

An Exploration of Effective Treatments for Domestic Abusers

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## **Abstract**

This article explores the literature of three different batterer intervention programs (BIP) psychoeducational, anger-management and coordinated community intervention. Each model is evaluated for its strengths as well as its limitations. Evidence Based Practice for domestic abusers is discussed as no current model has substantial evidence to prove its efficacy.

**Keywords:** Batterer Intervention Programs (BIP), Domestic Violence (DV), Evidence Based Practice (EBP)

## **Introduction**

Much research regarding the efficacy of batterer intervention programs (BIP) have been contentiously debated, as to whether or not they are effective. Although research shows that there is a slight decrease in recidivism for those who complete a BIP, there is not much difference from those who are incarcerated. The purpose of this review is to explore relevant literature about the differences in effectiveness between approaches. There is an obvious division in the literature about not only treatment, but the cause of battering behavior among men. In this article we will explore psychoeducational; anger- management focused and coordinated community care approaches for treatment. These three approaches have some common goals that include bringing an end to violent behavior, increasing batterers responsibility for abusive behavior, increasing problem solving skills as alternatives to violence, and helping batterers better identify and express their feelings (Tutty et al., 2001). Many times a batterer intervention program will combine different aspects of the three interventions to meet the needs of the client. This is important research to be aware of for social workers who are most likely to be the victims' advocates and treatment providers or making referrals to treatment. Knowledge of which treatments are most effective, is necessary to make an ethical and beneficial decision for clients who are court mandated to treatment.

## **Psychoeducational Model**

Compared to most counseling or therapy groups, psychoeducational groups are more structured, issue specific, and leader directed. This type of BIP group often utilizes role-play, videos and other educational means to address the masculine power and control that result on domestic violence. One of the most hotly debated batterer intervention programs is the Duluth

model originally called the Domestic Abuse Intervention Project (Pence & Paymar, 2003). This is a feminist, psychoeducational approach to batterer intervention developed in 1981. This model has been researched most thoroughly, and as such shall represent the psychoeducational treatment group. In a national survey of BIP's 53% stated they are Duluth model oriented (Herman et al., 2014).

The Duluth model is not considered to be any type of therapy, but rather a reeducation of the batterer, specifically about the patriarchal ideology in our society. This program looks at male privilege and how men use this privilege to maintain power and control over women. Most use a power and control wheel as well as an equality wheel to help men examine their preconceived notions of masculinity and power (Corvo, Dutton & Chen, 2009). This is a 28-52 week course with eight core themes. These themes are emotional abuse, intimidation, isolation, minimizing denial, children, male privilege, economic abuse, and coercion and threats. In this treatment they spend about 3 weeks on each theme.

In one longitudinal study by Herman et al. of the effectiveness of this treatment, one-third of batterers reoffended. In this study reoffending was measured by perpetration of any violent crime (Herman et al., 2014). In another evaluation of the psychoeducational group it found a 50% recidivism rate for 342 completers based on police reports up to ten years after completion (Herman et al., 2014). As stated previously, this intervention is not considered therapy, and mental health professionals question whether this approach is ethical. Most participants in batterer intervention programs have been mandated by the court to do so, in place of or as a combination with jail time. This is a compulsory treatment with an emphasis on victim safety, which is also how this intervention measures success, as opposed to a decrease in recidivism of violent behavior.

## **Limitations of Psychoeducational Model**

Many men who batter have substance abuse problems, mental health problems, and past traumatic experiences. Tutty et al. states that 50-80% of abused men, witnessed their own mother being abused (2001). It is also well-documented that seeing interparental violence increases ones likelihood of being in a violent relationship in the future for both men and women (Bevan & Higgins, 2002; Heyman & Smith-Slep, 2002; Wolf & Foshee, 2003). There is indeed a patriarchal ideology that needs to be addressed in abusive men, but it is also important to address past traumatic experiences. Substance abuse has a 50% co-occurrence with domestic violence (Riger, Bennett & Sigurvinsdottir, 2014) in one survey 73% of occurrences of domestic violence occurred while the batterer was intoxicated. They are so linked that on days when a batterer is drinking he is eleven times more likely to severely physically abuse his partner (The Duluth model fails to address these, saying this offers justification of a batterer's behavior. Another limitation to this research is the impact of crime reporting. Under reporting of crime is very common and domestic violence is no exception. All the studies reviewed use police reports to gauge a batterer's recidivism. Although this may be more accurate than self-reporting from the batterer, there is going to be men whose crimes go unreported.

## **Coordinated Community Intervention**

Coordinated Community response to domestic violence involves the integration of criminal justice, human service and advocacy. The goals of this type of approach include having improved system effectiveness, the delineation of services across agencies, providing victim services that cause minimal distress and protecting the victim from further harm, as well as successful punishment of offender. Another goal is to change the way domestic violence is

perceived and treated within our communities. This includes increase in arrests of abuser's and providing better services for victims and families effected by such violence.

The completion of these goals is completed through initial police contact where probable cause of domestic violence is needed to make an arrest. Next victims' advocates from a separate agency contact the victim, while courts may establish a no contact restraining order for the victim. The next step takes place in court as well where prosecution of the offender takes place. A human service agency may perform an intake or screening of the offender to try and identify what treatments would most help to decrease recidivism. Domestic abusers may be expected to complete certain treatments in lieu of jail time and are monitored by the human service agency as well as the criminal justice department. This is the type of integration that occurs in many domestic violence cases, and the argument of Coordinated Community Response is for all agencies involved to have knowledge of the services the other is providing. Many CCR's differ in the treatment, advocacy, and the sanctions they provide.

In one study Coordinated Community response was shown to be ineffective, but certain characteristics of the offender are predictive of future abuse. Those men with a history of domestic violence prior to treatment were 50% more likely to commit a future violent crime. Those who received a no contact order of protection were almost 100% more likely to recidivate. Also those who didn't show up for their intake screening were more likely to commit future acts of violence (Bouffard & Muftic, 2007).

### **Limitations of Coordinated Community Interventions**

Coordinated Community Interventions are not a standardized approach to domestic violence, such as the Duluth model. They vary such that the treatment provided for a batterer

may well be Duluth oriented. Much research regarding this approach does not explore how effective it is at preventing violence, but how this approach changes the way communities respond to this type of violence. One study used an increase in arrests for domestic violence within a community, as a successful indicator, because more people are being held accountable for their abusive behavior. This study includes both men and women which the Duluth model fails to address (Babcock & Steiner, 1999).

### **Anger Management Treatment Model**

Although the connection between anger and Intimate Partner violence (IPV) might seem obvious, there is much debate as to whether or not it is appropriate or effective. Men who commit more IPV have elevated trait anger, hostility, increased tendency to express anger outwardly, and decreased anger control. In one study from Eckhardt, Samper and Murphy they did an evaluation of batterer's anger and it was predictive of which offenders would recidivate (2008). Those with high-level expressive anger were more likely than their less angry counterparts to commit a subsequent act of domestic violence (DV). Many victims' advocates are against this approach stating "anger management interventions imply that the victim is to blame, do not account for abuse meant to exert power and control, give communities a reason to shun collective responsibility for IPV, perpetuate the batterer's denial, give perpetrators new tools to coerce and control women, and may put the female partner at further risk for violence" (Gondolf & Russell, 1986). Men with high levels of expressive anger were also more likely to engage in emotional and sexual abuse compared to their low anger counterparts. Anger is also predictive of treatment completion. Men who tested highly for anger and hostility, were significantly less likely to complete treatment than their lower-level anger counterparts

(Eckhardt, Samper & Murphy, 2008). It is obvious that anger impacts treatment success, but it is not clear whether anger-management treatment has any lasting effect on batterer's.

### **Limitations of Anger Management Treatment**

The major most obvious limitation of anger management research is the lack of research of anger management treatment efficacy. The effect of anger in domestic violence treatment has been well-documented with majority of abusive men, and those who tested high for expressive anger were more likely to recidivate. More research is needed to see if anger management treatment has an actual positive effect on lowering recidivism for domestic abusers.

### **Evidence Based Practice**

Evidence Based Practice (EBP) has become increasingly important for social workers to utilize. Government agencies and other funding bodies expect efficient and effective uses of time and resources. EBP is centered on empirical findings and practice evaluation and research. EBP involves a specific question about practice, finding pertinent scientific evidence, analysis of that evidence, and evaluation of practice (Edmond et al., 2006). EBP is the favored method over the previously utilized practice wisdom. In a study by Edmond et al. (2006) 87% of practitioners surveyed agreed or strongly agreed that evidence based practice is a useful tool for practice, but only 67-42% actually utilized one of the four steps of EBP. In one study some of the most common barriers to using evidence based practice at three differing agencies was lack of resources, the characteristics of the agency, and lack of knowledge and confidence in evaluating systematic reviews of practice (Manuel et al, 2009). Agencies need to allot time and money to encourage employees to develop best practice, and continually apply new knowledge. Making

research a priority will only lead to continued improvements in services that social workers provide to clients.

### **Implications of Research for Social Work Practice**

There is no question that research on domestic violence has compounded over the last thirty years, as it has begun to be viewed as a societal rather than family problem. With all this research, it is important as social workers to identify which treatments have been most effective when implementing them in practice or making referrals to different agencies. This is also where current practice falls short. Social workers need to incorporate evidence based practice from current criminal offender programs. It is unethical for social workers to refer clients to programs that are ineffective whether they are a batterer or a victim. As workers we should try and incorporate proven best practice for offenders and apply this to batterer intervention programs in hope of lowering recidivism and effectively decrease victims of domestic violence

### **Conclusion**

There are many treatments that have been utilized in batterer interventions, including the Duluth model, coordinated community response, and anger management treatment. Some problems with these current treatment methods is the lack of empirical support their utilization. Social workers have a unique role in domestic violence as they can be a victim advocate, a child protective worker or even leading a batterer treatment program. With this wide range of accessibility to this important issue, it only makes sense that social workers should help to proliferate research for best practice evidence in the treatments they utilize.

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