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# Does batterers' treatment work? A meta-analytic review of domestic violence treatment

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## Abstract

This meta-analytic review examines the findings of 22 studies evaluating treatment efficacy for domestically violent males. The outcome literature of controlled quasi-experimental and experimental studies was reviewed to test the relative impact of Duluth model, cognitive-behavioral therapy (CBT), and other types of treatment on subsequent recidivism of violence. Study design and type of treatment were tested as moderators. Treatment design tended to have a small influence on effect size. There were no differences in effect sizes in comparing Duluth model vs. CBT-type interventions. Overall, effects due to treatment were in the small range, meaning that the current interventions have a minimal impact on reducing recidivism beyond the effect of being arrested. Analogies to treatment for other populations are presented for comparison. Implications for policy decisions and future research are discussed.

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## 1. Introduction

As an estimated 840,000 women reported assaults at the hands of an intimate in 1996 (Bureau of Justice Statistics, 1998), interventions designed to address this growing public

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health concern have focused on the perpetrators of domestic violence in hopes of deterring further assault. Prior to the 1980s, little attention was paid to domestic violence intervention (Fagan, 1989). Issues of family privacy vs. societal best interest were paramount (Zimring, 1989); domestic violence was sometimes thought best “left behind drawn curtains” (*State v. Oliver*, 1874, cited in Rosenfeld, 1992). Subsequent criminalization of domestic violence dictated whether the crime of domestic violence should entail rehabilitation or incarceration. Since then, spouse abusers have “traditionally fallen under the rehabilitative, rather than the punitive arm of the criminal justice system” (Rosenfeld, 1992, p. 207). In actuality, with the implementation of mandatory arrest policies and court-mandated counseling, batterers’ interventions became a fusion between punishment and rehabilitation.

### *1.1. Current standards of care*

While interventions for batterers are far from standardized, standards of care of battering interventions have been evolving in the United States since the 1990s (see Austin & Dankwort, 1999, for a review). Most states target the perpetrator as solely responsible for the crime and, as such, he shall be held accountable. Most guidelines also require training of group facilitators and experience in domestic violence work, although professional degrees and licensure are generally not required. The recommended duration of intervention ranges from 12 to 52 weeks. Finally, the group intervention model is the format of choice in 90% of mandates, and individual and couples’ therapy is deemed as inappropriate in the majority of the current standards (Austin & Dankwort, 1999). For the most part, state standards have been developed independently of empirical research.

Despite declarations that arrest followed by court-ordered treatment offers “great hope and potential for breaking the destructive cycle of violence” (U.S. Attorney General’s Task Force on Family Violence, 1984, p. 48), there is little empirical evidence that treatment is effective in reducing recidivism of family violence to any meaningful degree. In his review of the earlier studies on marital violence treatment programs, Rosenfeld (1992) concluded that men who are arrested and complete treatment have only slightly lower recidivism rates than men who are arrested but refuse treatment, dropout of treatment, or remain untreated. Some have even argued that treatment programs may put women at increased risk for domestic violence, by contributing to a false sense of security among battered women whose husbands have sought treatment (Holtzworth-Munroe, Beatty, & Anglin, 1995).

Fortunately, in the past decade, several researchers have conducted well-designed studies capable of shedding some light on questions and concerns regarding the efficacy of batterers’ treatment. A small but growing body of methodologically rigorous investigations into the effectiveness of current programs now exists. The purpose of this article is to critically review the treatment outcome research on batterers’ interventions and to conduct a meta-analysis to examine the impact of (1) the treatment type and (2) the study design on the effect size attributable to treatment. Since the current community response to battering is a combination of legal sanctions plus rehabilitation, the goal of this meta-analysis is to examine the effect of the therapeutic intervention, over and above the effect of legal interventions.

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