

**Effective Domestic Violence Intervention Programs to Lower Recidivism Rates for Male
Offenders**

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**A thesis submitted to the faculty of Guilford College
in partial fulfillment of the requirements for
the Honors Program and Departmental Honors
in Justice and Policy Studies**

April 23, 2024

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Effective Domestic Violence Intervention Programs to Lower Recidivism Rates for Male Offenders

Domestic violence is a serious issue which can affect the safety and wellbeing of the victim and anyone else facing abuse (Aymer, 2008). While there may be a variety of services for the victims, it is also important to address ways to reduce the occurrence of domestic violence to result in greater safety for victims and reduce recidivism. Through the revision of intervention programs, there can be opportunities to improve and to make them more effective. Most intervention programs are court mandated and serve to try and rehabilitate the offenders (Barner & Carney, 2011). Domestic violence, which is also known as intimate partner violence (IPV), consists of physical, sexual, and emotional violence (Herman et al., 2014). This issue is important to address as about one in four women face IPV within their lifetime (Lawrence et al., 2021). Assessing the efficiency of different intervention models could help reduce harm against women.

This project will highlight the significance in working to develop intervention programs to help women and families who are at risk. The literature will discuss the history and process of the Duluth Model and ACT as well as looking at the recent Iowa State University study examining the differences between the two. Due to the nature of the programs, methods of assessment will be offered for interventions in reviewing a combination of the models to see where the BIPs function well and not so well. There are a variety of ways to assess the kinds of IPV and using different tactics to best target the violence. Research may point to the need for a change in interventions to lower recidivism with a greater impact.

The Problem

The problem is domestic violence intervention programs also known as batterer intervention programs (BIP), can have mixed results especially when derived from those using

the Duluth Model (Eckhardt et al., 2013; Goodmark, 2018). When dealing with domestic violence, there should be special attention to BIPs and knowing which program works best. Not all programs work well for all people, so it may be beneficial for intervention programs to tailor to the situation of the perpetrator instead of offering the same treatment for everyone (Barner & Carney, 2011). The most used method is the Duluth Model and various others have developed over time (Barner & Carney, 2011). By identifying more modern and effective methods, BIPs could be improved and have results to reflect lower recidivism rates of IPV.

Those most affected by IPV are the partners and family members victimized by the perpetrator. The focus of the problem will be concerning assessing BIPs for heterosexual relationships where males are the perpetrators. While there is also a considerable number of men who face IPV, heterosexual women tend to be the biggest demographic who face IPV and who result in injuries and deaths at a more severe level (Goodmark, 2018). This can have lasting consequences since IPV can affect a mother's parenting and in turn affect the upbringing of the child; a study found sons who grew up with parents engaged with violence were more likely to do the same in their adult relationships (Aymer, 2008). IPV is also extremely costly to society, as about \$5.8 billion annually is spent on healthcare costs (Lawrence et al., 2021). By identifying BIPs and tactics which are more effective in reducing recidivism and violent behavior, perpetrators can receive more specialized treatment.

To assess the efficiency of a program there are various components to consider. The program should be attempting to lower the frequency of recidivism and overall rates in domestic violence convictions for felonies or repeated misdemeanors. The program will be for perpetrators who are court mandated as well as for those who want to join voluntarily. For those who are court mandated, if they fail to complete the program there should be a consideration for arrest or

a fine. The goal is to also assess what ways the frequency and IPV behaviors were lowered and with which tactics and BIP model.

Root Causes

Identifying risk can help an intervention program properly provide the perpetrator the support they need based on these factors (Zarling & Russell, 2022). Studies show BIPs in general have not had a substantial impact at lowering recidivism (Zarling & Russell, 2022). Ideally BIPs attempt to cut down IPV so a program should be reviewed when it does not seem to be working. There are a variety of reasons they may not be functioning, but it is worth looking into since it can continue to affect victims and families. General intervention program approaches could benefit from catering to the individual needs of the perpetrator which more than likely differ from other participants depending on the frequency, type, and reason for being violent (Zarling et al., 2020). A clear understanding of the perpetrator and their thoughts, actions, and beliefs could play a key role in how an intervention is carried out.

There has also been recent research to implement evidence-based practices by developing the principles of effective intervention (PEI) to create more effective BIPs (Radatz et al., 2021). These practices hold opportunities to make changes and advancements. PEI uses “risk, need, and responsivity (RNR)” to assess and identify the risk factors a perpetrator has in committing crimes (Radatz et al., 2021, p. 611). Assessing information surrounding the perpetrator could help BIPs in knowing how to address him as an individual. Receiving help such as therapy to take care of underlying and surrounding IPV factors may be what they need to avoid reoffending.

Underlying Offender Issues

Perpetrators can have a collection of underlying issues either associated or separate from the IPV itself. There is also a correlation between perpetrators having adverse childhood

experiences like exposure to abuse from a young age, substance abuse, having family engaged in crime, and seeing IPV in their own home (Goodmark, 2018). Issues with family abuse starting from a young age can stem a cycle of violence which has the ability to impact more generations with the mark it leaves behind. Another underlying issue for IPV is substance abuse. Goodmark (2018) found as much as 70 percent of men who were violent also abused alcohol. This means it would be suitable for the BIP model to help with addressing how alcohol ties into the IPV behavior of the participant. Research found perpetrators who were involved in IPV behaviors were also linked to often having mental health problems which in turn could affect BIP treatment (Morrison et al., 2022). In order to give offenders proper treatment, they may require therapy and to deal with past experiences, traumas, and their inability to cope with particular thoughts and feelings.

Literature Review

The literature review is focused on the components of the Duluth Model and ACT which have been used as BIP models. Understanding the basic framework and reasoning behind the two could reflect where they lack sometimes or where they excel. The general BIP intervention model used is the Duluth Model which will be analyzed alongside Acceptance and Commitment Therapy (ACT) to examine whether it would be worth looking into changing the current models for a more developed program. Identifying gaps could give opportunity to see what works best to modify for the future. Using the classic Duluth Model to combat certain perceptions and thoughts when it comes to the roles between men and women. The help of clinical therapy through ACT and working with the participant to acknowledge how they feel and using it. Assessing and modifying these approaches can help build up a BIP exponentially. It is important

to not only look at the most commonly used model (Duluth), but also new ideas and methods which may have components which could enhance a BIP.

Duluth Model

There were advances in the later part of the 20th century in terms of women's empowerment and support for victims of domestic violence which brought up the Women's Shelter Movement and the Battered Women's Movement in the 1970s to advocate for greater help to victims (Barner & Carney, 2011; City of Duluth, 2017). Advocates fought for there to be services such as shelters and they worked to raise awareness for women who were subjects of domestic abuse (Feazell et al., 1984; Barner & Carney, 2011). In 1981 the Duluth Model was created for domestic violence intervention programs for perpetrators with the intention of altering both their behavior and mindset (Paymar & Barnes, 2007; City of Duluth, 2017).

The Duluth Model looks at the patriarchal views of society and the way it affects the behavior of males to maintain dominance (Barner & Carney, 2011). The model attributes the violence from males to the societal norms, privilege they have, and the control they impose on women (Olson, 2015). Of BIPs surveyed nationally in the United States, a bit over half of them said they incorporated the Duluth Model to promote positive traits and attitudes which the perpetrator may not have had before (Herman et al., 2014). The Duluth Model attempts to break down sexism by targeting what the male believes and expects in terms of gender (Aymer, 2008). An integral part of the intervention includes understanding the power and control wheel which shows how men can control women in a variety of ways (Bohall et al., 2016). A study done by Herman et al. (2014) found the completion by the perpetrators who went through the Duluth BIPs did not lower recidivism long-term however, violent behavior and attitudes lowered soon

after going through the program. The BIPs generally have mixed results regarding effectiveness (Barner & Carney, 2011).

The Duluth Model continues to be the most widely used type of intervention program and its foundation is based on concepts of control and power from males to females (Bohall et al., 2016). Additionally, it is even the suggested model for programs in North Carolina and at one point was used for most states in the United States according to the North Carolina Domestic Violence Commission’s Batterer Intervention Committee & North Carolina Council for Women and Youth Involvement (NCDVCBIC & NCCWYI, 2019). The framework’s focus on dominance works to make batterers understand the intentions behind their actions (Pence & Paymar 1993).

Figure 1

Power and Control Wheel.



(NCDVCBIC & NCCWYI, 2019).

Acceptance and Commitment Therapy

ACT stemmed from concepts of cognitive behavior therapy which later split and developed to include how language and verbal behavior affects someone (Dixon et al., 2020). ACT has been used for a variety of other interventions such as anxiety, depression, and other psychological illnesses (Montgomery et al., 2011). It does not try to change how the individual thinks, instead it encourages them to recognize their perceptions and tie their values towards positive behaviors (Springer, 2012). Some values which could help the participant would be in trying to become a better partner, father, and learning to communicate well (Zarling et al., 2020). The premise is for the individual to accept what they are feeling and to learn how to work with those feelings instead of challenging or attempting to get rid of them (Springer, 2012). It has had effective results come from its use in other interventions like substance abuse (Dixon et al., 2020). Long term changes were maintained in ACT interventions for skin picking, psychotic symptoms, and other types of unwanted behavior (Dixon et al., 2020). ACT has only been recently applied to IPV, which is why there are a very limited number of BIPs which have tested its effectiveness (Wagers & Radatz, 2020). ACT molds itself to the needs of the individual receiving help which would be useful in handling different people with specific problems as well as underlying problems which often accompany IPV (Montgomery et al., 2011).

Iowa State University Study

While the Duluth Model has predominantly been used for BIPs in the United States, ACT has not been as commonly used for BIPs in handling IPV. The only study which took the initiative to compare the two was an Iowa State University study that used the concepts of ACT to test the difference between this new framework with the Duluth Model in a court ordered BIP (Wagers & Radatz, 2020). The study began with assessing how intense the domestic violence

was from individual perpetrators to provide help based on how much services they needed (Zarling & Russell, 2022). The way they treated perpetrators was by using ACT to help them identify their values and redirect their behavior (Zarling & Russell, 2022). The therapy was used to deal with not only the violence but other issues such as “antisocial patterns, criminal thinking, unhelpful peer relationships, substance abuse, poor family relationships, and lack of meaningful work/ school/leisure activities” (Zarling & Russell, 2022, p. 328). The Duluth Model side of the study treated its perpetrators by creating an atmosphere of open discussion surrounding their beliefs and challenging them by learning about core Duluth concepts such as how they use their power and control through certain behaviors (Zarling & Russell, 2022).

The study split participants between the Duluth and ACT treatments with a similar number of participants, dropouts, and class time/sessions (Zarling & Russell, 2022). Overall, the study 1-year follow-up found those who went through ACT, were significantly less likely to receive any other types of charges including violent and nonviolent when compared to the Duluth participants (Zarling & Russell, 2022). They also engaged less in IPV behaviors according to victim reports and did not reoffend as often (Zarling & Russell, 2022). The study attributes the identification and application of values and self-goals as practical in getting perpetrators to use what they learned outside of the BIP (Zarling & Russell, 2022).

BIP Assessment Strategies

The literature has a variety of assessments for BIPs including some surveys made for the perpetrator to fill out and others by the victim. Gilfus et al. (2010) mentioned an Abusive Behavior Inventory which looks at the past half year and understanding the physical and mental abuse used. A victim assessment called the Danger Assessment used the experiences of the victim to collect similar data of specific violent behaviors used (Gilfus et al., 2010). Women’s

Experiences with Battering (WEB) Scale would also look at a victim's experience but collect information about the general overview of what happened to the victim by the abuser (Gilfus et al., 2010). The Psychological Maltreatment of Women Inventory looks distinctly at mental abuse. Bohall et al. (2016) mentioned a violence risk assessment which was similar to the RNR assessment. Zarling & Russell (2022) collected various forms of assessments including the Conflicting Tactics scale, the Controlling Behavior's Scale, Stalking Behavior's Checklist, and the RNR Assessment. Finally, NCDVCBIC & NCCWYI (2019) has a lethality assessment to see the lethal risk factors of the participant to see the level of danger they can pose in the household. Information collected does not only come directly from the participant but also recorded during sessions, through their criminal record, and from other areas like caseworkers (NCDVCBIC & NCCWYI, 2019).

Proposed Program Assessment

The suggested program assessment will review how the Duluth Model and ACT work within the Iowa University Study. Even though there is mixed evidence for the Duluth Model, and ACT is relatively new in dealing with IPV, the different parts of both could be used to improve what has generally been used as simply Duluth or Duluth-oriented with the focus of components and tactics. The Iowa State University study is court mandated with the two models being assessed individually to see the difference in treatment results.

Program Requirements

A program should establish values and goals so the perpetrator is specifically interested in going in the direction of reducing violence to handle situations. Therapy follows typical ACT methods of getting BIP participants to realize and work through their feelings and promote their personal motivations to use positive behaviors and skills to manage conflicting emotions (Zarling

& Russell, 2022). ACT has the ability to apply its methods to more than one thing at a time. Rosenbaum & Leisring (2003) suggest perpetrators are more likely to have post-traumatic stress disorder as a result of their past experiences with abuse which should be considered when providing treatment because it relates to the violence they impose on their partner. What seems appealing and practical about ACT is the potential sessions can have to also help them manage their personal issues whether they be related to mental health, addiction, self-control, or past and present traumas.

BIP Model Impact on Perpetrators

Even though Zarling & Russell (2022) found recidivism and violent behavior was lowered with ACT, the Duluth component could be useful to getting perpetrators to understand and shift their thoughts. Perpetrators who reoffended were more likely to redirect blame and be in denial of wrongdoing which is where the tactics of the Duluth Model can help break down and change patterns (Aymer, 2008). Since the Duluth Model specializes in the comprehension of societal and gender norms, it would be able to help the perpetrator realize their preconceptions about gender roles and expectations and how to go about their thoughts and actions differently. This is how the power and control wheel would help the perpetrator identify the kinds of tactics they could use to impose control over their partner (NCDVCBIC & NCCWYI). Some data collected suggested some perceptions before treatment included thinking their partner provoked the violent behavior, or how men deserved to have the dominant role in relationships (Bohall et al., 2016). This can be paired with ACT in realizing what they were doing and noticing what ways it may affect their partner. Aymer (2008) suggests psychodynamic help for the perpetrators beyond looking at gender preconceptions because there can be factors which affect them psychologically such as whether the offender grew up with family violence in the household.

Simply, the two models can be assessed for their advantages and disadvantages of the program for perpetrators and victims.

Participation and Retention

A way to maintain BIP participation from the perpetrators would be to make the treatment more personal to the perpetrator. Similarly, to how ACT promotes change, through getting the perpetrator to follow their set of values to change (Zarling & Russell, 2022). A way to keep participation and make the perpetrator feel as though they have a form of motivation may be for them to establish self-determined goals at the beginning of treatment to make the process more personal and practical to them. Since participants are generally court mandated, they may often be taking the treatment involuntarily and have no interest in changing (Lee et al., 2014).

It would help in creating a plan to work towards achieving their goals and moving in the direction of value-based behaviors simultaneously. Goals may make them feel as though they are in control of themselves throughout the treatment process while also making them “accountable for solutions rather than responsible for problems” (Lee et al., 2014, p. 243). A BIP could benefit from having participants create several goals based on their values in the beginning of treatment to keep them engaged and help them change throughout treatment.

Assessment of BIPs can look at the success of ACT and the foundational base of Duluth components and use self-determined goals. BIPs are responsible for attempting to lower domestic violence recidivism and bringing forth positive change. Implementing assessment methods to test what works would bring the opportunity to improve programs using the data.

Limitations

There are several limitations when it comes to evaluating BIPs. Aside from the Iowa State University study, there are relatively few studies on using ACT for BIPs which makes it

difficult to justify ACT. There also seems to be a lack of understanding what specific components of models are the best at lowering violent behavior. Is it using therapy? Is it value-based redirection? What about a combination of tactics? To improve, data needs to be collected surrounding how well individual tactics perform.

Considering BIPs do not have a significant effect on bringing down recidivism rates, there should be an initiative to analyze why current interventions are not as effective as hoped (Zarling et al., 2020). To tackle this gap, there should be further research on what works the best and science-based interventions to advance and develop efficient treatments for perpetrators and bring justice for the victims who may not see changes come from the BIPs. Ideally, not only should Duluth and ACT be looked into, but different approaches as well to try and identify if there is anything else with beneficial outcomes. There is much to be studied and evaluated for the advancement of BIPs.

Assessment Tools

To assess the program, qualitative and quantitative data would be collected. There would be several assessments for matching risk factors for treatment, crime and recidivism rates, violent behavior, and tactic effectiveness. Most of these are based on the assessments used from the Iowa University study and other BIP articles. The RNR assessment would look at risk factors the perpetrator has in committing crime before they begin the program to identify the kind of help and the amount they would need to get proper treatment. Other assessments would include reviewing recidivism rates in domestic violence charges, nonviolent crime, and violent crime at the beginning of the program, at the end, and following up 1 year and five years after they completed the BIP through quantitative data. For information about violent behavior, victims of the IPV could participate (out of willingness but without obligation) to give qualitative and

quantitative data about how the perpetrator did before versus after the program in decreased or increased violent behaviors, what types, and intensity. Lastly, the tactics used in the program should be evaluated to determine which had the greatest impact on the perpetrators, qualitative surveys conducted before, during, and after treatment.

Programs should be continuously assessed to review and improve BIPs and to recognize if the results are not practical. There will be room for change by identifying where the problem lies, or seeing what gets in the way of progress. If assessment results show recidivism and violent behaviors are not going down, the collected information shows how the BIP and its participants have progressed. If assessment results found positive treatment results, then it would be advantageous to know and share it to help further develop other BIPs. There is so much opportunity to gather data through a program, BIPs should take advantage of the patterns they see.

Recommendations for Future Research

There is limited information on how well intervention programs work and knowing if the tactics are practical to reduce recidivism (Eckhardt et al., 2013). Results and data should be analyzed in the short term and long term to understand the lasting outcomes obtained from BIPs. More studies should be conducted using the different types of models and techniques supported by research to work, however it can be challenging to figure out how well a program performs right away. Annually about half a million men and women are mandated to attend BIPs (Taft & Campbell, 2023). Yet there are still gaps in recent research on its efficacy or how to improve BIPs. We need better assessment methods—ones that can assess individual tenets or tools within a program like Duluth. Only then will we be able to create better performing BIPs and create

lower recidivism rates. Considering how many people are placed in these programs, there should be more motivation to ensure they are as functional as possible.

Conclusion

Improving and developing an intervention program could lead to many positive outcomes. It would help in reducing the violence faced by partners, victims, and families. The cycle of violence within the family would be disrupted if the perpetrator were to change, which would help with the therapy. Assessment should be used to identify the ways in which BIPs can function most effectively and in their approaches when treating perpetrators. BIPs should be able to have results it can back up if it continues to be the alternative option to incarcerating and handling perpetrators.

Intimate partner violence has grave consequences which can range from simple to critical injuries to even death (Taft & Campbell, 2023). It affects the lives of others by impacting partners and can even affect the kids regardless of whether they are abused as well. The challenge with current batterer intervention programs is the lack of data indicating their success. This all conveys the need for better assessment tools and renewed research. Only then might it be apparent what IPV models work the best or what newer intervention models are potentially more successful in curbing recidivism rates.

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