



THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

COLLEGE OF SOCIAL WORK

COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES

UTAH COMMISSION ON CRIMINAL AND JUVENILE JUSTICE

S.J. QUINNEY COLLEGE OF LAW

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DOMESTIC VIOLENCE TREATMENT PROGRAMS WHAT WORKS, WHAT DOESN'T

8-1-13

About Me...

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- Assistant professor and chair of forensic social work at College of Social Work, University of Utah.
- Director, Utah Criminal Justice Center
- Co-editor of Journal of Forensic Social Work
- Clinical Director at LifeMatters Counseling & Health Center.
- Worked with offenders and victims of crime for 20 years.
- Specialties include forensic social work, restorative justice, domestic violence, sexual abuse, empathy, juvenile delinquency

Guiding questions for today:

1. *What do DV offenders do in treatment?*
2. *How effective are DV treatment programs?*
3. *Are some programs more effective than others?*
4. *What are the characteristics of effective programs?*

Overview of Batterer Intervention Programs

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- *Duluth Model*
 - *16-50 weeks of group therapy*
 - *Largely psycho educational*
- *Derived from Feminist Theory*
 - *Issues of Power and Control*
 - *Patriarchy*
 - *Male Privilege*
 - *Socialization that supports violence against women*
 - *Challenge men's perceived right to dominate their partners,*
 - *Re-educate men to respect women, and to form more egalitarian relationships*
 - *assumes that violent men have deficits in controlling their anger and in their relationship and communication skills.*
 - *Often adds CBT to introduce anger management techniques to promote non-violent behavior (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005; Gondolf, 2007; Stuart, Temple, & Moore, 2007).*

How effective are DV offender treatment programs?

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- There are relatively few high-quality evaluations of BIPs that assess violent recidivism.
- Among those studies, BIP has proven to be consistently *ineffective or minimally effective* in curbing abuse (Babcock, Canady, Graham, & Schart, 2007; Dunford, 2000; Dutton et al., 2003, Feder & Dugan, 2002; Feder & Wilson, 2005; Klein, 2009; Labriola, Rempel, & Davis, 2005).

Research on BIPs

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- A randomized study conducted in Broward, Florida found no significant differences in recidivism between batterers who did and did not have treatment (Jackson et al., 2003b, p.1).
- In addition, there was no indication that those who received treatment modified their attitudes toward DV (Jackson et al., 2003b).
- In another study in Brooklyn, New York, batterers were assigned to one of two experimental groups (8- or 26-week programs) or to a control group. Neither experimental group changed batterers' attitudes toward women or DV (Jackson et al., 2003b).

Comparing different treatment programs

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- Two meta-analyses indicate either a small deterrent effect or no effect (Babcock et al., 2004; Feder & Wilson, 2005).
- Furthermore, several studies have now found no matter whether the BIP program has a feminist, psycho-educational, cognitive-behavioral, or has elements of all three philosophies, it does not or only minimally reduces IPV (Babcock et al., 2004; Dunford, 2000; Gondolf & Jones, 2001).

Most recent research on BIPs

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- Mills, Barocas, Ariel (2012). The next generation of court-mandated domestic violence treatment: a comparison study of batterer intervention and restorative justice programs. *Journal of Experimental Criminology* 9(1), 65-90.
- Most rigorous study to-date on DV interventions
 - ▣ 2-year RCT
 - ▣ Found no significant reduction of DV recidivism
 - ▣ Found no difference between BIP and Circles of Peace

Promising DV Programs

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- Multi-Couples therapy (Stith, 2003, 2004, 2007)
 - ▣ Targets interpersonal dynamics
 - ▣ Addresses social desirability issues
 - ▣ But...Contract with victim is prohibited by statute until after 12 sessions of BIP
 - ▣ Most treatment providers shy away from couples work
- EMERGE
 - ▣ Based on cognitive and social learning principles
 - ▣ But...no rigorous evaluation to date

Current DV Study (SLC, UT)

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- 3 year-long RCT, started in February 2012.
- 175 offenders enrolled in study so far (152 in first study)
- Funded by NSF and NIJ
- Compares:
 - ▣ 18 weeks of BIP
 - ▣ 12 weeks of BIP + 6 weeks of Circles of Peace
 - ▣ 12 weeks of BIP + 6 weeks of Circles of Peace
- Track recidivism for 2 years
- Qualitative analysis of change process using video
- Interviews with offenders, victims, treatment and court personnel.

So...given that most DV treatment programs don't work, what now?

Characteristics of Effective Programs

Lowencamp, Latessa, & Smith (2006), Andrews & Bonta (2010)

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Evidence strongly indicates that TREATMENT is more effective in reducing recidivism than PUNISHMENT.

But Not All Treatment Programs Are Equally Effective

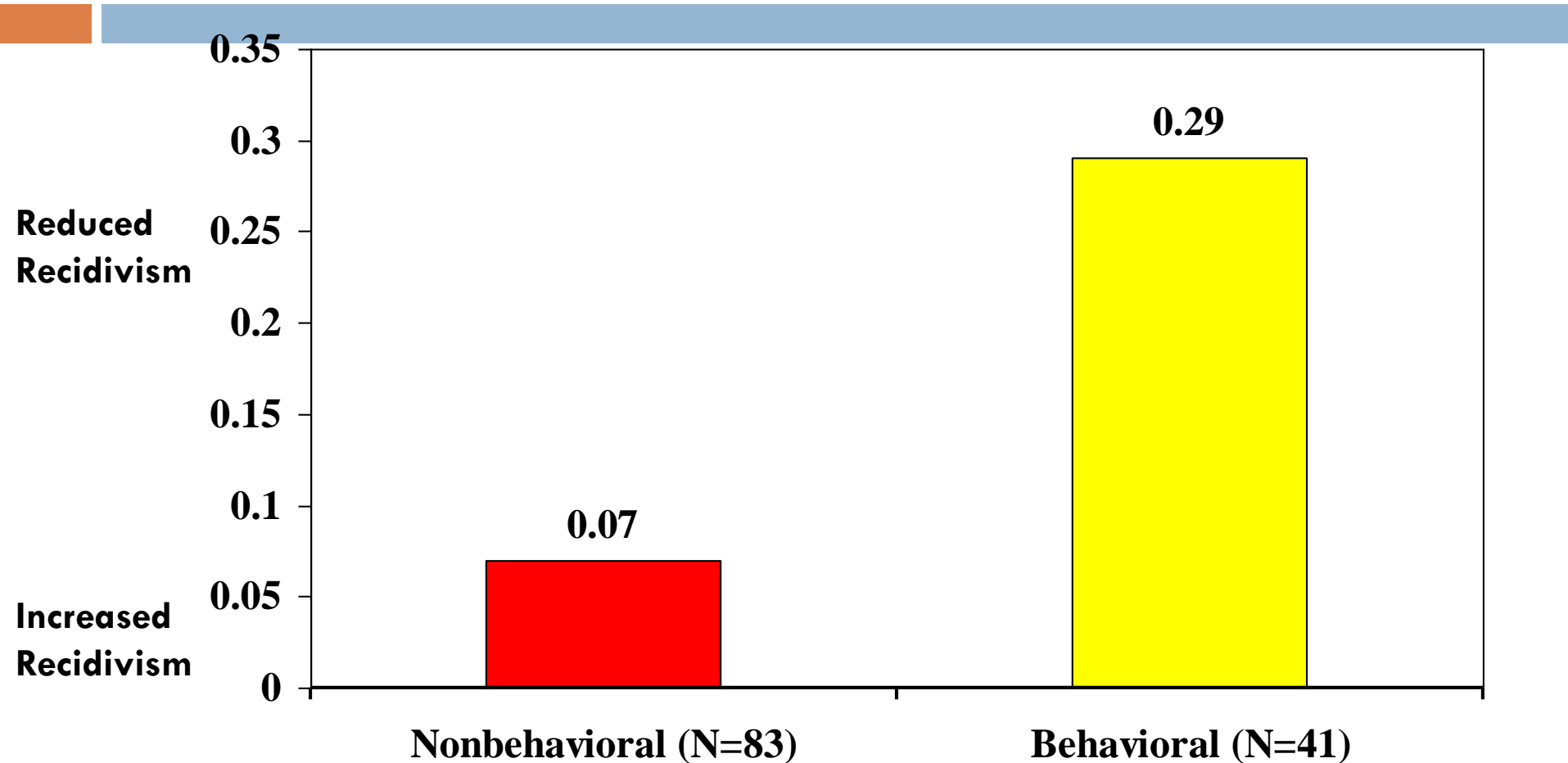
Absent rigorous outcome research on a given program we can evaluate a program using the principles of effective interventions.

We know that certain qualities of a program are strongly correlated with reductions in recidivism.

5 Dimensions of a Good Program

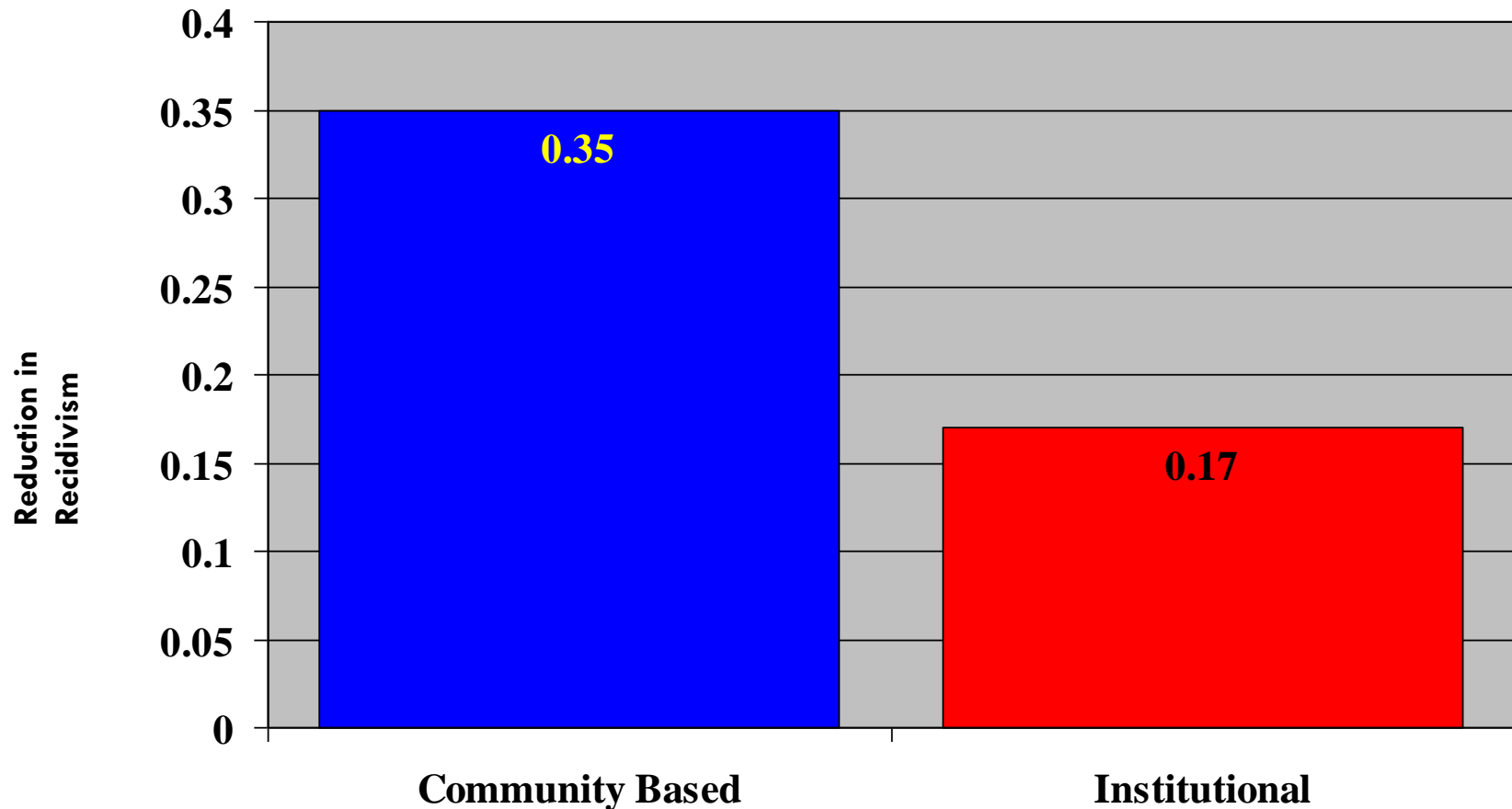
1. Leadership and Development
2. Staff Characteristics
3. Quality Assurance
4. Offender Assessment
5. Treatment Characteristics

Behavioral vs. NonBehavioral



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University. The N refers to the number of studies.

Community Based versus Institutional Programs: Results from Meta-Analyses of Programs Based on Principles of Effective Treatment



Source: Gendreau, P., French, S.A., and A. Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project.

Principles of Effective Intervention

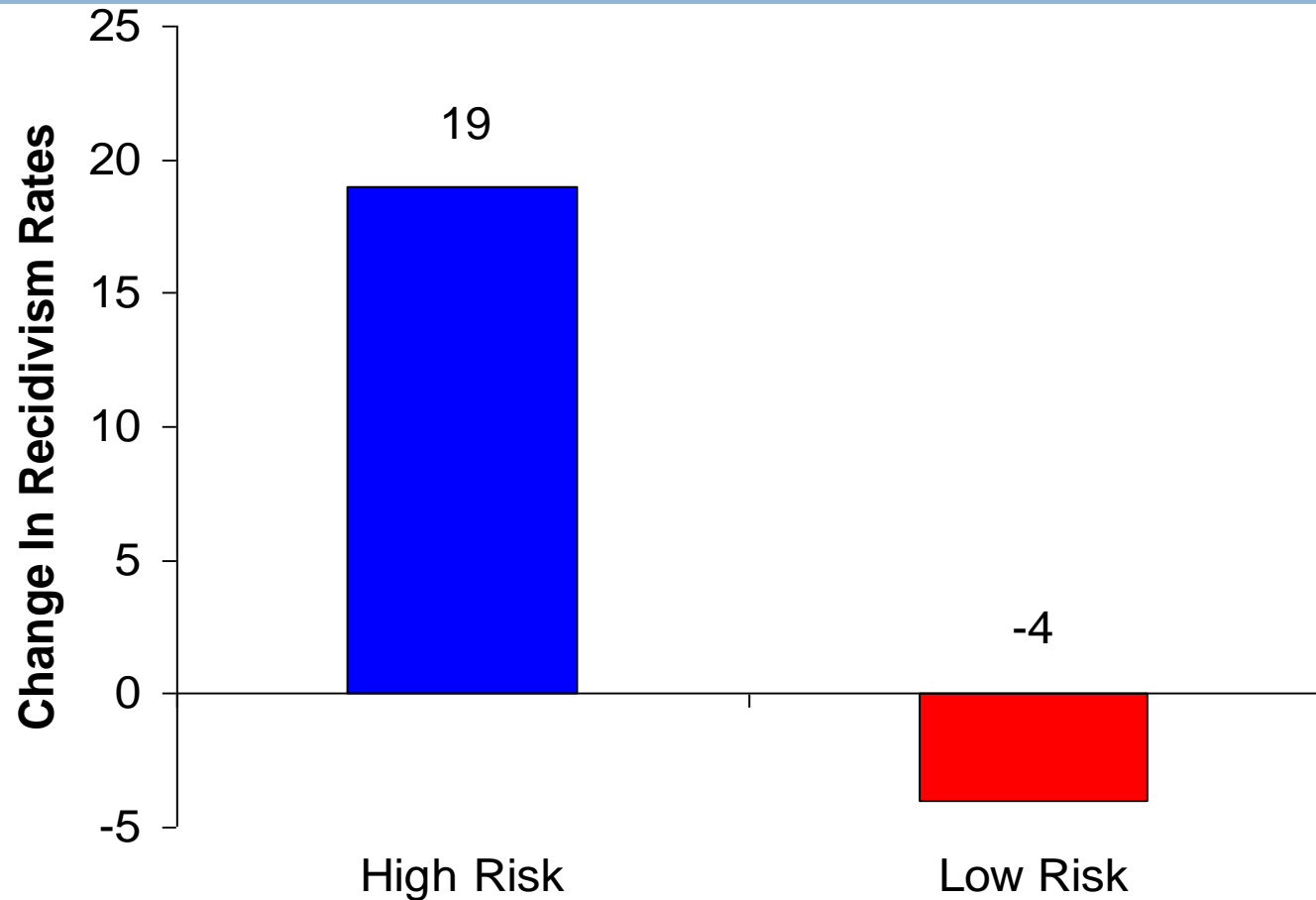
- Risk Principle – target higher risk offenders (WHO)
- Need Principle – target criminogenic risk/need factors (WHAT)
- Treatment Principle – use behavioral approaches (HOW)
- Fidelity Principle – implement program as designed (HOW WELL)

Risk Principle

- Target those offenders with higher probability of recidivism
- Provide most intensive treatment to higher risk offenders
- Intensive treatment for lower risk offender can increase recidivism

The Risk Principle & Correctional Intervention

Results from Meta Analysis



Dowden & Andrews, 1999

Need Principle

By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism

Criminogenic

- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior

Non-Criminogenic

- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning

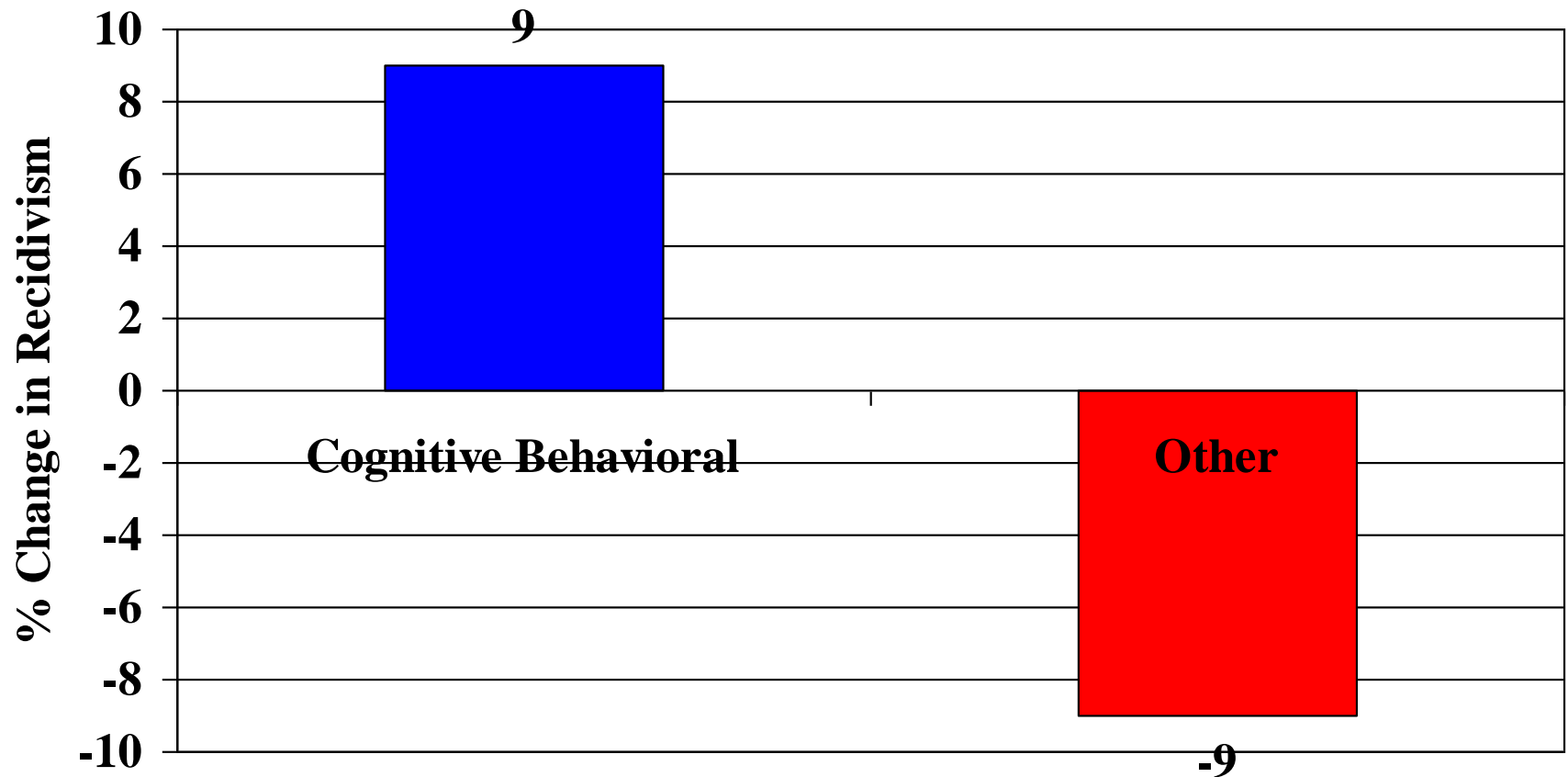
Treatment Principle



The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Offender behavior is appropriately reinforced

Relationship between Treatment Model and Treatment Effect for Residential Programs



Effective programs have certain characteristics:

- **Are based on research & sound theory**
- **Have leadership**
- **Assess offenders using risk & need assessment instruments**
- **Target crime producing behaviors**
- **Use effective treatment models**
- **Vary treatment & services based on risk, needs, & responsivity factors**
- **Disrupt criminal networks**
- **Have qualified, experienced, dedicated & educated staff**
- **Provide aftercare**
- **Evaluate what they do**
- **Are stable & have sufficient resources & support**

Effective Programs are Based on Theory and Research

- **Program development includes extensive literature review**
- **There is theoretical foundation to the program and its components**
- **The interventions are linked to criminogenic needs**
- **The staff understands the interventions, why they are being used, and how to apply them**

Some Goals of Assessment

1. To identify risk of recidivism
2. To identify appropriate offenders for programs
3. To identify criminogenic needs
4. To identify factors that can affect program success
5. To provide risk & need levels that will facilitate development of case plan
6. To facilitate reassessment of offender to determine which risk & need factors have changed

*Ideally a process will be utilized that allows for all of these goals to be accomplished.

Classification & Assessment of Offenders

Primary measures have been identified

Best predictors of criminal behavior:

Static factors – past criminal behavior

Dynamic factors – crime producing needs

Best assessment method is the actuarial (statistical) approach

Best practices allow for risk management *and* risk reduction through effective treatment

Latest generation of instruments allow for measurement of change in offender

Effective programs assess offenders:

Program has screening criteria

Offenders are assessed on all major risk, need & responsivity factors

Assessment process is objective and standardized

Levels of risk, need & responsivity are determined by assessment process

Instruments are normed and validated

Maximizing the Assessment Process

View assessment as a process not a “one time” activity

Develop a flexible process that expands as needed

Standardize process and instruments

Make sure the assessment is accurate & correct errors

Make sure staff correctly interpret the results

Develop case supervision & treatment plan from the assessment results

Audit assessments on a regular basis

Train and retrain staff

Assign offenders to programs/groups based on assessment information

Share information with service providers

Reassess offenders periodically

Collect data & analyze

Periodically validate instruments with your population

Some Common Problems with Offender Assessment

- Assess offenders but process ignores important factors
- Assess offenders but don't distinguish levels (high, moderate, low)
- Assess offenders then don't use it – everyone gets the same treatment
- Make errors and don't correct
- Don't assess offenders at all
- Do not adequately train staff in use or interpretation
- Assessment instruments are not validated or normed

Most Effective Behavioral Models

- Structured social learning where new skills and behavioral are modeled
- Cognitive behavioral approaches that target criminogenic risk factors
- Family based approaches that train family on appropriate techniques



Social Learning

Refers to several processes through which individuals acquire attitudes, behavior, or knowledge from the persons around them. Both modeling and instrumental conditioning appear to play a role in such learning

The Four Principles of Cognitive Intervention

1. **Thinking affects behavior**
2. **Antisocial, distorted, unproductive irrational thinking causes antisocial and unproductive behavior**
3. **Thinking can be influenced**
4. **We can change how we feel and behave by changing what we think**

Ineffective Approaches

- ❑ Shaming offenders
- ❑ Non-directive, client centered approaches
- ❑ Bibliotherapy
- ❑ Freudian approaches
- ❑ Talking cures
- ❑ Self-Help programs
- ❑ Vague unstructured rehabilitation programs
- ❑ Medical model
- ❑ Fostering self-regard (self-esteem)

Effective programs evaluate what they do:

- Quality assurance processes (both internal and external)
- Assess offenders in meeting target behaviors
- Track offender recidivism
- Have an evaluator working with the program

Thank you!

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