

# Imperfect Interventions: An Overview of Research and Protocols for Enhancing Batterer Intervention Programs

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## Introduction

Batterer intervention programs (BIPs) aim to help participants (typically men) change their behaviour and attitudes towards their partners and prevent intimate partner violence (IPV). According to research, the effectiveness of such programs is difficult to substantiate. As a result, strategies have been sought to enhance the efficacy of such programs. The following provides a general overview of research findings on the efficacy of BIPs as well as protocols which can augment their outcomes.

## Overview

Despite growing public awareness in the last three decades of the problem of IPV, specifically perpetrated by men towards their female partners, it remains a vexing social and public health problem (Murphy & Ting, 2010). Battered women are at higher risk of suicide, post-traumatic stress disorder (PTSD), substance use disorders, and poor relative physical health to women in non-abusive relationships (Eckhardt, Murphy, Black, & Suhr, 2006). In the US alone, the annual financial costs associated with IPV exceeded \$5.8 billion (Stover, Meadows, & Kaufman, 2009). Globally, 35% of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence (García-Moreno, 2013). Additionally, between 5% and 20% of children will witness a parent being assaulted; consequently, being at

higher risk for attachment disorders, depression, PTSD, and conduct problems.

### **Research Findings on BIP Effectiveness**

In terms of programs based on gender-themed or therapeutically-oriented CBT interventions, about half of studies show the BIPs are more effective than a no-treatment control condition in preventing further incidences of IPV (Eckhardt et al., 2013). If studies with methodological flaws are eliminated, the research suggests that BIPs show no evidence of effectiveness relative to a control group.

In other words, psychosocial interventions for IPV perpetrators have yielded little in the way of concluding evidence regarding the efficacy and effectiveness of these interventions. Rosenfeld's 1992 study concluded that men who are arrested and complete treatment have only a slightly lower rate of recidivism than men who are arrested but refuse treatment, drop out of treatment, or remain untreated (as cited in Babcock, Green, & Robie, 2004). Arguments have also been made that these treatment programs may put women at increased risk of domestic violence by contributing to a false sense of security when their partners have sought treatment.

A meta-analytic study by Babcock et al. (2004) indicated a small overall effect size on batterer recidivism due to participation. Quasi-experimental designs yielded larger effect sizes than true experimental designs (although the difference was not statistically significant). The authors estimated a 5 percentage point decrease in recidivism rates in comparison with those who do not receive such interventions. However, they urged caution and the need to contextualise these findings; these results could be considered "substantial" in comparison to some medical prevention studies (e.g. early clinical trials on the effect of Aspirin on heart attacks showed a 4% effect size). The 5% figure, at the time, would have translated

to approximately 42,000 women per year not being battered in the United States.

Nevertheless, it is a poor showing when contrasted with psychotherapeutic interventions which lead to benefits in 70% of cases. The comparison may not be entirely fair: psychotherapy addresses internalising problems (such as anxiety or depression) whereas IPV groups deal with externalising problem behaviours. Additionally, research with BIPs rely almost exclusively on a dichotomous variable for recidivism; the overall effect sizes would be much larger if reduction of violence rather than cessation of violence was the measure used. The overall conclusions indicate the effect of the treatment to be small, but positive, when examining official recidivism reports by police, and very small and slightly negative when using outcome data collected from victims.

Day et al. (2009) commented on studies which examined the attrition effects and revealed a troubling outcome: those who start, but do not complete rehabilitation programs, are left at a higher risk of re-offending than those who do not enter programs at all; such findings are robust across a broad range of treatment and offense types and point to a potentially iatrogenic effect of interventions with domestically violent men. The authors did note, however, that a contributing factor may be inconsistencies in the criminal justice and referral pathways for mandated IPV offenders.

### **Criticisms and Methodological Design Constraints**

Several criticisms of these reviews have been made, most notably by Gondolf (2004) who argued that these meta-analyses lack the number of studies recommended by statistical experts, which would influence efforts to correlate the magnitude of effects with specific interventions or aspects of the research design. He also suggested that the use of victim reports was systematically subject to attrition bias. Official reports were considered to be a potential

source of unreliable data because they are likely to underestimate actual recidivism; many incidents of continuing abuse never come to the attention of the authorities.

Other important details in considering the usefulness of the findings involve the fact that many studies only included participants who consented to take part in the research; such individuals might be more motivated to change or to comply with the law. This is an important and unavoidable limitation to the research which has ethical implications in terms of “vulnerable populations” who could readily be coerced into participation (Murphy & Ting, 2010). Also, studies varied in their duration and amounts of treatment, and their definitions of completion (some studies used an 80% cut-off, others 100%, and others did not specify). Active termination of participants due to re-offending behaviour has also rarely been given consideration; such individuals would not be allowed to become program completers.

Finally, the effect of judicial involvement (such as legal sanctions, length and intensity of probation monitoring and the degree of coordination between the legal system and intervention providers) are often unknown and represent a host of confounding influences in terms of program completion and re-assault (Murphy & Ting, 2010). To account for these practical and ethical limitations, complex statistical modelling in non-experimental designs has been used to control for dropouts and simultaneously predict program attendance and re-assault as a function of program completeness. These analyses yielded surprising and statistically significant effects reflecting a reduction of approximately 40 percentage points in assault recidivism. In short, analysis of program effects in uncontrolled experiments using these advanced statistical procedures are more encouraging than the meta-analyses of experimental findings. It is noted, however, that these methods are not invulnerable.

A brief note on the ‘gold standard’ of randomised controlled experiments: although they are considered by social scientists to represent the most accurate estimate of program effects, they are notoriously difficult to implement in real-world settings. Decision makers (such as community, legal and justice agencies) tend to reject the idea of randomisation and often re-assign cases from the control to the intervention condition resulting in a violation of randomisation and subsequent systematic selection biases (Eckhardt et al., 2006; Murphy & Ting, 2010). A similar problem is faced with the substantial attrition rates encountered in these types of programs (and research studies). Unfortunately, this is often overlooked by researchers who analyse their data without sensitivity to selection effects (Murphy & Ting, 2010).

These methodological errors notwithstanding, data from RCT’s suggest that meeting with and be monitored by, probation officers works as well as Feminist or Cognitive Behavioural BIPs in preventing new instances of IPV (Babcock et al., 2004; Eckhardt et al., 2013).

### **Intervention Enhancing Strategies**

To address the formidable problem of dropouts and the individual perpetrator’s motivation to change, psychotherapeutic research has found a promising approach (Stover et al., 2009). In substance abuse treatment studies, intervention completion has been increased by incorporating motivational interviewing (MI). The goal of MI is to resolve ambivalence and increase motivation for change. The strategies employed are (a) express empathy, (b) develop discrepancies, (c) avoid argumentation, (d) roll with resistance, and (e) support self-efficacy.

As a general therapeutic style, MI is designed to help individuals move through stages of intentional behaviour change (Murphy & Ting, 2010). The high levels of expressed empathy and

explicit iteration of the client's autonomy and choice diffuse initial hostility towards treatment and facilitate client verbalisation of motivation as well as commitment to change.

In one study, participants who received pre-intervention MI sessions as part of their intake showed significant increases in self-reports of active efforts to change, and the assumption of responsibility for abusive behaviour (Murphy & Ting, 2010). Participants also expressed greater belief in the value of treatment, were more compliant with CBT homework assignments and engaged more in help-seeking behaviour outside of the programs in question. Puzzlingly, however, no treatment differences were found in group session attendance of self-report measures of readiness to change that were administered during the first group session.

In addition to enhancing motivation for treatment, focusing on perpetrators' roles as parents in therapy can be helpful, both to parent and child. Stover et al. (2009) reported that if parents separate, and visitation is an ongoing issue, preschool-aged children who had limited contact with their previously violent fathers, had higher levels of internalised symptoms than children who had (at least) weekly contact. This result was consistent even after controlling for the severity of violence exposure.

Another enhancement strategy specifically geared towards preventing dropout consists of supportive efforts to increase program attendance. Such protocols are designed to communicate a caring, proactive stance regarding session attendance (Murphy & Ting, 2010; Taft, Murphy, Elliott, & Morrel, 2001). These procedures involved the use of handwritten, personalised notes on a form letter announcing the initiation of the group; supportive phone contact prior to commencement of the BIP; and both supportive phone contacts and handwritten, personalised notes sent immediately after any missed sessions. The messages were brief and positive, expressing concern about the client's welfare and

expressing optimism about continued work together. These supportive contacts were associated with an average increase in session attendance of 10% of the total intervention and a reduction in dropout rate from 30% to 15%. They were also particularly effective in minority race cohorts in which dropout rates decreased from 42% to 10%.

Finally, integrating of models of change such as Prochaska's transtheoretical model of intentional behaviour change provides group facilitators with a valuable framework for assessing client readiness and motivation for change (Day et al., 2009; Eckhardt et al., 2013, 2006).

### **Future Considerations**

Several researchers are opposed to the "one-size-fits-all" mentality espoused by so many BIPs and point to this attitude as a probable reason for the dismal performance of these programs in evaluation studies (Easton et al., 2007). This seems to be because perpetrators are simply too heterogeneous a group to benefit from a standard treatment. However, great strides are being made regarding the combination and integration of substance use programs (Easton et al., 2007) or anger management classes (Eckhardt, Samper, & Murphy, 2008) with BIPs which are showing greater success than the IPV groups alone. Alternative complementary interventions should be prescribed for offenders with significant anger problems, such as individualised psychotherapy, and other interventions specific to their particular problem (such as a substance use program).

### **Conclusion**

While the authors were talking specifically about state-level decision-making processes, I feel that the following statement by Maiuro & Eberle (2008) applies equally well to research

recommendations and practical implementation: “the best recommendations are the ones which foster the development of balanced, informed and ethical protocols for developing and updating standards of practice” (p. 40). It is only constant refinement and research in clinical settings that viable and effective programs can be developed; the need for interventions based on empirical findings remains the greatest obstacle to the creation of such programs.

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