

DOMESTIC VIOLENCE OFFENDERS

**Current
Interventions,
Research,
and
Implications
for
Policies
and
Standards**

Robert A. Geffner, PhD, ABPN • Alan Rosenbaum, PhD

E d i t o r s

Domestic Violence Offenders: Current Interventions, Research, and Implications for Policies and Standards

Domestic Violence Offenders: Current Interventions, Research, and Implications for Policies and Standards has been co-published simultaneously as *Journal of Aggression, Maltreatment & Trauma*, Volume 5, Number 2(#10) 2001.

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Robert A. Geffner, PhD, ABPN
Alan Rosenbaum, PhD
Editors

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INTRODUCTION AND EXISTING STANDARDS FOR THOSE WHO BATTER

Domestic Violence Offenders: Treatment and Intervention Standards

Robert A. Geffner
Alan Rosenbaum

SUMMARY. This article introduces the volume and the various issues covered concerning current interventions, research, and standards for offenders arrested for domestic violence. The controversies that have arisen as many jurisdictions in the United States have established mandatory standards for batterer intervention are introduced, including the type of treatment modality and content permitted, the qualifications of those providing the interventions, the duration of treatment, and the relationship of the various standards to actual research. This volume presents articles concerning recent research, innovative as well as non-conventional intervention approaches, and policies that have often been adopted by legislatures. The present article identifies some of the controversial issues and calls into question the appropriateness of some of the statutes that currently

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exist. Suggestions for a more inclusive and less rigid process are given for creating standards and policies concerning domestic violence offenders. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Batterers, domestic violence intervention, mandated standards, spouse abuse, wife abuse

Family violence has been recognized as one of the most serious social, mental health, criminal justice, and public health problems in the United States and other countries for many years. Many terms have been applied to aggression between romantic partners. Early incarnations, such as wife or spouse abuse were problematic as it became clear that although the marriage license might, as Straus (1980) called it, have been a hitting license, there apparently were many "unlicensed" participants. Terms such as intimate partner violence, relationship aggression, and partner abuse have been used almost interchangeably to refer to aggression between adult intimate partners. These terms also convey the realization that couples are not necessarily heterosexual, and perpetrators are not exclusively male. Abuse usually involves a person (termed the primary or dominant aggressor) in the relationship utilizing various forms of aggression (physical, sexual, and emotional) to coerce and control the behavior of his/her partner. It usually involves a pattern of behavior, but it can be a single incident or anything in between.

The term aggression should not be used as a synonym for abuse. Aggression is an action, abuse is a dynamic. Partners may be mutually aggressive, and the evidence overwhelmingly suggests that they are (Straus & Gelles, 1990), but they are rarely mutually abusive. Hitting by either partner is equally unacceptable, but not equally destructive. Women may hit their male partners, but infrequently batter them, because battering or abuse includes a pattern of coercion, intimidation and control, which is less frequently present in female to male aggression. It may, however be present in lesbian relationships. Legally, in many jurisdictions, an aggressive action may constitute the criminal act of domestic violence even if it is the first incident and no intimidation or control is exercised or attempted. Physically aggressive acts involve any form of unwanted or uninvited contact between individuals where the objective is to cause injury or pain, to intimidate, threaten or coerce the recipient. These may range from mild forms of pushing, shoving, and grabbing to more serious forms of punching, physical injury, strangulation, attempted or completed homicide. Regard-

less of the behaviors, the consequences for the victims and any children exposed to such abuse are usually traumatic.

The initial societal response to intimate partner violence was the development of the shelter movement for battered women. Women's shelters and/or safe houses developed in almost all major population areas throughout the United States and abroad. The goals were to provide a safe environment for abused women and their children, to offer advocacy, counseling, and medical services, and to empower women to leave their abusers. While shelters continue to serve these and other critical needs, and are an essential part of the service delivery system for battered women, they address only part of the problem. Left untreated, batterers often will continue to abuse their partners who leave shelters and return to the relationship. If their partner leaves the relationship, the batterers may find new victims to abuse. The response to this harsh reality was the development of batterer intervention programs.

Numerous intervention approaches and techniques have been developed and implemented in an attempt to reduce and eliminate spouse/partner abuse. These approaches, aimed at promoting attitudinal and behavioral changes in perpetrators, have been collectively subsumed under the heading batterers' treatment or batterers' intervention. The earliest interventions were developed in the 1970s and have been evolving over time, guided by both research findings and clinical experience. The most common approaches to batterer intervention are psychoeducational groups based on both cognitive-behavioral and pro-feminist theory. Almost all incorporate a focus on the power and control issues that are viewed as core elements in abusive relationships (e.g., Decker, 1999; Geffner & Mantooh, 2000; Mathews, 1995; Pence & Paymar, 1993; Sonkin & Durphy, 1997).

Domestic violence offenders have long been recognized to be a treatment resistant population, and in the beginning groups consisting of voluntary participants were small and attrition high. Those most in need of treatment were also the least likely to avail themselves of those services. The most significant change developed slowly as a result of the significant efforts of the battered women's movement to enlighten the legislators, courts, and law enforcement agencies regarding the need to deal seriously with domestic aggression toward women. The policy changes wrought by their efforts led to a proliferation of court mandated batterers' intervention, and dramatically increased the number of offenders participating in these programs. At present, most jurisdictions in the United States permit, urge, or mandate judges to require offenders to attend and complete some type of intervention, either as a pre-trial diversion or as a term of probation following a finding of guilt, or a plea.

Just as we now know batterers to be a heterogeneous population, so too are batterers' intervention programs. These programs may share numerous commonalities but may also vary in terms of length, philosophy, format, and content. The credentials and qualifications of the program leaders and facilitators also vary widely. What should become obvious from the selections in this volume, is the diversity of these programs and the fact that it is as difficult to identify the "typical batterer treatment" program as it is to identify the "typical batterer." Consequently, judges and probation officers many have several different options in choosing programs. In order to provide judges and victims with some quality assurances to guide in the selection of programs, many states and jurisdictions have developed batterer treatment standards and anoint programs meeting those standards with certification.

As with just about everything in the domestic violence area, batterers' treatment and intervention standards have been controversial. Outcome research is plagued by a host of methodological problems, not the least of which is defining and measuring successful outcome. There is evidence that some batterers' intervention programs may be ineffective, or even if somewhat effective, may yield a very small effect size. This would certainly be supported by recent meta-analyses and other research (Davis & Taylor, 1999; Dunford, 2000; Green & Babcock, 2001; Levesque & Gelles, 1998). On the other hand, treatment outcome is dependent on the nature of the interventions and there is evidence that batterer subtypes, stage of readiness for change, and other factors may interact with program philosophy and content to moderate effectiveness. Interestingly, the uncertainty regarding the effectiveness of batterers' treatment has been one of the arguments leveled against treatment standards which attempt to specify appropriate and inappropriate treatment strategies, and suggest that our knowledge of what works and what does not is more certain than would be justified by the research evidence.

There is also controversy regarding whether batterer interventions should be considered "treatment" or "education," and whether those providing such services should be mental health or social work professionals or simply individuals with prior experience with spouse/partner abuse. Some jurisdictions exclude reformed batterers from providing treatment while others do not. The question of whether the intervention is treatment or education has many ramifications. If it is classified as treatment, then providers would require some type of professional training, experience and/or credentials. It might also bring confidentiality and other ethical issues into consideration.

Crafting batterer intervention standards which afford the maximum protection for victims, exclude substandard programs, do not preclude the development of more effective programs, and allow for the conduct of research while remaining flexible, is the challenge confronting all states and jurisdictions en-

gaging in this process. The input of all stakeholders (treatment providers, battered women's advocates, researchers, law enforcement, and the victims themselves) must be solicited and valued. The present volume has been developed to serve as a guideline for the development of sane, safe, and reasonable standards. The articles have been written by experts from all segments of the batterer intervention field. The purpose is not to offer a specific set of model standards, but to raise consciousness regarding the issues that must be considered and to suggest a process for considering them. We will look at what batterers' intervention has historically included as well as more recent modifications and developments. We will explore the problems and the processes that have been employed to solve them.

In this volume, we first explore some of the issues with respect to the creation of standards for domestic violence offender intervention. In his article, Gelles argues that we are not yet ready for such rigid standards, and further suggests that such standards may cause more harm than good. Maiuro, Hagar, Lin and Olson (in this volume) suggest that standards are often not consistent with what is known in the research. They reviewed the standards in 30 states, and summarized the strengths and weaknesses. Rosenbaum and Leisring summarize the literature concerning more traditional batterers' treatment programs and approaches, so that the reader will have a basis for understanding how the novel and non-traditional strategies differ. LaViolette in her article describes some of her experiences working with such offenders for over 20 years.

Alternative and nonconventional programs, including a stages of change approach (see Begun, Shelley, Strodthoff, & Short in this volume; Levesque, 2001), a couples or conjoint approach (Geffner & Mantooth, 2000; O'Leary in this volume), a solution-focused approach (Lipchik, Sirles, & Kubicki, 1997), and a modified 12-step, empowerment-based approach (Decker, 1999) have been developed as options to the standard techniques. However, innovative and alternative approaches have often been received with skepticism. A recent issue of the *Journal of Marital & Family Therapy* focused on this debate and the question of when abuse-specific couples counseling may be indicated, the pre-conditions, and the appropriate procedures to follow (e.g., Bograd & Mederos, 1999). It is important to note that these authors had strongly argued against any type of conjoint approach for many years; many of their recent recommendations have actually been made quite a while ago (e.g., Geffner, Mantooth, Franks, & Rao, 1989; Geffner, Rossman, & Barrett, 1995).

Another issue of more recent concern involves females arrested for domestic violence. It is not clear whether these women are the primary/dominant aggressors in the relationships, the victims who have fought back in self-defense, or those involved in mutual aggression with their partners in heterosexual or homosexual relationships. Anecdotal reports seem to suggest that a combina-

tion of all of these types of cases are being referred by courts. Dowd discusses some of these issues in her article in this volume. A recent curriculum focusing on the intervention for women arrested for domestic violence has now been published as well (Koonin, Cabarcas, & Geffner, 2001).

It is important to keep in mind assessment and safety issues when working with and treating abusive or violent behavior. There has been substantial discussion concerning safety planning for battered partners and the issue of lethality or risk assessment for domestic violence offenders (e.g., Campbell, 1995; Kropp & Hart, 2000). Campbell, in her article in this issue, focuses on the use of lethality assessment in safety planning. This is an important step in intervention that is often overlooked. Some have questioned our ability to conduct such assessments for particular offenders at specific times, and whether our knowledge base is sufficient to provide predictiveness. The research focuses on group differences, and as such, it may be possible to make some general statements concerning potential risk factors. However, the state-of-the-science has serious limitations in attempting to make predictions for specific offenders (see Geffner, 2001). Nevertheless, the issues raised by Campbell in this volume are worthy of further consideration.

The important question of whether having standards in place makes any difference has received little empirical attention, despite the fact that many states include a requirement that programs demonstrate their effectiveness. An exception is the recent research concerning the use of the standards in Illinois, which is reported in Bennett and Vincent's article in this volume. They found that the standards may not have been the panacea that some had hoped for. A recent study of battered women's views concerning such policies as mandatory arrest, mandatory reporting, and no-drop prosecution also found that not all of the women supported such procedures (Smith, 2001). Thus, even though some people believe and have perpetuated the idea that certain procedures and policies may be crucial for reducing intimate partner violence, the policies and standards may not have total popular support from the victims and agencies as previously thought.

It is important to consider what we know about recidivism when we are attempting to create standards for intervention or assessment. Rosenbaum, Gearan, and Ondovic (in this volume) studied the effects of court mandated program length and program completion on recidivism in a group of male offenders in a treatment group. This is one of the few research studies to look seriously at these issues. Even though some researchers are attempting to understand the variables that are associated with both attrition and recidivism in the United States and in Canada (e.g., Loza & Loza-Fanous, 1999; Rooney & Hansen, 2001), we still are in need of more studies in this area.

Over a decade ago, the authors of the present article wrote a chapter summarizing the then state-of-the-science concerning domestic violence intervention (Geffner, Rosenbaum & Hughes, 1988). In that chapter, we recognized the heterogeneity of both batterers and batterers' intervention programs and suggested that the field should begin to move away from "one-size fits all" approaches, and instead, take a prescriptive approach to matching batterer subtypes to specific intervention strategies. Research in the last decade has indeed looked at typologies of offenders, and we now have much more empirical information (for a review of this research, see Holtzworth-Munroe, 2001, and also her article in this volume). We still have a long way to go before we have sufficient knowledge and research data to more definitively state which programs should be utilized with which perpetrators. Unfortunately, the methods prescribed by many states and jurisdictions concerning batterer intervention do not even take these issues and recommendations into consideration. Tolman in this volume presents an ecological framework and analysis in looking at the standards, and makes some recommendations based on such an analysis. Finally, Saunders (in his article in this volume) reviews the related research, especially in other fields, to see what we can learn; he also concludes that we do not have sufficient information to create some of the standards that are in place in some states.

MANDATED STANDARDS: WHERE ARE WE AND WHERE SHOULD WE BE GOING

Many states and jurisdictions in the United States now mandate at least some standards and policies for the type of intervention that is required for those who are convicted or plead guilty to domestic violence. The goal of this volume is to discuss the issues and policies that have been mandated and implemented throughout the United States for such interventions. The authors of the articles in this volume have diverse backgrounds, experiences, philosophies, and areas of expertise. Some are researchers, others are practitioners, and some are both. All are acknowledged experts in the field. Even though there is diversity of opinion regarding treatment approaches and the nature of standards, all agree that policies, standards, and intervention approaches should be viewed cautiously and with significant discussion that includes people in the field with different perspectives and ideas. Unfortunately, this has not always occurred and in many states, standards that are inconsistent with research and clinical findings have been developed and implemented.

The mechanism by which states create standards may be as important as the content of the standards themselves. In this volume, Hamberger describes his experiences as a chair of the Wisconsin committee charged with the task of

creating standards, and provides an inside view of that process. Murphy offers an excellent example of how the Maryland committee created standards that were informed by the literature, included input from a diverse set of stakeholders and maintained the flexibility necessary for continued research to flourish. The standards in Maryland seem to have avoided many of the pitfalls that other states have encountered, and their process and results can serve as a model for other states (also see Murphy & Dienemann, 1999).

The goal of batterer treatment standards is to reduce violence directed at women by insuring that states are offering the most effective, state-of-the-art intervention approaches possible. As empirical data accumulate and our knowledge base grows, so will intervention strategies evolve. In order to stay current, batterers' treatment standards will have to remain flexible. Hopefully, this volume can help to inform the process in jurisdictions in which standards are now being contemplated or developed. In those states which already have standards in place, this volume may serve as a guide to the process of standards revision. This endeavor is too important to be a victim of politics as usual.

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Standards for Programs for Men Who Batter? Not Yet

Richard J. Gelles

SUMMARY. Programs for men who batter their intimate partners were developed in the late 1970s. Since that time, mandatory and presumptive arrest policies have increased the number of men arrested for domestic violence. Diversion into programs for batterers evolved into a standard part of a coordinated community intervention for domestic violence. Recently, a number of states have begun to establish standards for batterers' programs. While having standards makes sense, especially as it could assure quality of programs, this article argues that it is premature to establish such standards. The article reviews evaluation data on programs for men who batter and concludes that we know too little about what types or features of programs are effective for which men under what circumstances. Establishing rigorous standards may actually produce more harm than good. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

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An established set of standards for treatment programs for men who batter their wives and partners makes good sense. More than 15 years ago, the U.S. Attorney General's Task Force on Family Violence stated that arrest followed by court-ordered psychotherapeutic treatment offers "great hope and potential for breaking the destructive cycle of violence in intimate relationships" (U.S. Department of Justice, 1984, p. 48). Indeed, in the subsequent years, a coalition of advocates, researchers, and policy-makers succeeded in putting into place a policy of using arrest as a mainstay of the effort to intervene in the problem of domestic violence. With an increase in the number of laws mandating arrest, followed by an actual increase in the number of men (and women) arrested for domestic assault, programs offering psychotherapeutic treatment grew dramatically. The state of Rhode Island offers one small example. In 1980, prior to laws allowing for presumptive arrest for cases of domestic violence, there was a single treatment program for men who battered their partners. The program served approximately 25 men per year. The program was administrated by a men's collective and had no formal administrative structure. Ten years later, in 1994, there were laws encouraging arrest for domestic assault and five different treatment programs. Just two years later there were nearly 17 treatment programs for men who batter. There was no central administrative agency that coordinated the programs, no standards for who could offer the programs, and no requirements regarding the qualifications of the clinicians who treated batterers. There was no oversight whatsoever for the treatment modalities and their effectiveness (or lack thereof). An individual who had not yet completed a bachelor's degree offered one program. This individual, because of good interpersonal relations with the state department of probation, received more than 700 referrals each year for his treatment program. All of this occurred in a state with a total population of less than 1,000,000. The possibility that such an uncoordinated, unregulated, unsupervised system had evolved nationally underscored the apparent need for a system of standards that could provide some coordination and, more importantly, quality control for the growing number of programs serving the growing number of men arrested for domestic assault.

A RATIONALE FOR STANDARDS

The rationale for having standards for programs that treat men who batter is, on the face of it, obvious. First, the potential pool of men who require some form of constraint and intervention is extensive. Although there is some controversy regarding the extent and nature of domestic violence (see for example, Gelles & Loseke, 1993), experts tend to agree that there are between one

and four million men who assault, batter, and/or sexually assault their partners each year (see Gelles, 2000 for a review of estimates of the national incidence and prevalence of domestic violence). The U.S. Department of Justice, Federal Bureau of Investigation, and Uniform Crime Reports, indicates that husbands, ex-husbands, or boyfriends kill some 1,200 women each year (U.S. Department of Justice, 1998).

After decades (actually centuries) of criminal justice indifference, the criminal justice system is more involved in efforts to control and treat domestic violence. A study purporting to find that arrest deterred domestic violence offenders (Sherman & Berk, 1984), followed by the U.S. Attorney General's Task Force on Family Violence (1984) recommendation regarding arrest and court-ordered psychotherapeutic treatment, combined with law suits such as *Thurman v. City of Torrington, Connecticut*, ultimately resulted in the widespread use of arrest to control domestic violence.

Mandatory and presumptive arrest policies dramatically increased the number of men who were arrested for misdemeanor domestic violence. The courts, while wanting to prevent domestic violence, also were reluctant to incarcerate first-time misdemeanor offenders, so the large majority of offenders were ordered to treatment programs.

We have no national figures on the number of treatment programs, or the number of offenders who are served. If the Rhode Island experience can be extrapolated nationally, it is reasonable to assume that there are thousands of treatment programs treating tens, if not hundreds of thousands of men each year.

For various reasons, programs that treat men who batter received no federal funds and few state funds. Rather, the programs sustain themselves on client fees, typically charged on a sliding scale. Requiring clients to pay for their treatment is consistent with having batterers take full responsibility for their own behavior. Furthermore, after spending nearly 30 years seeking to obtain some level of federal, state, or local funding, advocacy groups working on behalf of battered women are reluctant to allow precious and limited fiscal resources to be used for purposes other than helping and assisting victims.

Thus court-ordered treatment created a demand for programs that would be met, not by advocacy groups working on behalf of battered women, but by agencies and individuals. The key to being able to offer services would be receiving sufficient referrals from probation offices and officers, and then receiving sufficient fees to cover expenses and pay salaries. Such a situation rewarded entrepreneurship rather than effectiveness.

Millions of clients could potentially inflict enormous emotional and physical damage on their intimate partners if they are ineffectively or improperly treated; thus, it is conceivable that unregulated treatment programs could cre-

ate more harm than good. Therefore, having treatment standards makes considerable sense.

Court ordered treatment for men who assault their partners has, in fact, become the treatment of choice (with the exception of a prison sentence) and the only treatment widely available for men. One survey of state policies (a survey that is now out of date, unfortunately), found that eight states had laws mandating treatment of men convicted of domestic assault, or as a condition of deferred sentencing (Zamora, 1995). In 1995, as would be expected, 12 states had already adopted standards for program certification or funding, two states had recommended standards, and 12 states had standards under development (Zamora, 1995). As of the most recent information, the majority of states now have adopted some form of standards for programs that treat men who batter. For more information concerning the standards various states have adopted, see Maiuro, Hagar, Lin, and Olson (2001, in this volume).

A RATIONALE AGAINST STANDARDS

One argument against standards seems counter-intuitive given the above information. How could there be a justification for allowing anyone to hang out a shingle and offer any kind of "treatment" for a social problem that is as widespread and harmful as domestic violence? Clearly the potential for abuse and misuse of the psychotherapeutic treatment of batterers is enormous. Moreover, the incentive for abuse and misuse is substantial, given that men are both required to enter treatment and required to pay for the treatment.

Nonetheless, there are two compelling arguments against the evolving trend of standards for intervention programs for men who batter. The first argument is the simplest and least controversial: We simply do not know enough about which treatment programs are effective, for which men, and under what conditions to mandate standards for such programs. The second argument is more complex and infinitely more controversial: The standards that are being called for, developed, and applied, represent a particular ideological commitment of those who work on behalf of battered women and are less tied to a therapeutic theory or philosophy.

The Effectiveness of Treatment Programs

The U.S. Attorney General's Task Force on Family Violence's recommendation that arrest followed by court-ordered psychotherapeutic treatment offered great hope for breaking the cycle of domestic violence. This hope was based on empirical evidence from the Minneapolis Police Experiment (Sherman &

Berk, 1984) that arrest reduced the likelihood of subsequent domestic assaults. There was no empirical evidence that court-ordered psychotherapeutic treatment would be effective; this portion of the recommendation was probably based on the common sense assumption that psychotherapy is effective for some clients and, even if not effective, produces few adverse consequences.

Subsequent replications of the Minneapolis Police Experiment (Berk, Campbell, Klap, & Western, 1992; Dunford, Huizinger, & Elliott, 1990; Hirshell, Hutchinson, & Dean, 1990; Pate & Hamilton, 1992; Sherman & Smith, 1992) failed to support the findings from Minneapolis that arrest deterred offenders who had committed acts of misdemeanor domestic violence. Arrest, however, was not without some effectiveness. Sherman (1992) reported that arrest did reduce subsequent domestic violence for men who were employed and married. However, unemployed men who were not married to their partners escalated their use of violence after being arrested.

At the time of the U.S. Attorney General's Task Force on Family Violence report (1984), there were no rigorously evaluated studies of treatment programs for men who batter. Subsequent to the report, a number of evaluations were published that claimed widespread effectiveness of treatment programs (Dutton, 1986; Gondolf, 1987; Saunders & Hanusa, 1986; see Davis & Taylor, 1997 for a recent review of this research). These initial evaluations, however, were limited by the typical methodological problems that occur when innovative programs are evaluated. The studies had small samples and no or inappropriate comparison groups. One of the major factors that influenced the results of the studies was the high drop out rate of men in the programs. If the studies focused only on men who completed the programs, their success rate appeared quite high; however, if men who dropped out of the program were included in the denominator, the success rate was quite a bit lower.

When the National Research Council's Committee on the Assessment of Family Violence Interventions searched for evaluations of treatment programs for men, and limited the search to evaluations that included comparison groups, they found eight evaluations, one of which used a randomly assigned control group. There was quite a bit of variation in the eight evaluations. Some studies focused only on physical violence as the dependent variable, while others looked at physical violence as well as verbal and emotional abuse. Some studies examined programs for men court-ordered to treatment, while others examined programs that had broader recruitment patterns. Not surprisingly, there was considerable variation in the outcomes of the treatments that were evaluated. Some studies found no reduction in violence; other studies found no reduction in violence, but a reduction in verbal and emotional abuse. Two studies of programs where men were court-ordered to treatment found reductions in rates of violence while the other two studies of men court-ordered to

treatment found no differences in violence after treatment. One consistency in the four studies was the high dropout rate of men ordered to counseling. Between 25 and 37% of offenders mandated to treatment either never showed up or dropped out early in the treatment (National Research Council, 1998).

The most rigorous evaluations provide little consistency, in terms of outcome, prompting reviewers of the research on such studies to opine that little empirical evidence exists to guide the setting of standards for such programs (Edleson & Syers, 1991). In an effort to more rigorously evaluate treatment programs for men who batter, Levesque (1998) conducted a meta-analysis of 38 outcome studies examining partner violence recidivism for men who participated in court-ordered batterer treatment. The sample consisted of published and unpublished studies, doctoral dissertations, master's theses, conference papers, and research reports completed between 1980 and August 1997. The majority of the studies ($N = 23$) used a single group design, while the remaining studies ($N = 15$) used between groups design. Studies had to have a sample size of five or greater to be included in the analysis.

The meta-analysis examined the following attributes of the evaluations: study design (outcome only; between groups), method of group assignment, follow-up period, participation rate, data source, publication characteristic, year of publication, and treatment characteristics. The overall effect size from the between group studies was not significantly different from zero. There was a small effect size for studies that relied on official records. For the entire sample, the overall recidivism rate for treatment completers was 21.6%.

Levesque's (1998) meta-analysis found that the effect of treatment was small, at best. Most importantly, when she examined program and intervention characteristics, she found no strong relationship between program characteristic and outcome. Thus, no particular program or program component was superior to another program or program component in terms of reducing subsequent violent behavior among men who completed the programs. Thus, nearly 10 years after Edleson and Syers' (1991) conclusion about the lack of empirical evidence to guide the setting of standards, there still remains no compelling empirical evidence on which to base standards regarding programs or program components for treatment and counseling interventions for batterers.

The Ideology of Treatment and Counseling

Having served on the National Research Council's Committee on Assessing Family Violence Interventions and having supervised Levesque's (1998) meta-analysis of batterer's intervention and counseling programs, I assumed two things. First, I assumed that advocates might be disheartened or