

Evaluating Programs for Men Who Batter: Problems and Prospects

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The uncertainty and controversy that surround batterer programs beg more systematic evaluation of program effectiveness. The current national surveys and limited evaluations of batterer programs point to several methodological improvements that include comparisons of program modalities, observation study of the group interaction, and more sensitive measures of abuse. Therefore, suggestions for future evaluations are posed, and continuing problematic areas, such as access to the victim, sensitized responses, selectivity of clients, and community context, are discussed.

KEY WORDS: spouse abuse; batterers; program evaluation.

INTRODUCTION

Are we still selling snake oil? This is a question that might be legitimately asked of treatment programs for men who batter their wives or female partners. Feminists, shelter workers, and even some men's counselors are increasingly skeptical about the effectiveness of batterer programs. The number of "success stories" is limited; the list of programs appears to have peaked; and arguments over approach have intensified. While some researchers have endeavored to evaluate these programs, their results remain inconclusive. If the skepticism is to be curbed and batterer programs are to continue to develop, a more systematic evaluation process needs to be established.

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This paper reviews the existing research on batterer programs and proposes evaluation that would offer a more conclusive verdict on what batterer programs actually accomplish. In essence, I argue for more comparative evaluations of competing modalities. That is, treatment programs need to be compared to other programs, rather than continue independent evaluations that are limited and incomparable. Such comparisons would require revision of conventional outcome measures and when they are administered.

RESEARCH ON BATTERER PROGRAMS

In the last nine years, programs for men who batter their wives have emerged across the United States, largely in response to the shelters for battered women that have brought awareness and policy change on the social problem of woman-battering (Schechter, 1982). Researchers and practitioners alike have advocated counseling programs for the men who batter, in part because a high percentage of sheltered women (40-69%) return to their battering husbands, and in part because the vast majority of batterers abuse other woman if their battered wives do not return (Fleming, 1979; Martin, 1976; Roy, 1982; Walker, 1979). However, there is still very little known about the effectiveness of such programs in stopping abuse, and in fact there is increasing contention over modality. The lack of information and contention is perhaps more pronounced in this field than in the field of child abuse because of its grassroots and ideological underpinnings (Finkelhor, 1983).

National Surveys

Four national surveys of men's programs have been conducted in an attempt to document and describe the trend in batterer services (Eddy and Myers, 1984; Feazell *et al.*, 1984; Pirog-Good and Stets-Kealey, 1985; Roberts, 1984, 1982). *Response* (a newsletter on the victimization of women and children from the Center for Women Policy Studies) in 1980 identified 84 programs working with men who batter, and in 1982 estimated the total number of batterer programs to be 150 (Mettger, 1982). Roberts 1982, 1984) surveyed the *Response* listing and received replies from 44 programs. The vast majority of the programs were understaffed, poorly funded, and had high attrition rates and little follow-up. Pirog-Good and Stets-Kealey (1985) estimated from an extensive survey process of 293 potential programs that only 89 programs for batterers were currently in operation. These researchers noted that the high mortality rate of batterer programs was probably related to the "high percentage of newly instituted programs without funding."

The existing programs represent a variety of treatment modalities with a distinguishing set of counseling methods in common. The most recent of the national surveys (Pirog-Good and Stets-Kealy, 1985) indicated that 59% of the programs used multiple counseling formats, and Feazell *et al.* (1984) found 17 different treatment approaches. Eddy and Meyers (1984) concluded that "the majority of batterer programs and services have adopted something of a theoretical and methodological 'shotgun approach' to working with batterers."

Nevertheless, the surveys identify an increasing commonality in a few counseling methods, and this is reflected in a variety of published program descriptions (Edleson, 1984a; Finn, 1985; Gondolf, 1985a; Saunders, 1984a; Sonkin *et al.*, 1985; Neidig *et al.*, 1985; Pence, 1983). These common methods are cognitive restructuring, communication skill-building, stress reduction and relaxation, and sex role resocialization.

Types of Programs

A typology of three major program types based on differences in affiliations, formats, and orientation has been suggested (Gondolf, 1985a; Mettger, 1982). This includes counseling under the auspices of mental health and family services, adjuncts to women's shelters, and self-help organizations or men's anti-sexism collectives. The grassroots self-help programs emphasize an anti-sexist analysis and resocialization of the batterer; whereas the family service programs tend to be more clinically and professionally oriented, emphasizing psychological assessment and anger management (Gondolf, 1985b).

There appears to be a significant increase in the number of family services and family counselors treating batterers and their wives, as opposed to the grassroots self-help programs that initiated batterer services in the late 1970s. A growing number of articles in professional journals present descriptions of family service type programs, based largely on family systems assumptions and multiservices (Taylor, 1984; Neidig, 1985; Weidman, 1986; Weitzman and Dreen, 1982). These programs also generally include individual and couples counseling, as well as separate groups for men, women, and children.

Consequently, contention has increased between the family service programs and the grassroots type. The debate between these positions is well illustrated in the exchange between Neidig (1984), who attempted to discredit the lack of professionalism in grassroots groups, and Edleson (1984b), who asserted the diversity of men's programs and the need to address primarily the violence rather than the relationship, as the family service programs tend to do. Moreover, feminists, who tend to employ a societal conflict analysis

of abuse, argue that couples counseling often implicates and endangers the woman with the naive notion that there is merely a communication problem between the batterer and the victim (Bograd, 1984; Breines and Gordon, 1983).

One matter of agreement, according to the surveys and program descriptions, is that group process should be a major part of the treatment. That is, the batterers should meet together weekly with from 7-10 other batterers to discuss, under the supervision of a trained group leader, the nature of their abuse and how to stop it. The group process is believed to help break down the sense of isolation and denial in the batterer and promote interpersonal skills and emotive communication (Adams and McCormick, 1982; Brisson, 1982; Purdy and Nickle, 1981; Saunders, 1984a).

Evaluation Studies

Unfortunately, there is little substantial evaluation of the different modalities or the group process itself. The surveys of men's programs rely largely on the self-report of staff and suggest guarded results of lessening the physical abuse. The current evaluation studies (Edleson and Grunznki, 1986; Edleson *et al.*, 1985; Gamache *et al.*, 1984; Gondolf, 1984, 1985c; Neidig *et al.*, 1984; Saunders and Hanusa, 1984) are also far from ideal. They suffer from the absence of control groups, no comparisons of modality, limited measures of success, and no study of the group process. Furthermore, most of the evaluations use psychological instruments to measure anger, depression, and marital satisfaction or self-reports on physical abuse without assessing the most immediate and observable behavior—the men's interaction in the group. Yet, this group "performance" is often assumed to have some bearing on the batterer's relationship to his spouse. In sum, the evaluations do not decisively address the debate over modality, as well as effectiveness.

According to the national surveys, the main problems of batterer programs, regardless of type, are low recruitment and high attrition (Pirog-Good and Stets-Kealey, 1985; Roberts, 1982, 1984). One survey (Fezell *et al.*, 1984) indicated that one third to one half of the batterers dropped out after the first session. The AMEND program in Denver, another longstanding men's program, reports 75% drop-out rate after one or two sessions (Roberts, 1984). The RAVEN program in St. Louis, cited as one of the nation's leading programs in *Time* and *Reader's Digest*, reports treating about 950 men during its 10-year span of activity—less than 2% of the estimated batterers in its vicinity. An evaluation study of the Second Step program in Pittsburgh (Gondolf, 1984) shows that over five times as many men inquire about the pro-

gram than enroll in it, and about 30% of those who enter its 12 week program drop out before the program is completed.

The reduction of abuse is more difficult to determine, since follow-up studies are especially problematic with such an elusive population and poorly funded programming. The few available follow-up studies have relied on staff estimates, self-report of the batterers, and unreliable outcome measures. One national survey suggested that about 90% of the batterers do not physically abuse their wives while attending the program, and two thirds to three fourths of those who complete the prescribed program report no violence after 1 year (Feazell *et al.*, 1984). There is some indication, however, that verbal and emotional abuse may escalate during the counseling, and the "accomplishment" or nonviolence may be used for self-congratulations and manipulation (Gondolf, 1984; Edleson and Grusznski, 1986).

The few evaluation studies including a follow-up suggest that about 60% of the batterers who complete a program are nonviolent 10-12 months after the program. In the evaluation of the Second Step program (Gondolf, 1984), 61% of the 31 respondents ($n = 51$) who completed at least one half of the program reported being nonviolent six months after the program. (Only 63% of these men were living with a spouse at the times.) A random sample of nonparticipants ($N = 54$: 43% response)—those batterers who contacted the program but did not enroll—were estimated to be twice as violent as the participants.

The Domestic Abuse Project in Minneapolis (Edleson and Grusznski, 1986) conducted a 4½-month follow-up (on the average) of three different groups of batterers ($N = 63$) through verification interviews with the wives, as well as self-reports by the men. Their results showed similar decreases of reported violence. Sixty-seven percent of those who completed the program, according to the wives' reports, were nonviolent, and 54% of those who did not complete the program were nonviolent, for an average of 60% of the men reporting to be nonviolent.

A study of three Texas men's programs (Stacey and Shupe, 1984) indicated 39% of the women reported that their husbands or boy friends continued to be violent during the man's participation in the programs. Twenty five percent of the men and 45% of the women reported physical violence since the program (about the same level of nonviolence reported in the other programs) with the program "graduates" having the slightly higher reports of nonviolence. Unfortunately, the Texas study suffered from an even lower response rate which precluded a comparison of programs ($N = 360$: 25% response).

A few other studies have assessed program outcomes in psychological rather than behavioral terms. Saunders and Hanusa (1984), using anger, depression and attitude toward women scales on 25 program participants,

demonstrated that men's depression and threat from women decreased during the counseling program of 20 weeks. Neidig *et al.* (1984) suggested that marital satisfaction, communication skills, and self-esteem, according to standardized psychological measures, are lower for batterers in a program than the norm and improved during counseling. Unfortunately, these latter studies lack any follow-up, employ measures not tailored to the batterer, and draw from small self-selected samples. [Walker (1984) administered a number of standardized psychological tests to battered women and obtained counter intuitive results.]

Group Process

The role of the group process, while highly endorsed, has not been effectively evaluated in any of the programs. In three evaluations (Eldeson, 1984a; Gondolf, 1984; Stacey and Shupe 1984), the program participants rate the group discussions as the most "helpful" aspect of the programs. In one of the national surveys (Roberts, 1984), program staff rate the group sessions as one of the "most important features," and $\frac{3}{4}$ of the programs reported that 75% or more of their clients were treated by group counseling (Pirog-Good and Stets-Kealey, 1985). The group process is said to lessen the isolation, stress, inexpressiveness, and low self-esteem thought to contribute to abuse (Brownell and Shumaker, 1985; Goldstein and Rosenbaum, 1985).

There is some challenge, however, to the widely accepted role of group counseling for men who batter. On one hand, some feminists believe that the group process makes men "feel good" who should feel guilty. They also suspect that groups reinforce the abusive behavior rather than reduce it (Hart, 1984). Moreover, the feminists point to the apparent effectiveness of more punitive treatment evidenced in the noted Minneapolis Police Study (Sherman and Berk, 1984). On the other hand, some family therapists argue that couples counseling more directly confronts the interpersonal dynamics that contribute to abuse and prepares couples to rejoin each other, as most choose to do (Linguist *et al.*, 1982; Weitzman and Dreen, 1982).

The literature on self-help groups suggests a correlation between group discussion formats and the lessening of a wide variety of behavioral disorders, but not without many qualifications (Brownell and Shumaker, 1984, 1985). Therefore, the inference that group counseling is effective for batterers still warrants examination, given the individualism, denial, and deception of many of the men (Bernard and Bernard, 1984). The relationship of increased group participation to a reduction of physical and verbal wife abuse especially warrants investigation. The question to be considered, along with program effectiveness is: Does group "performance" offer any indication of abusiveness?

IMPLICATIONS FOR FUTURE RESEARCH

The review of the research on batterer programs indicates the need for evaluation studies that address the following questions.

1. Which treatment modalities are most effective in reducing wife abuse?

2. What contribution does the participation in a group process make to the reduction of wife abuse?

There are several possible answers that must be considered: (1) The reduction of abuse may be directly associated with the program modality. (2) Programs achieving high levels of group interaction may show reductions in abuse, regardless of modality. This finding would suggest the primacy of the group process. (3) Reductions in abuse may be associated more with demographic variables independent of the program modality and group interaction. Some programs may appear to have better results with certain types of men, implying that a plurality of programs should be encouraged. (4) Each program may demonstrate an overall reduction of abuse in varying degrees and partners. For instance, a particular program may show a greater reduction in direct as opposed to indirect abuse over a longer period of time.

The review of the research also suggests some warranted methodological improvements. There are three immediate needs: (1) to establish comparison and control groups, (2) to employ more suitable outcome measures, and (3) to assure more reliable follow-up methods.

Program Modality

The research obviously needs to control for treatment modality by simultaneously studying programs employing different treatment modalities. Ideally, a minimum of four types of programs should be considered. One program should be a grassroots self-help group with an anti-sexist philosophy, resocialization method, and group facilitated process. A second program should be a family service program with a family systems perspective, anger control method, and couples as well as group counseling.

The third and fourth programs should act as quasicontrol groups. The third program should be one that follows a didactic modality, rather than counseling modality. This type of program offers accountability education that attempts to confront the batterer with the criminal, social, and psychological consequences of his abuse in order to reduce denial and motivate a willingness to change. The group sessions are highly structured and directed (Pence, 1983). The fourth type of program might be a relatively unstructured discussion group facilitated by trained therapists who ascribe to psychodynamic assumptions.

The programs selected for evaluation also need to meet some operational prerequisites to assure some fundamental uniformity. The programs ought to have at least three groups each meeting weekly, at least a 12-week cycle, and a "closed" enrollment. (Closed enrollment refers to a group beginning when it has recruited eight members and not admitting any new participants thereafter.)

There are inevitable exceptions in this sort of research that must be negotiated as well. Absentees might be assessed on group interaction and abuse at the next meeting they attend. Dropouts from the program might receive only the follow-up questionnaire. Absenteeism and dropout rates should, however, be tabulated and considered as auxiliary outcome variables in the program comparisons.

Measuring Group Interaction

Researchers must improve outcome measures for group interaction and abuse. There are, of course, many systematic measures for observing group interaction, but one tailored to the characteristics of batterers has yet to be developed. A group interaction checklist could be designed to measure the individual batterers' extent and kind of participation in the group process, noting the frequency of the individual's speech or gestures identified with positive versus negative characteristics. Such a checklist might be completed for each program participant at the first, sixth, and twelfth session of the group. Three bipolar indicators might be used to represent the move from the traditional masculinity and isolation that typify batterers (Bernard and Bernard, 1984): "denial and disclosure," "competition and accommodation," and "withdrawal and bonding." Obviously, the recovering batterer should exhibit more disclosure, accommodation, and bonding behavior over the course of the program.

Denial and Disclosure refer to the nature of comments about one's abuse. Comments that blame one's wife or excuse the abuse for some reason would be considered denial, whereas comments accepting responsibility and revealing personal issues related to abuse would be considered disclosure. Competition and Accommodation refer to the instrumental speech of the group participants. Competition is speech that asserts superiority over others or attempts personal gain at others' expense. Accommodation would be operationalized as the speech that attempts or enables group members to reach a common goal. Withdrawal-Bonding refer to expressive gestures. Withdrawal is action that sets oneself apart from the others in the group. Bonding includes action that acknowledges or supports emotionally others in the group, such as touching, eye contact, or nodding when another makes a point.

Direct-Indirect Abusiveness Scale

The most difficult and important measure of effectiveness is the determination of the abusiveness level. A few scales of abuse have been developed but are not without controversy. The most noted scale is the Conflict Tactics Scale (CTS), which attempts to measure intrafamily conflict by the means used to resolve conflicts of interests (Straus, 1979). It includes indicators for reasoning, verbal aggression, and physical force. The eight ordinal items of the violent tactics subscale (measures of physical force) have shown men and women to commit about the same incidence of violent acts toward one another (Straus *et al.*, 1980). Critics have argued, however, that this scale does not account for severity of the abuse inflicted on the woman and the woman's acts committed in self-defense (Pleck *et al.*, 1978a). Also, the scale does not account for the degrading verbal abuse that can be as debilitating emotionally as the physical abuse.

Moreover, the acts in themselves may not be as significant as the constellation of behaviors that create a subjective state of terror for the woman. Even when a battered woman is not hit, the possibility of being hit sustains a high degree of fear and uncertainty. Edleson *et al.* (1985) consequently conclude in their review of the literature: "The definition of women battering must be centered upon this experience of terror and attempt to understand how it develops through an interaction of the many varied elements in a couple's or family's environment."

The Index of Spouse Abuse (ISA) is a 30-item scale designed to measure the severity of physical and nonphysical abuse that is inflicted upon a woman by her spouse or partner (Hudson and McIntosh, 1981). Therefore, it accounts for some of the shortcomings noted in the Conflict Tactics Scale. Moreover, the validity tests of this scale seem to indicate that "social desirability responding" is not a problem.

The scale, however, does not specifically address the batterer, but rather the battered woman. Also, while it has a validated nonphysical subscale that encompasses primarily verbal abuse, it does not fully account for other indirect forms of abuse that contribute to the state of terror noted by researchers of battered women (Dutton and Painter, 1981; Ferraro and Johnson, 1983; Janoff-Bulman and Frieze, 1983). Noncooperation, isolation, and control contribute to sustaining terror and may in themselves preclude the need for violence because they so debilitate the woman.

Therefore, I would propose a Direct/Indirect Abuse Scale (DIAS). This abuse scale would attempt to account for the broader definition of abuse that includes: (1) direct abuse, that is the batterer's infliction of mental or physical harm directly on the victim, and (2) indirect abuse, that is the batterer's threats or limits to the victims well-being through intermediate means.

The scale would offer, therefore, a measure of "indirect abuse" that accounted for noncooperation, isolation, and control, as well as the "direct abuse" of physical, verbal and psychological abuse.

Like the ISA, the DIAS should be a summated-category, partition scale that accounts for severity of the abuse. Each subscale (e.g., physical, control, etc.) would be summed independently of the other subscales and compared to the sum scores of the readministered questionnaire. In this way, a measure of change for each aspect of abuse can be determined.

Some measure of the impact of the abuse might also be employed, such as self-report of injury or care received. Measures of the wife's level of fear, trust, and self-esteem, and the batterer's empathy, attitude toward women, and anger might also give some indication of impact and complement the behavioral measures so widely used for abuse.

The questionnaire should be administered to both husband and wife. The sums from the wife's questionnaire, however, should be used for the data analysis, since the husband tends to under report (Edleson *et al.*, 1985; Szinovacz, 1983). The difference between batterer and wife sums would, nonetheless, be noted as an auxiliary outcome measure. Some of the questions to be considered in this regard are: Does the batterer's and wife's reporting of abuse become more similar as the program progresses? Are there greater differences in reporting for some program types than others?

Additionally, the time frame for administering such measures needs to be extended. Ideally, researchers need to collect background data at intake, interaction observations periodically over the course of the program, and abuse questionnaires from the batterer and from his spouse during and after the program. Data collection only during, at the end, or after the program fails to establish the process of change that batterers may go through. Considering the cycle of violence (Walker, 1984) and continued deception on the part of batterers (Bernard and Bernard, 1984), long-term follow-ups are ultimately preferred. The difficulty of establishing such follow-ups may be eased if compliance to follow-up is made a requirement for program enrollment or court mandate.

Analysis

Essentially, I am advocating two principal outcome measures: The DIAS which relies on the self-reporting of abuse so widely used in the past, and a Group Interaction Checklist which offers a behavioral observation to supplement the self-report. (Auxiliary variables of absenteeism, dropout, and reporting differences can be also be considered as outcome measures).

In this design, there is much latitude left for analysis. The outcome measures of the DIAS questionnaire and Group Interaction Checklist could be compared for each batterer, for each of the two groups within a program,

and for each program. Also, the variance over time of each outcome measure (and its subscales) can be examined.

Furthermore, the relationship of the two outcome measures can be determined. If the two are positively correlated in some aspect, then group observation would offer a convenient way to assess clients' progress and program effectiveness in the future. If not, we will at least confirm the caution about assessing batterers on the basis of their group participation.

Last, the differentiating variables collected in a background inventory might be compared to the outcomes. Do the programs work better for one type of batterer or another? Do the programs work better for one type of battered woman or another? At least one study of battered women has concluded the cessation of abuse was not differentiated by background variables (Bowker, 1983). Moreover, a typology of batterers has not as yet been statistically established (Saunders, 1984b). An analysis of background and outcome could offer clarification of this question.

Remaining Problems

There are several methodological problems that remain, however. Probably the most crucial is determining the batterer's access to his wife (Gondolf, 1984). If the batterer has little access to his wife because she is in a shelter, his cessation of abuse can hardly be considered a program outcome. Similarly, divorce or an order-of-protection may limit the access of the batterer to his wife and show a reduction in abuse. Yet, in all these circumstances, batterers have managed to visit their wives and abusively punish them for the separation. In sum, to simply weigh the batterer's living arrangements with his wife is not sufficient. Some measure of access needs to be established.

Second, there is the problem of sensitized responses. Both batterers and battered women tend to report abuse more extensively over the course of treatment (Edleson and Grunznski, 1986). Their denial lessens and their awareness of abuse is heightened. Perhaps some factor to compensate for this increased reporting can be established in the repeatedly administered abuse scale. [Saunders and Hanusa (1984) derived an adjustment for "social desirability" in their evaluation that may serve as a guide for program sensitizing.]

Third, the selection process of clients presents a problem for the research. Most of the programs rely on self-referred batterers, but increasingly men are being court mandated to programs. Some programs, furthermore, have more stringent admissions requirements than others; a few programs can afford to be selective since they have waiting lists. It may be assumed at this point that the men in programs are not significantly differen-

tiated by background variables, but it is a matter that must be substantiated by comparing the background variables for clients of different programs.

Fourth, the relationship of a program to other interventions, like police action, family services, or men's center, presents another confounding factor. That is, it may be that program effectiveness is related more to the system of interventions present in a particular community than to the activity of one particular program. A variety of interventions may be necessary to sustain the change process of batterers (Gondolf, under review; Mulvey and LaRosa, 1986). If so, the comparative evaluation would need to be extended to different community systems.

CONCLUSIONS

Batterer programs need to be more systematically evaluated in order to help address the uncertainty and controversy that surrounds them. The diversity of treatment assumptions still have little or no substantial research for their claims. Furthermore, batterer programs can too easily be used by individual batterers to falsely assure their wives, and by a community as a sign that abuse is being addressed.

In order to accomplish meaningful evaluation, researchers associated with a variety of programs should begin to coordinate their evaluations or collaborate to assure some comparative studies. In particular, some unified measures for group interaction should be adopted, along with a measure for indirect and direct abuse administered periodically during the course of the program and in extended follow-ups.

Until this is accomplished, we must be very cautious about our claims for batterer programs, especially since the safety of so many women and children are at stake.

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