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**Document Title:** An In-depth Examination of Batterer Intervention and Alternative Treatment Approaches for Domestic Violence Offenders

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**Document Number:** 252265

**Date Received:** February 2019

**Award Number:** 2011-WG-BX-0002

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## FINAL SUMMARY OVERVIEW

An In-depth Examination of Batterer Intervention and Alternative Treatment  
Approaches for Domestic Violence Offenders

Award Number: 2011-WG-BX-0002

January 31, 2019

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**Acknowledgements:** We are grateful to the National Institute of Justice for funding this project (NIJ Award #2011-WG-BX-0002), which allowed us to conduct an in-depth study to complement our National Science Foundation-funded randomized controlled trial (NSF Award #0964821), comparing batterer intervention and alternative treatment approaches for domestic violence offenders. We thank our previous Program Officer, Dr. Bethany Backes, and our current Program Officer, Dr. Angela Moore, as well as our Grant Administrator, Cathy Girouard, for their support throughout this project. We would like to express our sincere gratitude to those who participated in this study allowing us to gain greater insight into domestic violence offender treatment programs. This study would not have been possible without several invaluable partnerships with key constituent groups, including the judiciary, a community-based agency, and universities. More specifically, we would like to thank the Salt Lake City Justice Court (Judge John Baxter, Judge L. G. Cutler, Judge Jeanne Robison, Judge Sydney Magid, and Judge Catherine Roberts) and the West Valley City Court (Judge Brendan McCullagh and Judge Clint Gilmore) as well as the local treatment provider (and all the clinicians) that partnered with us for this study. We are grateful to all the members of the research team who worked on this project from New York University (Anne Bauer, Jessamin Cipollina, Michaela Cotner, Danielle Emery, Milica Gajic, Charlotte Gundry, Alaina Long, Nancy Murakami, Kelly Murphy, Nela Noll, Yangjin Park, Rei Shimizu, Sejung Yang, and Yi Yi Yeap), the University of Utah (Dr. Rob Butters, Shea Chandler, April O’Neill, Kimberly Padilla, Dr. Kort Prince, Lani Taholo, and Erin Becker Worwood), and also the University of Cambridge (Dr. Barak Ariel).

**This project was supported by Award No. 2011-WG-BX-0002, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.**

## **PURPOSE**

In the United States (US), the criminal justice system has become central to the response against domestic violence (DV). Every state now criminalizes DV and most courts rely on what is called a Coordinated Community Response -- arrest, monitoring, and treatment are all key to the strategy to prevent future incidents of DV (Aaron & Beaulaurier, 2017; Barner & Carney, 2011; Maiuro & Eberle, 2008). This study addresses one of the most significant developments in the system's response —the estimated 2,500 Batterer Intervention Programs (BIPs) to which hundreds of thousands of convicted offenders are mandated to treatment each year by US judges (Boal & Mankowski, 2014). BIP treatment, based on the Duluth approach developed in the early 1980's, primarily focuses on changing sexist attitudes and related behaviors and holding offenders accountable for their crimes (see [www.duluth-model.org](http://www.duluth-model.org)). Rigorous studies of BIPs have shown varying rates of effectiveness (Aaron & Beaulaurier, 2017; Babcock, Green, & Robie, 2004; Price & Rosenbaum, 2009; Jewell & Wormith, 2010; but see also Gondolf, 2007). More recently, there is new evidence to suggest that combining BIPs with other treatment elements can improve overall effectiveness (see, for example, Lila, Gracia, & Catalá-Miñana, 2018; Romero-Martinez et al., 2018).

Our study is the first to use a randomized controlled trial (RCT), complemented by an in-depth content analysis, to examine the effectiveness of a BIP treatment that incorporates a restorative justice (RJ) component. In an attempt to address the shortcomings of BIP treatment programs, a number of states now allow alternative approaches, including cognitive behavioral treatment (CBT) for DV crimes (Barocas, Emery, & Mills, 2016; Price & Rosenbaum, 2009). These alternatives can include RJ and other conjoint or couple treatments, although these options still remain fairly rare (Maiuro & Eberle, 2008; Tomsich, Tunstal, & Gover, 2015). Some states require that conjoint or alternative programs be offered after a period of BIP treatment (e.g., Utah); other states allow these alternative options to be offered instead of BIP treatment (e.g., Arizona).

This National Institute of Justice (NIJ)-funded study was designed to provide an in-depth examination of BIP and an alternative treatment approach using RJ for DV offenders. The study design provides an in-depth content analysis to complement a National Science Foundation (NSF)-funded RCT in Salt Lake City, Utah, that uses an intention-to-treat (ITT) method of analysis to determine which treatment program has the lowest arrest outcomes: a traditional BIP (BIP-only) or a BIP plus RJ approach called Circles of Peace (BIP-plus-CP).

At the time of this study, Utah required a minimum of 16 weeks of treatment for DV offenders mandated to treatment. The BIP-only treatment involved a 16-week offender group-based approach which is largely didactic. The curriculum is psycho-educational and aims to hold offenders accountable for their crimes, drawing on the Duluth model of treatment (Babcock et al., 2016; Price & Rosenbaum, 2009). BIP-plus-CP provided 12 weeks of offender-only group sessions (with RJ principles infused throughout the offender-focused group treatment), encouraging offenders to focus on behavioral and attitudinal change. Following the initial 12 group sessions, offenders participated in four weeks of individual CP sessions with a willing victim or a victim advocate (if the victim does not want to participate), family members or other support people, and trained community volunteers. CP, drawing on RJ principles, is facilitated by a Circle Keeper, involves an “intense interaction” and relies on a social compact to provide the expectations for change, agreed to by all CP participants (Sherman et al., 2015). There is ample evidence that RJ can be an effective intervention for violent crime (see, for example, Strang et al., 2013).

This NIJ study builds on Part II of the NSF study. Part I compared BIP-only and BIP-plus-CP for all DV cases (intimate partner violence (IPV) and family violence). Part II of the NSF study and the NIJ study focuses only on IPV cases. Using a variety of data collection methods, this NIJ study offers critical findings that go beyond what the NSF quantitative study can provide (results from Part II of the NSF study are pending). Interviews with offenders and victims over multiple points in time, video-recordings

and observations of treatment sessions, as well as a case record review, allowed the researchers to test emerging theories that BIP-plus-CP may be a viable alternative to treatment, while ensuring that safety concerns are addressed when using a treatment approach that may include victims.

## **PROJECT SUBJECTS**

For Part II of the NSF study, the sample consisted of all eligible IPV offenders who were sentenced to treatment for a misdemeanor DV crime from the Salt Lake City Justice Court or the West Valley Justice Court (starting on April 15, 2015). All judges seeing DV cases from the two courts agreed to refer eligible IPV cases to the treatment provider we were partnered with for this study. Cases qualified for the RCT if they violated the relevant criminal code(s). Those offenders over the age of 18 who lived locally were included in the sample. To reflect typical court practices, gender and criminal history or delinquent background were not used as exclusion criteria.

At sentencing, the judge handed eligible offenders a referral sheet with the information about the relevant treatment provider. Offenders would then contact the treatment provider to schedule an assessment. Following the assessment, if an offender was deemed fit for either treatment option, the case was randomly assigned to one of two treatments: BIP-only or BIP-plus-CP. A total of 274 male and female offenders were randomly assigned by the treatment provider to one of the two treatments, between May 4, 2015 and May 31, 2017. Cases were excluded from random assignment for any of the following reasons: the offender did not speak English proficiently to participate in an English-speaking treatment; was actively psychotic or in need of acute detoxification or hospitalization; was currently engaged in DV treatment or had attended a DV treatment session within the last 30 days with another treatment provider; or was subject to the jurisdiction of another court and was receiving DV, drug, or mental health treatment services through that court.

We used a pure random assignment sequence. Assignment of cases was conducted remotely to avoid any contamination biases. Figure 1 depicts the flow of cases from the point of being assessed for

eligibility and then randomly assigned to treatment until completion of treatment. At the time of the assessment, offenders were asked whether they would like to consent to participate in the NIJ study. For the NIJ study, offenders could consent to interviews only, the video recording of treatment sessions only, to both, or could choose not to consent to any of the above.

Interviews for the NIJ study were conducted during four time intervals (at the start of the program, at program completion, at 6-months after starting the program, and at 12-months after starting the program). Attempts were made to schedule an interview at each interval. If an interview was missed, attempts were made to schedule an interview for the subsequent time interval. A total of 38 offenders participated in interviews at some point in time. Thirty-five offenders completed time 1 (T1) interviews, 14 completed time 2 (T2) interviews, eight completed time 3 (T3) interviews, and six completed time 4 (T4) interviews. Only six offenders completed all four interviews.

Although 42 offenders consented to video recording, we only had enough offenders consent to form a video-recorded men's BIP-only group. Twenty-nine sessions of this group were recorded, and over those 29 sessions, 11 offenders were video recorded (the group is an "open" group with offenders starting each week and mandated to 16 weeks of treatment total). In addition, four CP sessions were video-recorded. Two offenders were recorded in their individual CP sessions (three sessions were recorded for one offender (female) and one session was recorded for the other offender (male)). Despite implementing new study procedures on December 19, 2016 to include incentives for participants, recruitment remained challenging for the video recording of treatment sessions. In response, we increased the number of treatment sessions we observed as part of the IRB approval we had for the NSF study. As a result, we observed 16 weeks of the men's BIP-only group, 16 weeks of the women's BIP-only group, 12 weeks of the men's BIP-plus-CP group, 12 weeks of the women's BIP-plus-CP group, and four offenders in their individual CP sessions (two female offenders (three CP sessions were observed for one and four CP sessions were observed for the other) and two male offenders (three

CP sessions were observed for one and four CP sessions were observed for the other)). The last observation was done on December 13, 2017. These observations allowed us to capture a systematic review of the treatment process for both the BIP-only groups and the BIP-plus-CP groups, as well as individual CP sessions. Finally, a case record review was conducted on the 160 cases that completed the intended treatment.

Table 1 shows the key characteristics of the offenders in the NSF study and the various components of the NIJ study (interviews, video recordings, and case records). For the NSF study, 274 offenders were randomly assigned to treatment (138 cases were assigned to BIP-only and 136 cases were assigned to BIP-plus-CP). The average age of offenders at the time of arrest was 33 years of age. Sixty-two percent were male, 62% identified as white, and 80% were employed at the time of the initial assessment. Over half (53%) of the offenders were still in relationships with their victims at the time of the assessment and most were heterosexual (95%). Over half (55%) had children under 18 years of age at the time of the assessment, of which 80% were children in common with the victim. A small percentage (7%) of cases were 'dual arrests' (both parties were arrested for the same DV incident). The majority (76%) of DV incidents that led to the arrest involved physical abuse defined as physical violence with direct contact and over a quarter (28%) of the offenders were under the influence of alcohol at the time of arrest. Fifty-eight percent of the offenders completed the intended treatment and for those who attended BIP-plus-CP and completed the 12 weeks of offender-only group treatment, 67% of the victims participated in at least one CP session with their offender.

For the subset of offenders who participated in the NIJ study, 38 completed at least one interview (23 offenders were randomly assigned to BIP-only and 15 offenders were randomly assigned to BIP-plus-CP); 13 offenders were video recorded in their treatment sessions (11 offenders were randomly assigned to BIP-only and two offenders (one male and one female) were randomly assigned to

BIP-plus-CP). In addition, 160 were included in the case record review (92 offenders were randomly assigned to BIP-only and 68 offenders were randomly assigned to BIP-plus-CP).

The NIJ study also included interviews with six female victims (three of the victims who were interviewed had an offender randomly assigned to BIP-only and three had an offender randomly assigned to BIP-plus-CP, although none of the victims who were interviewed participated in the CP sessions). Four victims who consented to be interviewed completed one interview and two victims completed four interviews. Four facilitators (one male and three females), two trained community volunteers, and one victim advocate were also video recorded in the treatment sessions.

## **PROJECT DESIGN AND METHODS**

The NSF study uses secondary data (e.g., police reports, initial assessment conducted by the treatment provider, court records, arrest records, etc.) to create a dataset that captures criminal activity outcome measures using the ITT method of analysis. Thus, the quantitative analysis in the NSF study will be based on an offender being assigned to treatment, not the treatment received. ITT provides an experimental design that measures outcomes in complex clinical settings. It does not, however, provide a description of how and why the treatment works, hence the need for this in-depth NIJ study.

The NIJ study built on the NSF RCT by conducting a simultaneous in-depth content analysis of the treatment process using interviews with offenders and victims, video recordings of treatment sessions, observations of treatment sessions, and case record reviews. Using a variety of data collection methods ensured that the results offer findings that go beyond what the quantitative outcome studies provide. Together, the NIJ and the NSF studies offer a potential paradigm shift in how communities address DV cases and what services are offered to offenders – and possibly to victims – to prevent future violence. Results from the NIJ study (still being analyzed) will be combined with results from the NSF randomized controlled trial (results are still pending) to determine which characteristics of the



treatment process are associated with treatment outcomes. A cost-benefit analysis will complement the quantitative and qualitative findings in order to understand the trade-offs involved in each treatment.

## **DATA ANALYSIS**

Interviews were audiotaped and transcribed. The video-recordings of the treatment sessions were also transcribed. Additionally, observation notes were typed and reviewed after the observations were conducted. Finally, a survey was created to conduct a content analysis of the weekly session notes for the case record review of the offenders who completed the intended treatment.

We utilized a phenomenological approach for qualitative coding to best compare and synthesize the lived experiences of participating DV offenders and their victims, as well as the facilitators who provided the treatment programs (Creswell, 2013). This approach was selected as it focuses on identifying and synthesizing shared experiences of those involved in this study (Creswell, 2013). An inductive method was employed for the data analysis which identified themes and patterns across interviews with offenders and victims, video-recordings and observations of treatment sessions, and a review of the case records (Thomas, 2006). Nine members of the research team developed the coding and analyses process. Codes were developed using an iterative process until consensus was achieved. All sources of data were coded by at least two members of the research team. Coding was cross-checked and reconciled.

Interview transcripts, video-recording transcripts, and observation notes were coded using ATLAS.ti. A survey was created in Qualtrics to conduct the content analysis and included both close-ended and open-ended questions. The coding of the data for the NSF study and the NIJ study were conducted concurrently and the analysis for both studies is still ongoing.

## **PRELIMINARY FINDINGS (DATA ANALYSIS IS STILL ONGOING)**

These preliminary findings represent the recurring patterns that were detected across all sources of data. The important areas that emerged from the interviews, video-recordings, observations,

and case records are attitudes and beliefs about gender, family, and relationships; DV more generally; reasons for violence; attitudes and personal beliefs about offender treatment for DV and the criminal justice system; the infusion of RJ in treatment; views regarding victimization; and the overall process of how treatment is administered. These areas are discussed briefly below. Additional findings will emerge as data analysis continues. These findings are drawn from offenders who are mandated to treatment and victims whose partners were required to attend treatment and must be viewed in this context.

For both offenders and victims, attitudes and personal beliefs about gender roles and relationship dynamics emerged as a key theme.

*“A lot of that shit is parenting too because they're taught that stuff from their parents who were abusive and so they think it's okay. They think that's the way to be, that's being a man. ‘Violence is manhood.’ Yeah. Jesus, ‘I’ll teach you to be a man.’ Oh my God. Yeah, six years old, up against the wall...It took care of my manhood, yeah.”* (Male, BIP-plus-CP, Offender Interview, T2)

Another key theme was what it means to be a perpetrator and what it means to be a victim as well as each of their roles in the incident.

*“I don’t feel like I’m a domestic violence person or a violent person at all. I just think that there were some issues there that were bigger than we were that just made us not get along and fight and argue, and it was all financial you know. I really don’t feel like I need it...I can go to work, I can associate with people and do my job and not be a violent person.”* (Male, BIP-plus-CP, Offender Interview, T1)

*“We had that one rough incident where he got charged and that’s why he has to do domestic violence classes, and they say I’m a victim but I don’t know if I am a victim...that’s the thing that kind of irritates me a little bit is because they charged him with domestic violence and he never like hurt me, but he broke an item. He broke some stuff in the living room...he didn’t hurt me, but he broke an object at our house and so of course he’s going to get charged because apparently you can’t break your own stuff.”* (Female with an offender in BIP-only, Victim Interview, T1)

Offender and victim perceptions of what led to the violence in their relationships emerged as a theme and included issues related to financial and housing stress, interpersonal communication, substance use and abuse, as well as children and parenting-related issues.

*“What kills me every time we get in an argument, it’s, ‘well I’m sorry my kids aren’t as perfect and I’m sorry,’ and I’m like, ‘[Victim’s name] Goddamn, get off of my kids, leave my kids alone, my kids aren’t part of this.’”* (Male, BIP-only, Video Recording)

The attitudes and personal beliefs as well as perceptions about treatment based on offenders' participation including the desire for a conjoint treatment option also emerged as a theme.

*"Well obviously it [BIP] was addressing just domestic violence and I think a lot of it was just ways to kind of think a little bit more about how you act...they put you through a bunch of situations, like we watched a bunch of videos of different things and talked about it and stuff. Some of it was kind of ridiculous to me, you know, I couldn't really relate to a lot of it, but it was just a way to think about a scenario and things that I don't even know what all of the other guys are in there for, but maybe it was more pertinent to them." (Male, BIP-plus-CP, Offender Interview, T2)*

*"I attended all of my classes and I just think that what really needs to be put out there [in treatment] is you know, [when] it comes to kind of "he said she said" thing, I think it should be okay well, it's a "he said she said" thing, why not have them both take part [in treatment] you know?" (Female, BIP-only, Offender Interview, T2)*

*"I think it'd also be good if the other partner would go to classes and that way they could learn...we both have to listen. Sometimes I feel like my wife doesn't really take the time to listen to what I have to say...I try to see her point of view and see her feelings. I don't think she sees where I'm coming from. I think it'd be a good thing for both parties to participate in classes. Not stay in the same class, maybe...they have classes for people that, let's say your wife's a drug addict or an alcoholic. They have classes for the spouses that they go to deal with that. And I think it'd be the same for, same with the domestic [violence] thing." (Male, BIP-only, Offender Interview, T3)*

Another theme included the attitudes and personal beliefs about the expectations of treatment and the mandatory nature of it.

*"If it's domestic violence order, it's kind of mandatory to take the classes. So I'm just like whatever man, I want to get it over with honestly. Like I've already made changes [to] make my marriage work but you know, it is what it is so, like I said, I'm open to learning new things and hopefully I can take something good out of it." (Male, BIP-plus-CP, Offender Interview, T1)*

Offender and victim perceptions of the factors that influence the offender's participation in treatment emerged as an important theme and included the offender's willingness to change and the role of the victim in the CP process (both the reluctance to participate as well as the desire).

*"Sometimes it was interesting because a lot of the women [offenders] in that class didn't want to take responsibility for their own actions, or they would say like 'oh it was all the other person and now I'm sitting here in this class and I didn't do anything.'" (Female, BIP-only, Offender Interview, T2)*

A victim who has a protective order, and therefore could not participate in treatment even though her offender was in BIP-plus-CP, stated the following:

*"Well I mean like I said, I wish I would've had the opportunity to actually do the treatment, you know? Like I mean I'm kind of disappointed because I really think it may have helped, it may not have, I don't know,*

*but there's no way to know now. So it's kind of disappointing.” (Female with an offender in BIP-plus-CP, Victim Interview, T2)*

For offenders in BIP-plus-CP, it emerged as a theme that RJ principles and processes had been infused in both the group treatment and the individual CP sessions. The fact that RJ encourages active participation in groups and allows for the victim perspective to be included in individual CP sessions emerged as a significant finding.

*“It was always interactive, so no matter what we discussed, you had to give feedback. But [Facilitator] passed around this Native American wand...and whoever had it had to give some sort of input...If it was passed to you it means you answered or you gave a statement or gave a comment about whatever we were talking about...[Facilitator] didn't force people to do it. Sometimes you just pass it on and you didn't say anything, but for the most part everybody would say something. It was rare that anybody didn't say anything in the group, so that was cool.” (Male, BIP-plus-CP, Offender Interview, T2)*

Victims discussed their experiences with DV prior to and following the incident, including previous experiences of being a victim and insights into the relationship with the offender.

*“It was like I noticed some things about myself over this last course because this has not been the first time I've been a victim of domestic violence. I'm just getting older, I had to really take a step back and figure out what in the hell I was doing to attract these kind of men and stuff like that.” (Female with an offender in BIP-plus-CP, Victim Interview, T1)*

*“It feels good, it feels good to be able to do all of those things...you know being with someone who tells you that you can't do things or just won't let you because they want you so reliant on them, you know it just feels good to have that confidence that I can take care of anything on my own and I don't have to rely on anybody. I can have them in my life because I want them in my life and not because I have to have them there.” (Female with an offender in BIP-plus-CP, Victim Interview, T3)*

Finally, a number of considerations emerged related to the implementation of treatment including scheduling issues, length of treatment and duration of sessions, childcare issues, organizational concerns, and feedback on materials (videos) used in treatment.

*“The class was really helpful but at the same time it was an inconvenience. I had to miss work and I didn't get home until late and I couldn't go to bed until late because of the class. So I guess it teaches you how to better deal with stuff so you don't end up back there.” (Male, BIP-only, Offender Interview, T3)*

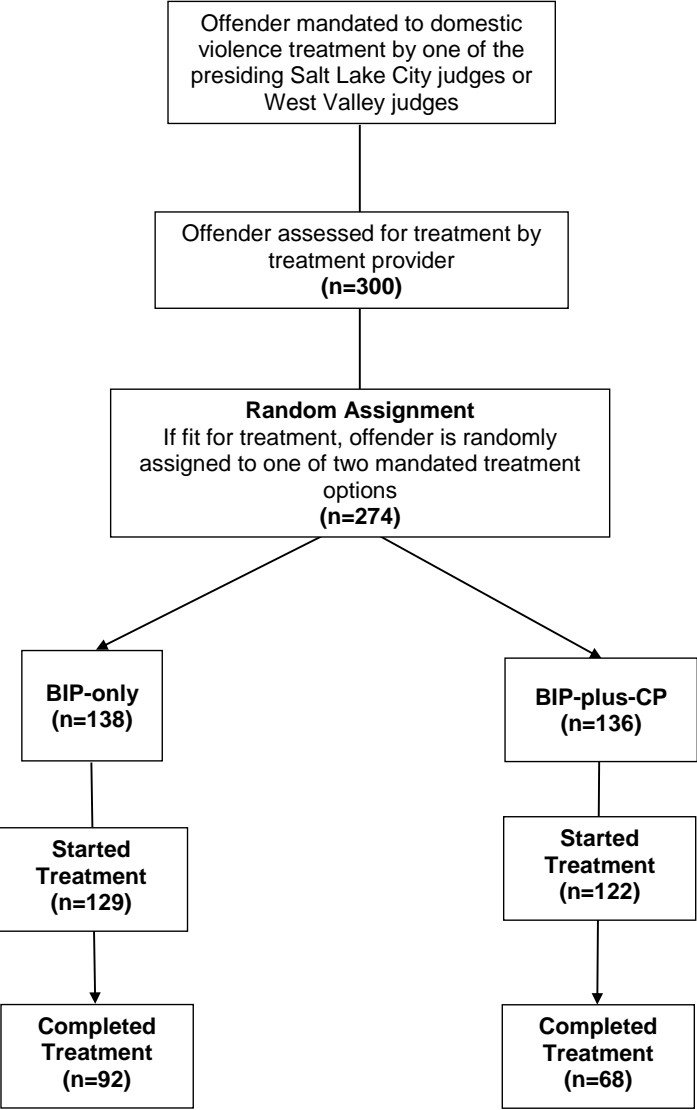
*“I'm a single parent and I don't have any family that can [provide] child support, so I had to get creative in how I found people to watch my son for those two hours or whatever it was. So that was really the most stressful part was just securing daycare, and the both times that I wasn't able to go, it was because I couldn't get daycare.” (Male, BIP-plus-CP, Offender Interview, T2)*

For the case record review, we examined the main themes that were covered over the course of treatment for each offender that completed the intended treatment. Table 2 shows the average number of times a main theme was covered during the 16 BIP-only group sessions with power and control being covered the most and in almost half the sessions (7.77 times,  $SD=2.95$ ). Table 3 shows the breakdown by gender. Table 4 shows the average number of times a main theme was covered during the 12 group sessions for those in BIP-plus-CP with nonviolence/nonthreatening behavior being covered the most (2.34 times,  $SD=1.05$ ). Table 5 shows the breakdown by gender. In the future, individual CP session notes will also be analyzed to identify the main themes covered.

### **IMPLICATIONS FOR CRIMINAL JUSTICE POLICY AND PRACTICE IN THE UNITED STATES**

Over the past several years, the need for the development of DV treatment programs that could include both parties has become an important priority, not only for victims and offenders, but also for policymakers and advocates (Antunes-Alves & Stefano, 2013; Armenti & Babcock, 2016; Stith & McCollum, 2011). The results of this study highlight some of the benefits and challenges of implementing an alternative approach that includes both victim and offender while also adhering to the diversity of state standards for DV treatment. Additionally, the results indicate that RJ (combined with BIP) could be a viable alternative treatment option for DV crimes in cases of IPV. These preliminary findings suggest that RJ, and more specifically, voluntary victim participation in treatment with their offender, should not be forbidden. It is noteworthy that in relevant jurisdictions, a hybrid approach to treatment that includes both batterers treatment and RJ might be useful in addressing the shortcomings of a BIP-only approach. Considerations about open groups, the scheduling of individual CP sessions, and the tracking of cases should also be addressed.

**Figure 1. Random assignment flowchart for NSF/NIJ study  
(PRELIMINARY)**



**Table 1. Sample characteristics**

	<b>NSF RCT (N=274)</b>	<b>NIJ interviews (N=38)</b>	<b>NIJ video recordings (N=13)</b>	<b>NIJ Case records (N=160)</b>
<b>BIP-only Treatment</b>	50%	61%	85%	58%
<b>Mean age at the time of arrest</b>	33	36	37	33
<b>Male</b>	62%	71%	92%	66%
<b>White</b>	62%	74%	77%	64%
<b>Employed during initial assessment</b>	80%	82%	77%	83%
<b>In a relationship with the victim</b>	53%	58%	46%	61%
<b>Same sex couple</b>	5%	3%	-	5%
<b>Children &lt;18 years</b>	55%	58%	62%	55%
<b>Children in common w/ victim &amp; &lt;18 years</b>	80%	82%	88%	77%
<b>Dual arrest</b>	7%	3%	-	6%
<b>DV incident involved physical abuse</b>	76%	79%	62%	76%
<b>Under the influence of alcohol at time of arrest</b>	28%	26%	23%	28%
<b>Completed intended treatment</b>	58%	71%	77%	100%
<b>Victim participation*</b>	67%	67%	50%	69%

*\* Victim participation in at least one CP session of those who were assigned to BIP-plus-CP and completed the 12 weeks of offender-only group treatment before the victim participated.*

**Table 2. The average number of times a main theme was covered during the 16 group sessions (BIP-only, N=92)**

<b>Main Themes</b>	<b>Mean</b>	<b>SD</b>	<b>Min</b>	<b>Max</b>
Core Beliefs and Expectations	1.20	1.27	0	4
Equality/Inequality	.60	.88	0	4
Families/Parenting	1.48	.91	0	4
Honesty and Accountability	.33	.49	0	2
Negotiation and Fairness	.34	.56	0	2
Nonviolence/Nonthreatening Behavior	4.35	3.81	0	13
Power and Control	7.77	2.95	2	15
Respect	.75	.94	0	5
Self-defense	.68	1.00	0	5
Sexual Respect	.98	.97	0	4
Shared Responsibility	1.00	1.15	0	4
Trust and Support	.84	.93	0	4

**Table 3. The average number of times a main theme was covered during the 16 group sessions (BIP-only, N=92) by gender\***

Main Themes	Male(n=59)				Female(n=33)			
	Mean	SD	Min	Max	Mean	SD	Min	Max
Core Beliefs and Expectations	1.73	1.27	0	4	.24	.44	0	1
Equality/Inequality	.49	.80	0	3	.79	.99	0	4
Families/Parenting	1.27	.93	0	3	1.85	.76	1	4
Honesty and Accountability	.51	.54	0	2	0	0	0	0
Negotiation and Fairness	.36	.58	0	2	.30	.53	0	2
Nonviolence/Nonthreatening Behavior	2.63	1.50	1	7	7.42	4.70	0	13
Power and Control	6.37	1.94	2	12	10.27	2.81	5	15
Respect	1.12	.98	0	5	.09	.30	0	1
Self Defense	.08	.28	0	1	1.75	.94	0	5
Sexual Respect	1.53	.80	0	4	0	0	0	0
Shared Responsibility	1.54	1.10	0	4	.03	.17	0	1
Trust and Support	1.30	.86	0	4	0	0	0	0

\*There were separate men's and women's BIP-only groups

**Table 4. The average number of times a main theme was covered during the 12 group sessions (BIP-plus-CP, N=68)**

Main Themes	Mean	SD	Min	Max
Core Beliefs and Expectations	.24	.58	0	3
Equality/Inequality	.91	1.19	0	5
Families/Parenting	1.35	.77	0	3
Honesty and Accountability	1.16	.66	0	3
Negotiation and Fairness	.91	.69	0	2
Nonviolence/Nonthreatening Behavior	2.34	1.05	0	5
Power and Control	1.75	1.63	0	8
Respect	2.00	1.28	0	5
Self-defense	0	0	0	0
Sexual Respect	.85	.58	0	2
Shared Responsibility	1.15	.72	0	4
Trust and Support	1.26	.86	0	4



**Table 5. The average number of times a main theme was covered during the 12 group sessions (BIP-plus-CP, N=68) by gender\***

Main Themes	Male(n=47)				Female(n=21)			
	Mean	SD	Min	Max	Mean	SD	Min	Max
Core Beliefs and Expectations	.19	.45	0	2	.33	.80	0	3
Equality/Inequality	1.32	1.24	0	5	0	0	0	0
Families/Parenting	1.53	.75	0	3	.95	.67	0	2
Honesty and Accountability	1.13	.71	0	3	1.24	.54	0	2
Negotiation and Fairness	.83	.67	0	2	1.10	.70	0	2
Nonviolence/Nonthreatening Behavior	2.04	1.00	0	5	3	.84	2	5
Power and Control	2.26	1.69	0	8	.62	.67	0	2
Respect	2.36	1.36	0	5	1.19	.51	0	2
Self Defense	0	0	0	0	0	0	0	0
Sexual Respect	.79	.62	0	2	1	.45	0	2
Shared Responsibility	1.26	.77	0	4	.90	.54	0	2
Trust and Support	1.30	.93	0	4	1.19	.68	0	3

*\*There were separate men's and women's BIP-plus-CP groups*

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