

Monitoring Compliance with Batterer Intervention Standards: A Survey of Leaders of Statewide Domestic Violence Coalitions

ABSTRACT

A survey of leaders of statewide survivor services coalitions (N=40) examines opinions about batterer intervention standards and monitoring mechanisms. Results suggest that specialized domestic violence training and collaboration with survivor services professionals are of highest concern to respondents. Also, monitoring mechanisms that rely on the criminal justice system were not favored as highly as licensing as a means of assuring compliance with standards by providers of batterer intervention services. This study highlights the importance of further work in the areas of standards, monitoring mechanisms and collaboration between criminal justice, survivor service providers, and batterer intervention providers.

It is common to hear that once a man hits his wife or partner that he will never stop. Contrary to this popular myth, while there are some men who continue abuse without regard to any sanctions placed on them, most men who assault their female partners do stop being violent at some point after being arrested (Gondolf, 2002). However, we still know relatively little about what motivates this change, and how communities can intervene effectively in domestic violence. What roles do community based programs for offenders have as part of this intervention? How should these programs be monitored? This study will shed some light on these questions, or at least provide information that inspires continued debate. It will also provide information about how intervention programs should be monitored by identifying which components respondents considered most important. In order to do this, I created a survey for

leaders of statewide survivor services coalitions, based on the assumption that this stakeholder group would likely be involved in this issue.

Research Perspectives on Batterer Intervention

Overview

In order to understand the role of batterer intervention as a tool for stopping domestic violence, it is important to first understand how these programs developed. Reviewing some of the trends and research in the area of domestic violence, and then intervention methods in particular, will help to frame an understanding of how communities approach this issue.

Evolution of Intervention Programs

In 1968, nearly one of every four men in the United States approved of the use of violence by husbands against wives (Straus et al., 1997). Since then, many changes have been made in the way society deals with assaultive behavior in intimate relationships. Most significant of these changes is the increasing emphasis on arrest and criminal justice intervention. As the criminal justice system becomes increasingly involved in handling domestic violence offenders as criminals, the need to find appropriate formal interventions has increased. One of the approaches to this problem is to provide some kind of education or treatment to violent men, which this paper will refer to as batterer intervention. This treatment, usually ordered by the court, was designed to fill a gap between simply putting offenders in jail or not enforcing any consequences at all. Because of lack of experience about what types of intervention really impact violent behavior, victims and criminal justice professionals, along with battered women's advocates and other human service professionals expressed mixed feelings about what should be done with domestic violence offenders. While incarceration clearly provides the most immediate

safety benefits to victims and society in general, the long-term consequences are unknown, including the belief by some people that incarceration could actually end up putting victims at increased risk. So, alternative treatments and intervention strategies were developed from a number of perspectives. Batterer intervention programs which focused on educating offenders about the nature and consequences of their behavior began to proliferate all across the United States.

Some of the earliest batterer intervention programs began in the late 1970s, almost always as part of the feminist movement and grassroots organizing around the issue of domestic violence. In the 1980's, more programs sprouted up around the country due to a convergence of factors. Advocates for battered women, usually paraprofessionals from domestic violence shelters, sometimes formed programs in response to the concerns of battered women themselves that their partners get some kind of help. Other programs were initiated by probation departments in response to domestic violence becoming more of an issue for criminal justice agencies, usually due in part to the insistence of battered women's advocates that partner violence carry some kind of consequence for perpetrators. Finally, some mental health clinicians and substance abuse programs developed or supported the development of programs for batterers, or at least began to identify domestic violence as a problem requiring specialized intervention (Hamberger & Hastings, 1991; Tolman & Bennett, 1990). By the 1990s, it became clear to most professionals that batterer intervention programs were growing at a far greater rate than was our knowledge of what batterer interventions should be, or what factors make them effective. In fact, many people in the domestic violence field became concerned that some programs were taking advantage of the growing numbers of criminal justice referrals available, and setting up programs to maximize profits by taking as many men as possible through the

program in the least amount of time, claiming high rates of “success,” with little regard to the impact of intervention on battered women (Davis & Smith, 1995).

State Standards for Intervention Programs Related to Effectiveness

In response to the diversity of approaches and concerns for victim safety, many states began to provide guidelines of some sort for batterer intervention programs to follow. Many of these guidelines have since become legislated or otherwise mandated as standards of practice, and many more have been created or are in process. Here in Michigan, statewide standards for batterer intervention were completed in 1998. Similarly, many communities have adopted some form of coordinated community response, both as a means to hold batterer intervention programs accountable, and to improve domestic violence intervention in general. Researchers and professionals in the field of domestic violence have differing views on the effectiveness of batterer intervention, issues related to standards, and issues related to coordinated community response. This paper will review some of these perspectives, in order to better understand the role of batterer interventions, and how they should be monitored.

Before addressing issues related to effectiveness, standards, or coordinated community responses, it is important to review some characteristics of batterer intervention in general. Batterer intervention is a form of education or treatment for men who assault female partners, usually ordered by a court as an alternative to other criminal justice sanctions. Approaches vary depending on the beliefs of the practitioner regarding the cause of battering and related abusive behavior, and beliefs about what motivates or enables people to change (Hamberger & Hastings, 1991; Gondolf, 2002). For example, practitioners who believe that domestic violence is solely a choice of the batterer, intended to leverage power in the relationship, will focus on confronting this choice and educating batterers about the belief system(s) that support this choice, and the

long-term consequences of making this choice. Intervention providers who believe that domestic violence is caused by relationship or communication failures would provide intervention that focuses on developing relationship and communication skills. Any type of educational or rehabilitative intervention will likely be predicated on the assumption that change is possible and that domestic violence is not caused by biological or physiological factors. These differences will be addressed in greater detail in discussing effectiveness issues. However, it is important to understand that there is no set activity that is called batterer intervention, other than a person being ordered to attend.

In addition to theoretical differences, there is also a wide range of differences in the way the service is actually performed, such as individual, group, or family and couples' counseling (Hamberger & Hastings, 1991). These differences, referred to as modality issues, will be addressed further, primarily in the standards section of this paper.

It is also important to note that batterer intervention applies only to batterers who actually end up in a program, after being arrested and ordered by the court. Robinson and Chandek's (2000) comparison of 229 domestic violence complaints identifies some factors that impacted the decision to arrest, including the presence of the suspect at the scene (which made arrest more likely), and the suspicions of the officers regarding possible drug or alcohol use by the victim (which made arrest less likely). These results confirmed earlier research findings that batterers who leave the scene before the police arrive might avoid involvement with the criminal justice system. Similarly, Harrell (1991) found that batterers ordered into treatment were more likely to be married and employed, and less likely to have criminal records than batterers who faced other criminal justice sanctions.

Finally, it is important to understand that issues related to female perpetrators of domestic violence and domestic violence in same-sex relationships have been studied for such a short period of time, and so rarely, that these groups are not fairly included in a definition of “batterer” based on research and experience with heterosexual men. Domestic violence does occur in homosexual relationships and is perpetrated by women as well. The prevalence of domestic violence in these situations highlights the complexity of the issue, and complicates the debates about what intervention is appropriate, how much flexibility standards should allow in prescribing interventions, and whether mandatory arrest and subsequent criminal justice involvement are really the best policies toward domestic violence cases. For these reasons, reviewing issues of effectiveness, standards, and coordinated community response to these populations is not possible, and these types of offenders will not be discussed in this review.

In contrast, the issue of batterer intervention effectiveness has received a healthy amount of attention from researchers. However, that does not mean there is a general consensus about whether batterer interventions “work” or what definitions should apply to terms like “successful completion,” “recidivism,” and “accountability.” While most agree that there is some effect associated with batterer intervention (Brown & O’Leary, 1997; Brygger & Edleson, 1987; Davis & Taylor, 1999; Dutton, 1986; Dutton et al., 1997; Edleson & Myers, 1990; Gondolf, 1999; Tolman & Edleson, 1995), debate centered around how to interpret these results. In his comparison of two experimental evaluations of intervention programs, Gondolf finds two major areas in which definition issues seem to impact results: comparing persons referred to treatment with a control group without regard to attendance, and the inclusion of assaults during initial treatment as recidivist outcomes even though no intervention had actually taken place (Gondolf, 2001). Similarly to the studies compared by Gondolf, Tolman and Edleson’s (1995) review of

fifteen outcome evaluations found most studies defining success as the absence of physical violence based on official reports, victim reports, or some combination. However, the authors suggest including such measures as improved “survivor well-being” and “children’s well-being” as indicators of successful intervention. Only four of these studies had a comparison group, and only one study used random assignment of batterers to treatment and a no-treatment control group as part of its design.

In their commentary on batterer intervention evaluation studies, Bennett and Williams (2001) point out several factors that must be considered when interpreting program evaluations or experimental evaluations. They suggest that there may be reasons to consider a program successful even if the program’s ability to motivate batterers to stop violence is small, including keeping track of men while their partners plan for their own safety. Also, they conclude that re-arrest and self-reports are less reliable indicators of continued abuse than victim reports. Even so, Bennett and Williams contend that batterer intervention programs “have a small but significant effect” (p.15), but the causes of this effect are very difficult to sort out (Bennett & Williams, 2001). Similarly, Davis and Taylor’s (1999) synthesis of 31 program evaluations, quasi-experimental, and experimental studies concludes that batterer intervention does reduce recidivism, that there is not enough evidence to conclude that one form of intervention works better than another, and that some limited support exists for the idea that certain types of batterers can be identified and have different success rates in programs (Davis & Taylor, 1999).

While the majority of studies report that batterer intervention programs have a positive effect, some do not. As an example, Harrell’s 1991 study, one of the first quasi-experimental studies of batterer intervention, produced some surprising results. In comparing 227 treatment program participants in Baltimore with a comparison group of 115 men, she found treated

offenders were actually less likely to stop physical aggression, and not significantly more likely to stop severe violence, even though program participants could readily identify the educational content of the programs. She also found significant differences between men ordered to treatment and her comparison group, namely that treated men were more likely to be married and employed, and less likely to have criminal records. A very interesting finding was that while offenders were aware of the potential penalties for domestic violence, they assessed their own risk of incarceration as being very low, which may affect treatment motivation (Harrell, 1991). This finding becomes even more interesting in light of Buttell's 2001 study of 32 men who completed treatment in Mobile County, Alabama. Buttell found that intervention had no positive effect on batterers' level or moral reasoning, implying that batterers may continue to choose behavior based on perceived consequences rather than more abstract concepts of right and wrong. Although of limited generalization value due to sample limitations, the concept of intervention success being conditioned by the batterers' perceptions of consequences is worth further study.

An interesting new component of batterer intervention program evaluation is the specific training of research assistants to participate in delivering services at program sites before an evaluation takes place, combined with other extensive linkages intended to improve study design and perform the study without inadvertently putting victims at risk (Myers & Daly, 1997; Gondolf, 1999). This approach may result in a more sophisticated comparison of different treatment effects, and lead researchers toward isolating specific variables for study and incorporating aspects of the intervention system, of which batterer programs are just one part. Results from this comparison of 840 men at four sites around the country showed some positive effects on recidivism. Although there was not a statistically significant difference in re-assault

rates across programs, Gondolf asserts that the difference may have clinical significance and astutely points out that “the fact that 8% more men re-assaulted their partners at one site as opposed to another is of major consequence to the victims at that site” (p. 51). He argues that this difference, and significant differences in their ability to impact severe violence, is reason enough to encourage the use of more comprehensive and longer programs (Gondolf, 1999).

All in all, while there are still major misgivings about batterer intervention and a considerable amount of work to do in finding reliable ways to measure success and interpret findings, it seems fair to say that batterer intervention programs probably do have some positive effect on recidivism. Many questions remain about which factors most contribute to this effect, and whether or not batterer intervention program evaluation results can be generalized over different treatment approaches, even while approaches themselves continue to multiply.

Debate Over the Purpose of Standards and Monitoring Mechanisms

The debate over whether to encourage experimentation or provide strict boundaries around what batterer intervention can be has been ignited over the issue of statewide and community standards. According to a National Institute of Justice study of state standards for batterer intervention, 28 States and the District of Columbia had standards as of November 1996. Another thirteen (including Michigan, which had just begun the process of creating standards) had standards in process (Healey et al., 1998). Healey’s report also provided examples of problems in implementing standards: lack of programs to meet needs of referrals, and licensed professionals balking at the imposition of rules on their practices and filing lawsuits to question the authority of the certification body to enforce standards. The report concludes that “while controls are appropriate in a field where program malfeasance may jeopardize victim safety, too little is known about the efficacy of current interventions to create standards that stifle

innovation” (p. 91). As far as monitoring compliance with standards, usually through some form of certification of programs, 10 of the 28 states with standards identified the Department of Corrections as the certifying agency. Six other states identified a different administrative agency within the Executive branch, usually Public Health, Family Services, or Mental Health. Five states use statewide membership coalitions as the certifying agency; four of these are survivor services coalitions and one is an association of intervention programs. One state passed legislation creating local certification boards, two others rely on probation departments at the county level, and five states reported no monitoring or certification process at all (Healey et al., 1998).

Another way of “certifying” programs is through the distribution of State funds. Brandl’s 1990 discussion paper identified four states that fund batterer intervention projects, all of which tie funding to compliance with specific methods of treatment, or require participation in evaluation projects intended to inform the debate surrounding standards (Brandl, 1990). Brandl’s paper also identified the first four states to develop standards, namely California, Colorado, Massachusetts and Pennsylvania. California and Massachusetts roughly followed Colorado’s process of mandating standards through legislation and creating certification boards. Pennsylvania generated voluntary standards by bringing battered women’s advocates and batterer intervention providers together (Brandl, 1990). Six years later, 28 states had standards strikingly similar to Colorado’s standards, perhaps without thoroughly taking into account research conducted between 1986 (when Colorado’s standards were written) and 1996, when data was collected for the National Institute of Justice report (Healey et al, 1998).

Debates Related to Theoretical Frameworks

In contrast to the similarities between statewide standards created from 1986 –1996, researchers and practitioners became entrenched in conflicting theoretical frameworks during this period. Much of the heated debate this conflict generated centered on the issue of standards. Researchers usually either strongly supported standards (Bennett & Piet, 1999; Gondolf, 1988, 1990; Dankwort & Austin, 1999) or strongly contested them (Levesque, 1998; Sirles et al., 1993; Dutton, 1997). A study of the Illinois experience of setting standards highlights some of the major controversies (Bennett & Piet, 1999). The authors identify two main “camps” in the debate: mental health practitioners and advocates for battered women. Mental health professionals are represented as being concerned that standards get in the way of their right to treat people according to their own training and professional standards. Battered women advocates are represented as being concerned that intervention programs are not focused on victim safety. While Bennett and Piet acknowledge that their characterizations are overly simplistic, they do not point out that domestic violence professionals probably do not really occupy these discrete groups at all. It is entirely possible that, while some mental health practitioners may lack training in domestic violence, others were leaders in the field. Similarly, some battered women’s advocates were also mental health practitioners. This is an example of the common trend during this period to group people according to adversarial camps, rather than identifying common ground, what Bennett and Piet refer to as the “progressively polarized” arena of debate (p. 9).

In reviewing the Illinois experience with standards, the authors relate that a committee developed the standards over a period of ten years. This committee membership was made up of representatives of battered women’s programs, 37%; batterer programs, 50%; and government or

nongovernmental organizations, 6%. Problems with the Illinois standards included the length of time for certification, attempts to enforce criteria not specifically outlined in the standards, requirements of battered women's programs that they were not always willing or able to fulfill, and contradictions between standards and other best practice principles already established. Mentioned only briefly is the fact that standards for batterer intervention sometimes prompted the creation of standards for victim services, but no analysis is offered about the role of this gap in standardization on the development of standards or on the conflict between groups.

In general, Bennett and Piet indulge in the opportunistic perspective regarding research that was rampant in this time. The authors advocate for the "inclusion of a scientific perspective" (p.14), even while misrepresenting Harrell's 1991 study as an example of batterer intervention outcome studies showing negative results finally "making their way to the literature," as if this study were not one of the very most cited studies of the previous decade. This sort of slanted rhetoric makes it difficult to fairly evaluate the claims made by the authors. Somehow, with the increasing polarization, battered women's perspectives became synonymous with "unscientific," and mental health perspectives became synonymous with "dangerous," while the elimination of violence was not considered synonymous with "accountability" (Bennett & Piet, 1999; Adams et al., 1994).

By the end of the 1990's, different types of research began to provide support for specific arguments against standards. For example, Babcock and Steiner (1999) assert that research supports the use of couples therapy, relationship enhancement groups, motivational interviewing, dialectical behavioral groups, treatment directed at attachment issues, and specialized treatment for different types of batterers. They argue further that the presence of studies validating the use of these approaches, usually restricted by standards, shows that standards were created

prematurely. Babcock and Steiner's claim that confrontational psycho-educational groups, often mandated by standards may actually increase harm to victims sharply contrasts Gondolf's 1990 study that encouraged the replication of these "model programs," even suggesting that failure to achieve outcomes may be indicative of not following these models closely enough (Gondolf, 1990).

Fueling the fires of controversy regarding standards was a subset of domestic violence research that attempts to categorize batterers by types, and identify which types were amenable to which types of treatment (Saunders, 1990; Stuart & Holtzworth-Munroe, 1995). This research complicated issues relating to standards in two ways. First, it brought to light the possibility that batterers who persistently re-assault could be identified and potentially removed from treatment settings. If this were possible, it would likely increase effectiveness of programs and provide empirical support for tougher sanctions for batterers least likely to change. Second, it questioned the efficacy of "one size fits all" standards for intervention programs. However, other research did not find different types of batterers (Gondolf, 1999).

A good way to think about issues related to standards is to identify assumptions related to the purposes of standards and consider them in a new light. The Virginia Commission on Family Violence lists four goals of standards that seem generally applicable:

- 1) Foster uniformity in the philosophical and practical approach to the treatment of abusive partners
- 2) Assure that batterers will receive services that hold them accountable for their behavior and that maximize the safety of victims and their children
- 3) Provide criteria against which the performance and efficacy of a program can be measured and the need for programmatic changes assessed

- 4) Promote inter-agency communication and collaboration regarding batterer rehabilitation and victim safety (Virginia Commission on Family Violence, 1995, p. 49).

It is this last goal that seems to hold the most promise for the future of domestic violence intervention. The idea of coordinated community response requires that every part of the criminal justice system, and often other related community systems, work together to promote effective interventions in domestic violence.

Standards as Part of Collaborative Community Response

Most researchers recognize that one difficulty in evaluating the effectiveness of intervention programs is differentiating the intervention's effect from other factors in the community. Many researchers have begun to shift their focus from trying to find ways to isolate and measure treatment effects, or crafting standards that capture the right balance of innovation and uniformity, to creating research designs that take community factors into account (Gondolf, 1997; 2000, 2002; Murphy et al., 1998; Brygger & Edleson, 1987; Syers & Edleson, 1992; Williams & Becker, 1998; Shepard, 1992, 1999; Clark et al., 1996; Healey, 1998; Foster-Fishman et al., 2001; Dobash & Dobash, 2000; Ames & Dunham, 2002; Allen, 2001). In general, this research has found that other components of the criminal justice system's response do impact batterer intervention outcomes. Communities all around the country are using this information to address domestic violence in a more systematic way. This trend is driven at least in part by the availability of funding for new initiatives aimed at improving response. Funding from the Violence Against Women Act enabled the creation of the "Promising Practices Initiative," which sponsors pilot projects and provides technical assistance to communities attempting to develop coordinated community responses (Littel et al., 1998). This project funds

eight major projects and dozens of smaller studies. The potential benefits from these quasi-experimental programs, created in order to inform intervention systems, is enormous. Hopefully, a great deal will be learned about what factors in the community work together to intervene effectively.

Some research already suggests changes in the way different parts of the system work together. In a research project funded by the Violence Against Women Grant Office, Ames and Dunham (2002) assert that probation officers playing a more active role can impact victim safety by capturing assault information that is not reported or recorded elsewhere; collecting smaller violations into a “case” for revocation of probation when the officers are concerned for victim safety but have no major violation to prompt a revocation; and working closely with intervention programs to provide sanctions for noncompliance. The authors reached these conclusions after an exploratory study of 83 probation files, interviews with 24 victims, and court observations in Clinton County, New York. In her survey of 511 domestic violence coordinating council members from 43 counties in Michigan, Allen (2001) discovered that: coordinating councils can be effective in improving domestic violence intervention, the internal climate of the councils affected their effectiveness, and the external supports available to the councils had an impact as well. Allen recommends that council leaders get training on inclusive leadership and conflict resolution skills to increase their ability to get diverse groups working together effectively (Allen, 2001). In a study of 32 organizations in one Michigan County, Foster-Fishmann found that interorganizational alliances improved service delivery (Foster-Fishmann et al., 2001). Similarly, in an empirical study of 235 domestic violence cases in Baltimore, MD, C. Murphy, P. Musser, and K. Maton found that elements of criminal justice response work together to create a cumulative effect. The results showed that batterers who were most involved with different

elements of the system had the lowest recidivism rates, even though these batterers were the worst offenders (Murphy et al., 1998). Syers and Edleson (1992) also found that lower rates of recidivism were positively associated with the amount of involvement by various elements of the criminal justice system in their quantitative study of 358 cases in Minnesota, and Gondolf's multi-site experimental study found similar evidence for increasing systems involvement as predictive of lower recidivism (Gondolf, 2000).

In an even broader assessment, the Urban Institute funded a descriptive study of six communities that included criminal justice system, health care, alcohol and drug treatment programs, child protective services, and other social service agencies. The study found that specialized staff and training in coordinated intervention were factors that enhanced the success of community efforts (Clark et al., 1996). The authors also recommend community education and prevention education as important components of coordinated community response in order to reach previously neglected populations and promote cultural changes. O. Williams and R. Becker reach similar conclusions about the importance of community education after conducting focus groups with African- American men recruited from batterer intervention programs in San Francisco (Williams & Becker, 1999). These and other studies regarding coordinated community intervention in domestic violence suggest that changing widely held beliefs about battering is more important a goal than perfecting the art of intervening in individual instances of assault.

In conclusion, it is important to note that while there is a relative abundance of research on domestic violence intervention, there is not agreement about what this research really says about which activities are the best use of limited time and resources devoted to this issue. There is some agreement that batterer intervention has some positive effect, although very little is

known about which factors cause the effect. Debate about whether or not standards are a useful or necessary step in batterer intervention systems will likely continue relatively unabated until further research on the impact of standards is completed, and probably well beyond. Meanwhile, researchers who attempt to put together comprehensive models of coordinated community responses are making progress in identifying the importance of a system-wide approach. Many questions remain about how to best make progress in this area. In Michigan, for example, what should happen with the standards for batterer intervention adopted in 1998? Is it worthwhile to create a monitoring mechanism for these standards? What form might this monitoring mechanism take to increase involvement in coordinated community response rather than drive away important partners? Further research is needed as States develop more experience with monitoring mechanisms to assess the impact of standards as part of a coordinated response.

A fair amount of progress has been made since 1968 when nearly one in four men approved of husbands' use of violence against wives. In 1994, that number was down to one in ten (Straus et al., 1997). As in the case of measuring success in batterer intervention programs, this sort of difference can be seen as a significant sign of success or as abject failure. A significant change in the use of violence may still leave victims in serious jeopardy. In this sense, a commitment to batterer intervention will always contain an element of failure, making it the "only field a person can fail at for twenty-five years and be considered an expert" (unknown source quoted in Gondolf, 2002). The fact that most batterers stop being violent at some point (Gondolf, 2002), and the emerging understanding that interventions must involve whole communities, should motivate communities to intervene thoughtfully.

Current Study

Very little is known about whether standards make a difference in outcomes or which monitoring mechanism works best to enforce standards. No state has collected any information on the impact of standards on intervention outcomes. Here in Michigan, standards were adopted in 1998, with no plan for how to monitor compliance whatsoever. Information is needed about what components of standards are most important to monitor, and where certification or monitoring responsibility should be held with the state. Research is being done in the area of measuring levels of involvement by various domestic violence and criminal justice professionals in interventions, and the effect this has on outcomes. This type of approach, called coordinated community intervention, seems to hold the most promise for effectively intervening in domestic violence (Allen, 2001; Ames & Dunham, 2002; Babcock & Steiner, 1999, Clark et al., 1996; Foster-Fishman et al., 2001; Gondolf, 2000, 2002; Murphy et al., 1998; Shepard, 1999; Tolman & Weisz, 1995). However, very few states have any mechanism for monitoring or measuring that involvement.

Method

In this project, information was gathered about statewide standards for batterer intervention programs, and monitoring mechanisms related to these standards, in order to provide this information to policy makers in Lansing about what approach might work here in Michigan. It is hoped that this information will contribute to ongoing discussions about what role batterer intervention programs play in the larger coordinated community response to domestic violence. As the first step in gathering this information, leaders of statewide survivor services coalitions were surveyed about which components of standards are most important to monitor, and which approach to monitoring they most agree with. These leaders were also asked about their level of involvement in creating standards and monitoring mechanisms for standards. It is expected that

there will be a high level of involvement among respondents. It is also expected that respondents will identify collaboration between professionals as one of the most important components of standards, as recent research indicates that this type of working together may have the greatest impact on outcomes for batterer intervention programs.

Sample. The sample is a judgment-based sample of leaders of domestic violence survivor services coalitions in each of the fifty states. These coalitions were identified by reviewing lists available from national organizations including: National Coalition Against Domestic Violence, National Network to End Violence Against Women, and the Department of Justice Office of Violence Against Women. Domestic violence advocates in Michigan were also helpful in reviewing the list for any obvious errors or old information whenever possible. All survey participants were informed that the survey was voluntary and that their participation would remain anonymous. Participants were all adults, and there was minimal risk associated with completing the survey. The survey was completed over the phone, except in rare instances when completed surveys were faxed.

Survey. A survey was designed to gather information about levels of involvement in statewide standards for batterer intervention, opinions about the importance of monitoring various components of standards, and opinions about batterer intervention in general. Demographic information was collected about the size of the organization, based on number of member programs and estimated annual budget.

The first group of questions asked respondents to rate their involvement in creating standards for batterer intervention programs and monitoring mechanisms in two ways. First, respondents were asked to rate involvement on scale from “not involved” to “very involved.” Then, respondents were asked to identify activities that showed involvement such as: “served on

task force or committee,” “provided information to policy makers,” and “created drafts of standards.” A similar pattern of questions asked about involvement in deciding on monitoring mechanism for standards. Level of involvement was also measured by asking respondents how much staff time was devoted to batterer intervention issues, and what percentage of their agency’s budget was spent on batterer intervention issues.

The second group of questions asked respondents to rate the importance of various components of standards that might exist in some states. Respondents rated components on a scale from “not important” to “very important” in response to the following question: “How important is it to monitor compliance with standards related to [component]?” The components in this section were: program length, attendance, modality or method of treatment, collaboration with survivor services professionals, collaboration with criminal justice professionals, assessment criteria, discharge criteria, provider credentials, fee structures, and specific domestic violence training for providers.

The third section of the survey used a Likert-type scale to identify levels of agreement with opinions about batterer intervention monitoring. Respondents were asked to agree or disagree with opinions about how intervention programs should be monitored. Respondents were asked to rate agreement with the following options for monitoring: licensing, monitoring through probation departments, and monitoring by judges. These questions also included opinions about whether batterer intervention programs helped make victims safer, whether these programs should be used more often, and whether these programs were less effective than other criminal justice sanctions.

The survey ends with two demographic questions about the number of member programs in the coalition the respondent represented, and the estimated annual budget of the coalition.

Results

Responses from leaders in forty states are represented in the results, for a response rate of 80%. Several states are not represented because the designated leader was unable to complete the survey in the time allowed, because of requirements that participation in any research project be approved through an internal procedure. Only one state's contact information was not correct, and no new information about that state was available.

Roughly 52% of respondents reported being aware of some kind of monitoring mechanism in place regarding batterer intervention standards in their state. Over 82% (82.5%) were involved in the creation of standards in some way, usually (50%) by serving on the committee or task force that created the standards. Quite often, however, (27.5%) the survivor services coalition actually wrote the standards themselves. When asked to assess their own level of involvement, 52.5% reported being very involved in the area of standards. While 27.5% of respondents reported writing standards, an even higher number (40%) reported directly monitoring batterer intervention service providers in some way, even though fewer were involved in creating a monitoring mechanism than were involved in setting standards (71.1% identified some activity that described involvement, and 37.5% described themselves as "very involved." Agencies with greater involvement were significantly more likely to express that involvement by investing staff time and financial resources. (See Table 1.)

While there was a high level of reported involvement in both standards and monitoring, there was very little formal support for this involvement in terms of staff time or financial resources committed. Almost all (90%) of respondents reported dedicating less than one full time position to batterer intervention issues, and roughly 87% (87.5%) dedicated less than 5% of their agency's budget to batterer intervention issues. This result does not seem to be completely

explained by the coalitions' or their budgets being prohibitively small. While the majority (51.3%) of coalitions reported having fewer than 31 member programs, over half (55%) had annual budgets over \$1 million. Larger organizations were much more likely to be very involved in standards for batterer intervention. (See Table2). Programs with more resources were more likely to dedicate some percentage of the agency's budget to batterer intervention issues. Those with the most money, with budgets over \$1million annually, were most likely to be very involved in the issue of state standards for intervention programs.

Level of involvement appears to be related to opinions about batterer intervention (See Table 3). Coalitions that were more involved in the area of standards were significantly less likely to agree that batterer interventions are less effective than other criminal justice sanctions. Very involved respondents were not necessarily more likely to agree with the opinion that intervention programs help make victims safer. In regard to opinions about whether batterer intervention programs should be used more often, very involved leaders were more likely to agree with this opinion than somewhat involved or not involved respondents. Roughly 86% of very involved respondents agreed with this opinion; 70% of somewhat involved agreed, and 77.8% of not involved respondents agreed with the opinion that intervention programs should be used more often.

On questions related to the importance of monitoring various potential components of state standards, respondents rated the following components: program length, provider credentials, specific domestic violence training for providers, completion criteria, collaboration with criminal justice professionals, collaboration with survivor services professionals, fee structures, attendance, modality, and assessment. Rating the components based on percentage of "very important" responses reveals the following ranking: 1. Specific domestic violence training

for providers, 2. Collaboration with survivor services, 3. Program length, 4. Collaboration with criminal justice professionals, 5. Assessment, 6. Attendance and completion criteria, 7. Provider credentials, 8. Fee structures.

There are some variations in responses to this set of questions based on involvement, but no identifiable pattern. Level of involvement did seem to affect the ratings of importance given to the monitoring of various components of standards (See Table 4). Programs with higher involvement were more likely to rate program length, attendance, fee structures and modality as very important. Very involved programs were somewhat less likely to give “very important” ratings to the following: specific domestic violence training, provider credentials, discharge criteria, collaboration with criminal justice, collaboration with survivor services, and assessment components of standards.

Opinions related to monitoring mechanisms were generated through three questions. Respondents rated their agreement on a four-point scale. Options for monitoring were the following: licensing by the State, probation officers deciding which programs meet standards, and judges deciding which programs meet standards. These choices were selected because they are the three main options being considered by the State of Michigan. There were strong feelings about all three options. In regard to licensing, 74.2 % agreed that batterer intervention programs should be licensed. In contrast, 84.4% of respondents disagreed that probation officers should decide which programs meet standards, and 75% disagreed that judges should decide. This result is interesting in light of the fact that most States rely on Department of Corrections staff to monitor programs.

Programs that were less involved in designing monitoring systems for batterer intervention standards were slightly more likely to agree that programs should be licensed by the

state. Eighty percent of somewhat involved programs and 77.7% of not involved programs agreed with that opinion, compared to 70% of very involved programs (See Table 5). Programs that were not involved in designing monitoring mechanisms were least likely to favor probation officers deciding which programs meet standards. Only 11.1% of uninvolved programs agreed with this option, compared to 14.3% of very involved programs and 20% of somewhat involved. In regard to whether judges should decide which programs meet standards, very involved are least likely to agree, 19.1% agreed compared to 20% of somewhat involved programs and 22.2% of programs that were not involved.

Opinions about monitoring mechanisms seem to be related to whether or not the state the coalition represented actually had a process in place for monitoring intervention programs (See Table 6). Licensing was favored by 70% of people from states with a monitoring mechanism, and by 79% of people from states without. Probation officers deciding which programs were in compliance with standards was favored by 19.1% of people from states with a monitoring mechanism, compared to 10.5% from states without one. On the issue of judges deciding which programs met standards, 19.1% of people from states with monitoring agreed, while 21.1% from states without monitoring agreed that judges should decide.

Somewhat surprisingly, respondents generally agreed with the opinion that batterer intervention programs help make victims safer. Almost 54% (53.8%) responded “somewhat agree,” and another 10.3% strongly agreed with the opinion that programs help make victims safer, for a combined total of 64.1%. Similarly interesting is the finding that 61.5% of respondents indicated that they either somewhat or strongly disagreed with the opinion that batterer intervention programs are less effective than other criminal justice sanctions. A strong

majority (80%) agreed with the opinion that batterer intervention programs should be used more often.

Discussion

While survivor services coalitions dedicate relatively small amounts of agency resources to issues related to batterer intervention, they appear to be considerably involved in standards for programs and in monitoring. The involvement of statewide survivor services coalitions seems more related to available resources than to any other factor, including opinions about batterer intervention. Coalitions also seem quite supportive of the underlying idea of batterer intervention being able to contribute positively to victim safety. Some factions of the standards debate might be surprised to learn that leading battered women's advocates believe batterer intervention should be used more often, and is not any less effective than other criminal justice options. It would be interesting to see how levels of involvement and opinions about standards and batterer intervention in general might change as funding becomes available for this area. Presumably, States that require standards are going to have to pay for monitoring and/or training for batterer intervention programs, and these coalitions are likely candidates for that funding. The current level of involvement at least places them well in anticipation of this funding becoming available.

Components of standards that are considered most important by leaders of statewide survivor services coalitions are the areas in which this group would most likely be involved, including specific domestic violence training for providers and collaborating with survivor services professionals. Some other components that receive high importance ratings from this group are some of the most controversial areas in the debate over standards, including program length, provider credentials, and modality.

An interesting finding is the strong disagreement felt by these leaders regarding the use of probation officers as monitors of batterer intervention standards. It is impossible to tell if this is a result of bad experiences with current reliance on probation officers in many states in the absence of formal monitoring mechanisms, or if there is a general feeling that probation officers are not equipped to evaluate or monitor human service agencies, or some other factor. It would be interesting to see future research generated by states as they evaluate the impact of standards, as well as research that assesses the satisfaction with standards and monitoring mechanisms of different stakeholder groups, including battered women's advocates.

It is also interesting to note that the widespread support of licensing of batterer intervention programs is not reflected by trends in monitoring standards. As of the spring of 2002, only four states use licensing as a part of monitoring standards. This may be explained by a misunderstanding about the differences between certification and licensing, but given the sophistication of the sample in public policy issues, it is probably safe to assume the respondents knew exactly what they were saying. In fact, in some cases, when the respondent agreed with opinions about licensing, she specifically differentiated licensing from certification. Conversely, when some respondents disagreed with the opinion about licensing, they added that they would support certification. It is unfortunate that both options were not included in the survey to produce more reliable results in this issue.

In practice, many states are relying on some form of certification to monitor standards, usually through administrative rules by human services agencies or mental health certification boards. Currently six states use this method of certifying programs. Five additional states use some form of procedural rule or certification under the Department of Corrections to monitor or sort programs. Most states with standards are still struggling with the issue of how they should

be monitored. At least ten states, including Michigan, have standards created by some form of working group that was created by a branch of state government, usually the legislature, which have no monitoring mechanism attached to the standards. Additionally, at least ten survivor coalitions have formed monitoring committees. Three of these are collaborative efforts between survivor coalitions and intervention provider coalitions or membership organizations. None of these 20 standards have any formal enforcement mechanism. It would be enormously useful to compare the experiences of these states over the next several years as the impacts of standards begin to be identified, along with the relative effectiveness of various monitoring mechanisms.

There seemed to be a fair number of coalitions that were not involved in any way in batterer intervention; more groupings of coalitions by involvement or size would have been more possible if the questions had been more sensitive. For example, there were a good number of respondents in the highest budget category whose budgets were significantly larger than most other respondents. It would be interesting to be able to separate these out somehow, and assess whether involvement continues to grow as agency budgets increase. This survey just seems too blunt an instrument to be able to do that well, but future studies could easily accomplish this task.

Finally, it is heartening to see the amount of interest in batterer intervention standards shown by this stakeholder group. It would be interesting to compare these rates of involvement with other stakeholder groups, especially batterer intervention providers themselves. Only a very few States have statewide coalitions of these providers, and no directory of providers is available. There is very little known, therefore, about whether standards or monitoring have any effect on what intervention providers actually do, or the number of referrals they actually receive. Some states, most notably Kentucky, are beginning to collect this sort of information.

Evaluating the compliance of providers in different monitoring systems would be of great interest and very helpful for states struggling with this issue. This would be an excellent future project. If communities and researchers work together to improve domestic violence intervention, answers to some of the questions about how to effectively intervene in domestic violence on a statewide level may be within reach. Intervention providers, survivor services representatives, and other groups and systems can work together to strengthen our understanding of the role of batterer intervention programs in ending men's violence. Hopefully the information gathered in this survey will help in some way to continue this process.

References

- Adams, D. et al. (1994). Point/counterpoint: Treatment standards for abuser programs. *Violence Update*, 5(1), 5, 9.
- Allen, N. (2001). *Coordinating councils as vehicles for achieving a coordinated community response to domestic violence: An examination of the correlates of council effectiveness*. Unpublished doctoral dissertation, Michigan State University.
- Ames, L., & Dunham, K. (2002). Asymptotic justice: Probations as a criminal justice response to intimate partner violence. *Violence Against Women*, 8(1), 6-34.
- Babcock, J.C. & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology*, 13, 46-59.
- Bennett, L., & Piet, M. (1999). Standards for batterer intervention programs: In whose interest? *Violence Against Women*, 5 (1), 6-24.
- Bennett, L., & Williams, O. (2001). Controversies and recent studies of batterer intervention program effectiveness. Retrieved February 3, 2002, from University of Minnesota's

Violence Against Women Online Resources:

http://www.vaw.umn.edu/Vawnet/AR_bip.htm

Brandl, B. (1990). *Programs for batterers: A discussion paper*. Madison, WI: Wisconsin

Department of Health and Social Services.

Brown, P., & O'Leary, K. (1997). Wife abuse in intact couples: A review of couples treatment programs. In G. Kantor & J. Jasinski (Eds.), *Out of darkness: Contemporary perspectives on family violence* (pp.194-207). Thousand Oaks, CA: Sage Publications.

Brygger, M., & Edleson, J. (1987). The domestic abuse project: A multisystems intervention in woman battering. *Journal of Interpersonal Violence*, 2 (3), 324-336.

Buttell, F. (2001). Moral development among court-ordered batterers: Evaluating the impact of treatment. *Research on Social Work Practice*, 11 (1), 93-107.

Clark, S., Burt, M., Schulte, M., & Maguire, K. (1996). *Coordinated community responses to domestic violence in six communities: Beyond the justice system*. Washington, D.C.: Urban Institute.

Dankwort, J., & Austin, J., (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, 14 (2), 152-168.

Davis, R., & Smith, B. (1995). Domestic violence reform: Empty promises or fulfilled expectations? *Crime and Delinquency*, 41 (4), 541-552.

Davis, R., & Taylor, B.G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. *Women and Criminal Justice* 10, 69-93.

Dobash, R., Dobash, R.E., Cavanagh, K., & Lewis, R. (1996). Reeducation programs for violent men: An evaluation. *Research Findings*, 46, 309-322.

- Dutton, D. (1986). The outcome of court-mandated treatment for wife assault: A quasiexperimental evaluation. *Violence and Victims, 1*, 163-175.
- Dutton, D.G., Bodnarchuk, M., Kropp, R. & Hart, S. (1997). Wife assault treatment and criminal recidivism: An 11-year follow-up. *International Journal of Offender Therapy and Comparative Criminology 41*, 1, 9-23.
- Edleson, J., & Syers, M. (1990). The relative effectiveness of group treatments for men who batter. *Social Work Research and Abstracts, 26*, 10-17.
- Foster-Fishman, P., Salem, D., Allen, N., & Fahrbach, K. (2001). Facilitating interorganizational collaboration: The contributions of interorganizational alliances. *American Journal of Community Psychology, 29* (6), 875-905.
- Gondolf, E. W. (1988). The effect of batterer counseling on shelter outcome. *Journal of Interpersonal Violence, 3* (3), 275-289.
- Gondolf, E.W. (1990). An exploratory study of court-mandated batterer programs. *Response to the Victimization of Women & Children, 13*, 7-11.
- Gondolf, E.W. (1995). Gains and process in state batterer programs and standards. *Family Violence and Sexual Assault Bulletin, 11* (3-4), 27-28.
- Gondolf, E. (1997). Batterer programs: What we know and need to know. *Journal of Interpersonal Violence, 12* (1), 83-98.
- Gondolf, E.W. (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence, 14* (1), 41-61.
- Gondolf, E. (2000). Mandatory court review and batterer program compliance. *Journal of Interpersonal Violence, 15* (4), 428-437.

- Gondolf, E. (2001). *Limitations of experimental evaluation of batterer programs*. *Trauma, Violence and Abuse*, 2 (1), 79-88.
- Gondolf, E. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*. Thousand Oaks, CA: Sage Publications.
- Hamberger, L. K., & Hastings, J. (1993). Court-mandated treatment of men who assault their partner: Issues, controversies, and outcomes. In Z. Hilton (Ed.), *Legal responses to wife assault: Current trends and evaluation* (pp.188-231). Newbury Park, CA: Sage Publications.
- Hampton, R. (2000). *Batterers intervention programs in New Hampshire: Issues involved in setting state standards*. Unpublished doctoral dissertation.
- Harrell, A. (1991). *Evaluation of court-ordered treatment for domestic violence offenders: Summary and recommendations*. Washington, D.C.: The Urban Institute.
- Healey, K., Smith, C., & O'Sullivan, C. (1998). *Batterer intervention: Program approaches and criminal justice strategies*. Washington, D.C.: National Institute of Justice.
- Littel, L., Malefyt, M., & Walker, A. (1998). Assessing the justice system response to violence against women. Retrieved February 3, 2002, from University of Minnesota's Violence Against Women Online Resources: <http://www.vaw.umn.edu/Promise/PP3.htm>
- Murphy, C., Musser, P., & Maton, K. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence*, 13 (3), 263-284.
- Myers, T., & Daly, J. (1997). View and commentary from the trenches: A battering intervention project's reaction to participation as a site in program evaluation. Retrieved February 3,

- 2002, from University of Minnesota, Violence Against Women Online Resources:
<http://www.vaw.umn.edu/Documents/pivot.htm>
- O'Connor, T., & Richards, A. (1994). *Domestic and family violence: Highlighted programs from the states annual reports*. Washington, D.C.: Justice Research and Statistics Association.
- Robinson, A., & Chandek, M. (2000). The domestic violence arrest decision: Examining demographic, attitudinal, and situational variables. *Crime & Delinquency*, 46(1), 18-37.
- Saunders, D. (1996). Feminist-cognitive-behavioral and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims*, II, 393-414.
- Shepard, M. (1992). Predicting batterer recidivism five years after community intervention. *Journal of Family Violence*, 7 (3), 167-178.
- Shepard, M. (1999). Evaluating coordinated community responses to domestic violence. Retrieved February 3, 2002, from University of Minnesota, Violence Against Women Online Resources: <http://www.vaw.umn.edu/Vawnet/ccr.htm>
- Sirles, E., Lipchik, E., & Kowalski, K. (1993). A consumer's perspective on domestic violence interventions. *Journal of Family Violence*, 8 (3), 267-276.
- Straus, M., Kantor, G., & Moore, D. (1997). Change in cultural norms approving marital violence from 1968 to 1994. In G. Kantor & J. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp.3-16). Thousand Oaks, CA: Sage Publications.
- Stuart, G., & Holtzworth-Munroe, A. (1995). Identifying subtypes of martially violent men. In S. Stith & M. Straus (Eds.). *Understanding partner violence: Prevalence, causes,*

consequences, and solutions (pp.162-172). Minneapolis, MN: National Council on Family Relations.

Syers, M., & Edleson, J. (1992). Combined effects of coordinated criminal justice intervention in women abuse. *Journal of Interpersonal Violence*, 7 (4) 490-502.

Tolman, R., & Bennett, L. (1990). A review of quantitative research on men who batter. *Journal of Interpersonal Violence*, 5_(1), 87-118.

Tolman, R.M., & Edleson, J. (1995). Intervention for men who batter: A review of research. In S.R Stith, & A.Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequences, and solutions* (pp. 262-273). Minneapolis, MN: National Council on Family Relations.

Tolman, R., & Weisz, A. (1995). Coordinated community intervention for domestic violence: The effects of arrest and prosecution on recidivism of woman abuse perpetrators. *Crime and Delinquency*, 41 (4), 481-495.

Virginia Commission on Family Violence. (1995). *National trends in batterer treatment program certification*. Richmond, VA: Author.

Williams, O. & Becker, R. (1994). Domestic partner abuse programs and cultural competence: The results of a national survey. *Violence and Victims* 9, 287-296.

Appendix A: Batterer Intervention Standards Monitoring Survey

Batterer Intervention Standards Monitoring Survey

Good morning, my name is Linda Schmidt, and I am interested in batterer intervention standards and monitoring mechanisms. I am researching this topic as part of the Master's degree program at Saginaw Valley State University, in Michigan. I have created a survey to investigate the level

of support different types of monitoring receive from leaders of statewide domestic violence coalitions. The survey takes about ten minutes to complete. Your participation will provide useful information for policy makers designing monitoring systems for batterer intervention service providers. Your participation is voluntary and your identity will remain anonymous. Are you willing to participate in this survey?

My first set of questions centers around your organization's involvement in batterer intervention standards and monitoring.

- 1) Does your state have any mechanism for monitoring batterer intervention service providers' compliance with standards?

Yes.....1

No.....2

Don't know..... 3

- 2) Which one of the following best describes your involvement in creating batterer intervention standards?

Not involved at all.....1

Served on committee or task force.....2

Created standards of your own.....3

Provided information to policy makers about

Standards.....4

- 3) Which one of the following best describes your organization's role in developing monitoring mechanisms for batterer intervention standards compliance?

Not involved in developing monitoring mechanisms.....1

Served on a committee or task force.....2

Created the mechanism to monitor compliance

- with batterer intervention standards.....3
- Provided information to policy-makers about
monitoring batterer intervention standards.....4
- 4) Does your organization provide training for batterer intervention service providers related to standards?
- Yes.....1
- No.....2
- 5) Does your organization monitor batterer intervention service providers?
- Yes.....1
- No.....2
- 6) How involved is your organization in the area of standards for batterer intervention service providers?
- Very involved.....1
- Somewhat involved.....2
- Not involved3
- 7) How involved is your organization in the area of designing monitoring systems for batterer intervention standards?
- Very involved.....1
- Somewhat involved.....2
- Not involved.....3
- 8) How much staff time does your organization dedicate to batterer intervention issues?
- No staff time is dedicated.....0

- Less than one full time staff person.....1
- One full time staff person.....2
- More than one full time staff persons.....3

9) How much of your agency's budget is dedicated to batterer intervention issues?

- None.....0
- Less than 5%.....1
- Between 5-10%.....2
- tween 10-20%.....3
- Between 20-30%.....4
- More than 30%.....5

My next set of questions involves components of batterer intervention standards that might be monitored by various states. I will be asking you to rate the importance of monitoring each component.

10) How important is it to monitor compliance with standards related to program length?

- Very important.....1
- Somewhat important.....2
- Not important.....3

11) How important is it to monitor compliance with standards related to provider credentials?

- Very important.....1
- Somewhat important.....2
- Not important.....3

12) How important is it to monitor compliance with standards related to specific domestic violence training for providers?

Very important1

Somewhat important.....2

Not important.....3

13) How important is it to monitor compliance with standards related to discharge or completion criteria?

Very important.....1

Somewhat important.....2

Not important.....3

14) How important is it to monitor compliance with standards related to collaborating with criminal justice system professionals?

Very important.....1

Somewhat important.....2

Not important.....3

15) How important is it to monitor compliance with standards related to collaborating with survivor services professionals?

Very important.....1

Somewhat important.....2

Not important.....3

16) How important is it to monitor compliance with standards related to fee structures?

Very important.....1

Somewhat important.....2

Not important.....3

17) How important is it to monitor compliance with standards related to attendance?

Very important.....1

Somewhat important.....2

Not important.....3

18) How important is it to monitor compliance with standards related to modality?

Very important.....1

Somewhat important.....2

Not important.....3

19) How important is it to monitor compliance with standards related to assessment of participants?

Very important.....1

Somewhat important.....2

Not important.....3

My next set of questions relates to different opinions about batterer intervention. I will be asking you whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each statement.

20) Standardizing batterer intervention services will positively impact victim safety.

Strongly Agree.....1

Somewhat Agree.....2

Somewhat Disagree.....3

Strongly Disagree.....4

21) Standards for batterer intervention are useless without a monitoring mechanism.

Strongly Agree.....	1
Somewhat Agree.....	2
Somewhat Disagree.....	3
Strongly Disagree.....	4

22) Batterer intervention service providers should be licensed by the State.

Strongly Agree	1
Somewhat Agree.....	2
Somewhat Disagree.....	3
Strongly Disagree.....	4

23) Probation officers should decide which batterer intervention programs meet standards.

Strongly Agree	1
Somewhat Agree.....	2
Somewhat Disagree.....	3
Strongly Disagree.....	4

24) Judges should decide which batterer intervention programs meet standards.

Strongly Agree.....	1
Somewhat Agree.....	2
Somewhat Disagree.....	3
Strongly Disagree.....	4

25) Batterer intervention programs help make victims safer.

Strongly Agree.....1

Somewhat Agree.....2

Somewhat Disagree.....3

Strongly Disagree.....4

26) Batterer intervention programs are less effective than other criminal justice sanctions.

Strongly Agree.....1

Somewhat Agree.....2

Somewhat Disagree.....3

Strongly Disagree.....4

27) Batterer intervention programs should be used more often.

Strongly Agree.....1

Somewhat Agree.....2

Somewhat Disagree.....3

Strongly Disagree.....4

My final set of questions is about your organization and its members.

28) How large is your organization in terms of members?

1-10.....1

11-20.....2

21-30.....3

31-40.....4

41-50.....5

51-60.....	6
61-70.....	7
71-80.....	8
81-90.....	9
91-100.....	10
100+.....	11

29) How large is your organization in terms of annual budget in dollars?

1-10,000.....	1
10,001- 50,000.....	2
50,001 – 100,000.....	3
100,000 – 250,000.....	4
250,000 – 500,000.....	5
500,000 – 1,000,000.....	6
1,000,000+.....	7

The survey is now complete. I want to remind you that your identity will remain anonymous, and thank you for your participation. Have a nice day.

Table 1

Resources Committed by Level of Involvement

	Very Involved (n = 21)	Somewhat Involved (n = 10)	Not Involved (n = 9)
<u>Staff Time^a</u>			
No FTEs	0% *	20% *	66.7% *
Under 1 FTE	81% *	80% *	33.3% *
1 FTE	4.8% *	0% *	0% *
More than 1 FTE	14.3% *	0% *	0% *
<u>% Of Budget^b</u>			
0%	23.8%	50%	55.6%
Under 5%	57.1%	50%	33%
6-10%	14.3%	0%	11%
11-20%	4.8%	0%	0%

N = 40

p = .01

Figures represent percentage of respondents who chose range indicated in response to the question "How much staff time does your organization dedicate to batterer intervention issues?"

b Figures represent percentage of respondents who chose range indicated in response to the question "How much of your agency's budget is dedicated to batterer intervention issues?"

Table 2

<u>Level of Involvement by Size of Agency Budget</u>			
	Less than \$500,000 (n = 7)	\$500,000 –1,000,000 (n = 7)	More than \$1,000,000 (n = 22)
Very Involved ¹	42.9%	42.9%	59.1%
Somewhat Involved	57.1%	14.3%	13.6%
Not Involved	0%	42.9%	27.3%

N = 36

Figures represent percentages of respondents who chose this range in response to the question “What is your agency’s annual budget in dollars?”

Table 3

Opinions About Intervention by Level of Involvement

	Very Involved (n = 21)	Somewhat Involved (n = 9)	Not Involved (n = 9)
Batterer Intervention			
Programs help make Victims safer ^a	61.9%	77.8%	55.6%
Batterer Intervention			
Programs are Less Effective Than other Criminal Justice Sanctions ^b	20% *	55.6% *	66.7% *
Batterer Intervention			
Programs Should Be Used More Often ^c	85.7%	70%	77.8%

N = 39

p < .05

Figures represent percentages of people who responded either “strongly agree” or “somewhat agree” with the statement:

“Batterer intervention programs help make victims safer.”

Figures represent percentages of people who answered either “strongly agree” or “somewhat agree” with the statement: “Batterer intervention programs are less effective than other criminal justice sanctions.”

Figures represent percentages of people who responded either “strongly agree” or “somewhat agree” to the statement: “Batterer intervention should be used more often.”

Table 4

Importance of Monitoring Components of Standards by Level of Involvement

	Very Involved (n = 15)	Somewhat Involved (n = 12)	Not Involved (n= 13)
Program Length ^a	93.3 %	83.3%	92.3%
DV Training	100%	91.7%	100%
Provider Credentials	80%	66.7%	84.6%
Discharge Criteria	66.7%	83.3%	92.3%
Collaborating with Criminal Justice	86.7%	91.7%	84.6%
Collaborating with Survivor Services	93.3%	91.7%	92.3%
Fee Structures	13.3%	0%	38.5%
Attendance	73.3%	75%	92.3%
Modality	86.7%	58.3%	84.6%
Assessment	86.7%	83.3%	84.6%

N = 40

Figures represent percentage of people who answered “very important” in response to the question: “How important is it to monitor compliance with standards related to [component]?”

Table 5

<u>Opinions About Monitoring by Level of Involvement</u>			
	Very Involved	Somewhat Involved	Not Involved
	(n = 20)	(n = 10)	(n = 9)
Intervention			
Programs should be licensed by the state ^a	70%	80%	77.7%
Probation Officers			
should decide which programs meet standards ^b	14.3%	20%	11.1%
Judges should decide which programs meet standards ^c	19.1%	20%	22.2%

N = 39

Figures represent percentages of people who responded either “strongly agree” or “somewhat agree” to the statement: “Batterer intervention programs should be licensed by the state.”

b Figures represent percentages of people who responded either “strongly agree” or “somewhat agree” to the statement: “Probation officers should decide which intervention programs meet standards.”

c Figures represent percentages of people who responded either “strongly agree” or “somewhat agree” to the statement: “Judges should decide which intervention programs meet standards.”

Table 6

Opinions About Monitoring by Presence of Monitoring Mechanism

	Monitoring Mechanism (n=20)	No Monitoring Mechanism (n=19)
Intervention Programs		
should be licensed by the state ^a	70%	79%
Probation Officers should		
decide which programs meet standards ^b	19.1%	10.5%
Judges should decide which programs meet standards ^c	19.1%	21.1%

N = 39

Figures represent percentages of people who responded either "strongly agree" or "somewhat agree" to the statement: "Batterer intervention programs should be licensed by the state."

b Figures represent percentages of people who responded either "strongly agree" or "somewhat agree" to the statement: "Probation officers should decide which intervention programs meet standards."

c Figures represent percentages of people who responded either "strongly agree" or "somewhat agree" to the statement:

"Judges should decide which intervention programs meet standards."