact potential participants in the four batterer intervention programs. I understand she will first contact these participants by telephone before having each participant sign a consent form. I also understand Mrs. Gehring will conduct an open ended interview and I have approved the questions the participants will be asked. I allow Mrs. Gehring the time between 7:00 a.m. and 5:30 p.m., Monday through Friday, to speak with the potential participants by telephone, meet with them in person, and conduct the research. I have also given Mrs. Gehring access to the contact information of each batterer intervention program used by the probation department in Napa County.

I understand Mrs. Gehring will store the data in a locked filing cabinet in her home and the data will be destroyed after the completion of her thesis/project in June 2010. I am also aware the data collected will be reported in the thesis in collective form so as to reveal no personal or identifying information and the research will only be used for the purpose of the school project and will not reflect on potential future referrals by the Napa County Probation Department. I also understand the study is to have no risk of harm or discomfort to the study participants, as the questions are not personal in nature. The questions are related to professional work and daily activities as the participant have received educational and professional training in this area of study.
I fully give Mrs. Gehring permission to conduct the program evaluation of the batterer intervention programs in Napa County.

Sincerely,

Mary Butler

Chief Probation Officer
Napa County Probation Department
212 Walnut Street
Napa, Ca. 94559
APPENDIX B

Consent to Participate in Research

You are invited to participate in a research study that will be conducted by Debra Gehring, a Masters in Social Work student with the Division of Social Work at California State University, Sacramento. This study will explore if the intervention provided by the batterer intervention programs in Napa County reduces domestic violence. The researcher understands you work in a certified program and receive referrals from the Napa County Probation. The data collected will be reported in the thesis in collective form so as to reveal no personal or identifying information and the research will only be used for the purpose of the school project and will not reflect on potential future referrals by the Napa County Probation Department.

Process:
After reviewing this consent form and agreeing to participate, the researcher will identify a convenient time to set up an interview. The interview should only take approximately thirty (30) minutes to complete and a copy of the interview questions will be given to you one week prior. You can decide where to conduct the interview. No names will be recorded on the interview questions or in the notes taken from the interview, and the recorded interview is anonymous. The interview will be digitally recorded and the information will be quickly transcribed and destroyed.

Risks:
The study is considered to have no risk of harm or discomfort to you, as the questions are not personal in nature. The questions are related to your professional work and daily activities as you have received educational and professional training in this area of study.

Benefits:
The research gained by completing the interview questions may help to determine whether the intervention provided by the batterer intervention programs lowers domestic violence.

Confidentiality:
All information is confidential and every effort will be made to protect your privacy. The information you provide on the consent form will be stored separate from the interview notes at the researcher’s home. The researcher’s thesis advisor will also have the interview transcriptions during the course of the project. The final research project will not include any identifying information. All information will be shredded in June 2010 after the project is filed with the Graduate Studies at California State University, Sacramento.
Compensation:
Participants will not receive any kind of compensation.

Participation:
At any time, you can withdraw from the interview or you can elect not to answer any specific question.
Consent to Participate as a Research Subject

I have read the information on the Consent to Participate as a Research Subject. I understand that my participation is completely voluntary and that the information shared will be kept confidential. My signature indicates that I agree to participate in the study and I have a copy of the consent.

I, ________________________________, agree to be interviewed by Debra Gehring, Master’s in Social Work Student at California State University, Sacramento.

I, ________________________________, agree to be digitally recorded by Debra Gehring, Master’s in Social Work Student at California State University, Sacramento.

If you have any questions of concerns, feel free to contact the researcher:

Debra Gehring
(707)266-8069 –cell
(707)299-1621 - work
kitz21@hotmail.com – personal e-mail
dgehring@co.napa.ca.us – work e-mail

Or, if you need further information, you may contact this researcher’s thesis advisor:
Joyce Burris, Ph.D.
Division of Social Work
California State University, Sacramento
(916)278-7179
dub@saclink.csus.edu
APPENDIX C

Questions for the Qualitative Study

Gender:  Male_______  Female______

Years in Profession:  1-5  5-10  11-15  16-20  21-25  26+

1. How many years has your program been in operation?

2. What is the mission of your program?

3. What type of intervention is provided in your program?

4. How do you divide the intervention up in a 52 week program?

5. What other types of counseling do you refer offenders to?

6. Is there a mix of voluntary and mandated clients?

7. How have you changed your program over the years?

8. What kinds of changes have you seen in offender’s behavior over the years?

9. What type of screening do you implement when offenders begin the program?

10. How many people are referred yearly?

11. How many graduate successfully from the program?

12. How do you define success?

13. Are you aware of specific triggers which generate re-offense of offenders?

14. How do you measure outcomes from the program in regard to re assault through physical, emotional, or verbal abuse?

15. Do you believe your program reduces domestic violence? Why or why not?
APPENDIX D

Human Subjects Approval

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
DIVISION OF SOCIAL WORK

TO: Debra Gehring      Date: December 10, 2009

FROM: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Evaluating the Batterer Intervention Programs in Napa County: What type of intervention is provided and does the process reduce domestic violence?”

_X_ approved as _____EXEMPT  _X_ NO RISK  ____ MINIMAL RISK.

Your human subjects approval number is: 09-10-062. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Professors: Teiahsha Bankhead, Chrys Barranti, Andy Bein, Joyce Burris, Maria Dinis, Susan Eggman, Serge Lee, Kisun Nam, Sue Taylor

Cc: Dr. Joyce Burris
REFERENCES


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Parmley Moore, A. M. (2004). Violence against women research post VAWA. Where have we been, where are we going. *Violence Against Women, 10*, 1417-1430.


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