Strengths-Based Batterer Intervention

A New Paradigm in Ending Family Violence

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The field of intimate partner violence (IPV) is at an impasse. We have created an industry of IPV intervention whereby most men arrested for domestic violence are routinely mandated to attend a battering intervention and prevention program. 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, 1994, p. 48), there is little evidence that our current interventions are very effective in stopping the recurrence of family violence (Babcock, Green & Robie, 2004). Current interventions, when studied appropriately with rigorous experiments, appear to be relatively ineffective at stopping domestic violence. So what do we do now? Dismantle the system? Ignore the data and proceed with “treatment as usual”? Develop new interventions? If we are going to create new IPV interventions should we modify existing interventions? Or should we chuck it all and start from scratch? What should future IPV interventions look like?

This book addresses these questions. Until quite recently, the Duluth-type model and feminist philosophy have had a stranglehold on the field. Some states mandate that only Duluth-model battering intervention programs receive funding, regardless of the fact that they are largely ineffective. Entrenched political and philosophical dogmas have thwarted the exploration of alternative theories, dismissed empirical findings, and discouraged rigorous study of the causes of intimate partner violence. This book unabashedly presents possible solutions to move the field forward. It presents alternative models of IPV interventions that will help the IPV field get “unstuck.”

While the strengths-based approaches detailed in this book consider the problem of IPV from different angles, all converge on several points:

- IPV interventions should take a helping, therapeutic position rather than a didactic, educational, or authoritarian stance.
The therapist should be empathic, as opposed to confrontational, and develop an alliance with clients.

The therapy should adopt an idiographic approach rather than a “one size fits all” treatment package and should embrace the complexity of IPV and the diversity among perpetrators.

The therapist should be respectful of the client—rather than pejorative, moralizing, or punitive.

The therapy should “meet the client where he is” and strive to increase his motivation to pursue behavior change.

The therapy should attend to and address the client’s emotions.

The therapist should help the client to modify and articulate positive and functional self-statements, which in turn will modify his emotions and behavior.

The therapist should play to the client’s strengths and foster self-compassion, as opposed to focusing on the client’s weakness or past mistakes, impugning his character, and fostering shame.

All of these points are, as we know from the general clinical psychology research literature, empirically supported therapeutic principles or techniques of behavior change (Babcock, Canady, Graham & Schart, 2007). They have proven to be effective with a variety of populations. They are not radical approaches, yet they are in radical contrast with the predominant battering intervention models.

With increasing dissatisfaction with the status quo and theories that do not address the complexity of IPV, our field is poised to enter the evidence-based practice movement. This work presents novel treatments based on empirically supported techniques rather than ideology and dogma. The next step is to submit these interventions to rigorous randomized clinical trials, discarding those that prove to be ineffective and widely disseminating those that decrease IPV.

No longer will family violence research and intervention remain isolated from general standards of practice in social welfare, criminal justice, psychology, and behavioral intervention. This book harkens a new era of intimate partner violence intervention, one in which we are free to experiment with alternative ways to end intimate partner abuse.

—Julia Babcock, PhD

REFERENCES

Domestic violence offenders are typically thought of as persons who are physically or verbally or psychologically abusive and controlling. What is sometimes overlooked and/or misunderstood is that a variety of other qualities may also be present in the abusive person that may further contribute to an abusive and oppressive environment in the home. These qualities can include an intolerance of opinions that differ from his, a tendency to assume that other family members are “against” him, an absence of compassion and empathy for others—particularly during abusive episodes, and a tendency to be punishing and retaliatory.

Ironically, some of the people who work with abusive men can display some of the same or similar qualities that abusive men do in the home—inflexible rules; limited compassion for the men they work with; an intolerance of opinions that differ from or challenge the program approach; viewing the men as being against them (and then responding in kind); and willfully striving to be punitive so that the men choose not to be abusive again in order to avoid having to suffer through another such program. The irony of our attempts to recreate the system that they themselves are seeking to change appears to be lost on most of them. They are also the ones who will be most likely to object to the contents of this book, beginning with its title.

“Strengths-Based Batterer Intervention” sounds like it could be terrifying. Don’t abusive men have enough strength and power already? Isn’t the idea to “cut them down to size”? Actually, no, it’s not. The problem is not that abusive men have power or strength, but how they use their power to overpower others. The key isn’t to take away any power they might have, but rather, to help them to act more appropriately with that power.

The book you hold in your hands offers a variety of approaches intended to help abusive men change by utilizing of the strengths and assets they already possess. It is intended to build upon and enhance the
work that is already being done with this population. Key themes that are emphasized throughout by the various authors include the exercise of respect, compassion, collaboration, and faith, on the part of those who work with abusive men. The underlying belief is that accountability can be pursued, collusion avoided, and safety maintained while exercising these virtues in the work. The qualities that those who work with abusive men are being encouraged to practice are the very same ones we are seeking to instill in the abusive men with whom we work. As Martin Luther King, Jr., so eloquently stated: “Returning violence for violence multiplies violence, adding deeper darkness to a night already devoid of stars. Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.”

—Chris Huffine, PsyD
Imagination is the highest kite one can fly. —Lauren Bacall

In the United States and Canada, acts of physical violence against a person’s intimate partner is a serious criminal act and against the law. Over the years, systems of justice have been implemented so that when an assault and arrest occurs, the offender begins a process that generally moves through the criminal justice system. For many who enter this system, participation in batterer intervention programs (BIPs) is mandated.

The most common form of mandated BIP treatment is based on the Domestic Abuse Intervention Project, founded in Duluth, Minnesota (e.g., Gondolf, 2002; Jackson et al., 2003). Commonly referred to as the Duluth model, this BIP approach was developed by a dedicated group of community feminist activists who declared that (a) violence must be brought out of the shadows of secrecy, (b) women and children must be safe, and (c) men must be fully accountable for their violent and abusive behaviors. What started as a grassroots group intervention movement through shelters for battered women has mushroomed into the primary mode of intimate partner violence (IPV) intervention, delivered in curriculum form, with a strong educative component (e.g., Gondolf, 2002; Jackson et al., 2003).

A number of critical issues have brought the tradition of the Duluth model to a turning point. The first of these is increasing dissatisfaction with the feminist ideals incorporated into political and philosophical messages about ending violence against women (e.g., Gelles, 2007; Mills, 2008). A second is growing agreement that there are limitations to the currently used approaches (e.g., Babcock, Green & Robie, 2004; Feder & Wilson, 2005; Levesque & Gelles, 1998). However, this is controversial, leading to open disagreements between professionals in the field, such as that between Edward Gondolf and Donald Dutton (please see Gondolf, 2007; Dutton & Corvo, 2007).
It goes without saying that society does not consider people who commit acts of violence against their partners in a kindly manner. Within the professional field, and particularly within batterer intervention, they have been described as generally pathological, defiant, and in a constant state of denial. They are also characterized as resistant, are vilified for their behaviors, seen as absent, irrelevant, inherently needing to exercise power and control over others, and just plain “bad people.” To change their abusive behavior, many believe IPV offenders must be confronted, challenged, educated, and resocialized. They must acknowledge their wrongdoing, account for their abuse/violence, and be willing to change. In some ways, these ideals have become part of the *regimes of truth* (Foucault, 1980) about batterer intervention; however, these explanations too have come into question.

Within the family violence community, multiple controversies exist, with all sides having the same purpose: to protect people by stopping family violence. However, regardless of the arguments, empirical literature demonstrates the poor effectiveness of current approaches (e.g., Babcock, Green & Robie, 2004; Feder & Wilson, 2005; Levesque & Gelles, 1998). What we are currently doing simply does not work.

What, then, are we to do about all this? The purpose of this text is to consider other possibilities. Imagine it is possible to shift our customary thinking about people who perpetrate violence from hopeless to hopeful. Imagine it is possible that these same people who have demonstrated significant deficits by committing acts of violence actually have positive qualities. Imagine it is possible to help IPV offenders change their future behavior by incorporating their strengths, competencies, attributes, and resources into the treatment regimen.

In the smallest manner, this text opens a dialogue toward examining a paradigm shift within the field of batterer intervention. The intent is not wholesale dismantling of the good that has been accomplished, but rather a small move away from deficits, toward strengths. Thus, the objective is to provide an argument for and a means to move the field in a manner that incorporates strengths into batterer treatment practices.

The idea of using strengths is not new. Over 50 years ago Carl Rogers (1951) addressed the utility of strengths as essential to human growth and change. It is also important to say that focusing on strengths does not discount the need for IPV offenders to be responsible for their behaviors. People who have harmed their partners should be held accountable for the damage they have done. However, they also need help to change
their behavior. The contents of this text pursue this change through a different route, one that is not currently a focus of the field.

To some of our colleagues, bringing strengths into work with people who are perpetrators of violence is common, rational, and makes sense. For many of our colleagues, however, it is controversial, divisive, dismissive, simplistic, risky, and perhaps even unethical. We recognize not every reader will support the contents of this text and we are realistic that there are limitations when it comes to building competencies, resources, and strengths with people who have been and may still be dangerous. Thus, at the outset let us be clear: this text supports and endorses the need for the safety of partners and children. Every man, woman, and child deserves to be safe from violence and at no time does this text endorse minimizing the need for safety.

Additionally, this text is not meant to be a multidimensional response to ending IPV, and we are cognizant the contents herein are only a small part of what has been accumulated from the professional field. We are sensitive to what this text does not cover. As a cursory example, we are aware of the burgeoning literature on the gender symmetry of violence (e.g., Dutton, 2006; Hamel & Nichols, 2007), the serious role alcohol and drugs play in the lives of men who are abusive (e.g., Stuart, 2005; van Wormer, 2007), the broad theory base (e.g., psychological, sociological, feminist), same-sex violence (Jackson, 2007), the role of parenting in relationship violence (e.g., Edleson & Williams, 2006; Scott, Francis, Crooks & Kelly, 2006), and the value of broadening the scope of treatment beyond traditional batterer intervention (e.g., Hamel, 2005; Stith, Rosen, McCollum & Thomsen, 2004; Stosny, 1995). In providing this acknowledgement, we argue that each issue has previously been detailed and presented in a balanced form by numerous authors. Clearly the field is dynamic and we recognize that practitioners are mindful of the controversies. With this in mind, this text offers a small forum to integrate another side of human nature into the treatment of people who have been violent toward their intimate partner. The side that is positive, competency driven, and strengths-based.

**CONTENTS OF THIS BOOK**

The contents of this book are divided into three parts. Part I forms the foundation for changing the paradigm. Chapter 1 provides an analytic discussion about the current state of batterer intervention programs. In chapter 1 the need for something different in the field of IPV intervention and the reasons for movement toward strengths-based BIP approaches
are highlighted. Designed to introduce the need for “something different” and give a general overview of this new direction, Part I provides a foundation for subsequent chapters, supports the need for changing the way IPV intervention is conceptualized, and gives a general overview of what strengths-based batterer intervention is and what it is not. Chapter 2 introduces the overarching components of strengths-based batterer intervention, contrasting this approach with traditional models, and providing the groundwork for the theoretical models included in this text.

After this foundation, Part II introduces six theoretical models that can be utilized by family violence professionals when working with IPV offending populations. The first four are currently being empirically examined within the family violence field: solution-focused, motivational interviewing, narrative therapy, and strengths focused cognitive behavioral therapy (CBT).

The first theoretical model, solution-focused treatment of domestic violence offenders, is a solution-based, goal-directed, domestic violence group treatment program developed through the Plumas Project (Uken, Lee & Sebold, 2007), first described by Lee, Greene, and Rheinscheld (1999) and further elaborated by Lee, Sebold, and Uken (2003a). In addition to these descriptive works, multiple studies have demonstrated the effectiveness of the solution-focused theoretical approach with IPV offenders (please see Lee, Sebold & Uken, 2003b; Lee, Uken & Sebold, 2004, 2007; Uken, Lee & Sebold, 2007).

The second theoretical model, motivational interviewing, is a focused, client-centered, and goal-directed approach to intervention designed to help clients explore and resolve their ambivalence to change (Rollnick & Miller, 1995). Theoretically based on the transtheoretical model (TTM) of change (Prochaska & DiClemente, 1983, 1984; Prochaska, DiClemente & Norcross, 1992), aspects of motivational interviewing are proving to be effective with the IPV offender population (please see Easton, Swan & Sinha, 2000; Kistenmacher & Weiss, 2008; Musser, Semiantin, Taft & Murphy, 2008; Taft, Murphy, Elliott & Morrel, 2001).

The third theoretical model, narrative therapy, utilizes language in a collaborative therapeutic engagement with IPV offending clients (Augusta-Scott, 2008; Augusta-Scott & Dankwort, 2002). Adapted for IPV offenders at a program called “Bridges” in Nova Scotia, Canada, narrative therapy is a promising conversational approach to intervention.

The fourth theoretical model is a strengths-focused CBT. Although traditional CBT is evident throughout the family violence field, the presented approach shifts the paradigm to strengths building.
In addition to the four theoretical models addressed above, two additional methods that are not currently used with IPV offenders but have shown promise are also presented: broaden-and-build and the Good Lives Model. Although no agencies are currently utilizing these two promising approaches with the IPV offender populations, they have proven effective with other populations traditionally considered “challenging,” such as sexual offenders, serious violent offenders, and prison populations (e.g., Maruna, 2001; Ward & Marshall, 2004; Whitehead, Ward & Collie, 2007). Thus, both broaden-and-build and the Good Lives Model have exciting potential to become helpful with batterer intervention. In addition to the four theoretical models discussed above, this text provides six promising and useful theoretical approaches that family violence professionals can incorporate into their work with IPV offending clients.

The third and final part of this text provides practical applications and a look toward the future. Grounded in the idea that reducing negative behaviors is dependent on building the positive side of the person’s potential, chapter 9 discusses assessment and treatment of IPV offenders from a strengths-based perspective. It also includes 20 examples of practical “tools” that can be used in the domestic violence treatment setting. The included instruments, exercises, questions, and assessment strategies build on strengths and competencies, with an emphasis on promoting safety. In addition to the tools provided, this part also includes an annotated bibliography of additional resources family violence professionals may find helpful. The final chapter closes the book with a look forward that summarizes the strengths-based models presented, then discusses future theoretical, empirical, and practical directions for expanding strengths-based approaches within IPV offender intervention.

THE HOPE

In closing the preface, we want to say that we believe the future of batterer intervention is hopeful. The field of batterer intervention, grounded in the strides made by the feminist movements, can now be moved forward in a positive way. The ideas, constructs, and concepts included in this text are intended to facilitate this move by incorporating strengths into intervention with domestic violence offenders. It is not our intent to diminish the work of others, but instead to build on this foundation in a way that improves the field. Our hope is to change lives by providing family violence professionals with ideas, resources, and tools that can
positively affect intervention with people who have been violent with their partner. We hope this text is helpful to those who imagine a different, positive way to approach batterer intervention. To this end, if even one family violence professional changes the paradigm in which they view their IPV offending clients, then we believe we have succeeded in this task.

REFERENCES


I want to acknowledge the people who are most important to me and who made this book possible, including my husband Matt, my mother Dolly, my brother Harold, my sister Ramona, and my aunts and uncles. I also want to thank the colleagues I’ve worked with through the years who have helped me develop the ideas included in this text.

—Catherine A. Simmons, PhD, LCSW

To Delphine; to Daley and Rory; to Insoo and Steve.

—Peter Lehmann, PhD, LCSW
A Changing Paradigm
Re-examine all you have been told . . . dismiss whatever insults your soul.

—Walt Whitman

The impact of violence on intimate partner relationships has tragically continued to be part of the North American fabric of life. The thought that people who have committed to love each other become violent, occasionally resulting in injury or death, seems anathema to a common sense way of thinking and behaving. The public is appalled by the sheer brutality and horror of those cases that reach media attention. Yet, as a society we have been unable to stem the tide of pain that is inflicted by intimate partner violence (IPV). All too often we are left to wonder “why,” “how could anyone do such terrible things,” and “how could this happen?”

Such questions have led to open and frank discussions about violence, particularly violence against women by their male partners. Consequently, in the last three decades, the problems surrounding IPV have become recognized as an important and critical social issue that

It is recognized that intimate partner violence is perpetrated by both men and women, and within the context of both heterosexual and homosexual relationships. However, the pronouns used in this chapter often reflect the typical case that is seen in batterer intervention: a male offender and a female survivor/victim.
deserves attention. A collective response from the professional field has emerged as the criminal justice response system, the battered women’s shelter movement, and an increasing number of community responders, educators, researchers, policy makers, and batterer treatment providers work to develop programs designed to end IPV.

Of further relevance to IPV professionals has been the adoption of mandatory arrest laws (also called pro arrest laws) that began in the 1980s. These laws require legal intervention in cases where evidence of probable cause exists. A natural consequence of these laws was a dramatic increase in the number of IPV offenders who were arrested, and subsequent pressure on the courts to deal with them (Ford & Regoli, 1993). From this, the growth of mandatory programming for male IPV offenders expanded.

Since their grass-roots beginnings in the early 1970s, batterer intervention programs (BIPs) for men have evolved into the most prominent and visible form of intervention aimed at ending IPV (Gondolf, 2002; Jackson et al., 2003). At present, every state in the United States and every province and territory in Canada have adopted some form of mandated batterer intervention programming (Austin & Danwort, 1999; Dankwort & Austin, 1999). Current estimates suggest that at least 80% of all BIP participation is mandated (Healey, Smith & O’Sullivan, 1998) and that most of the programs these men attend are based on the tenets of the Domestic Abuse Intervention Project (DAIP) (e.g., Gondolf, 2002; Jackson et al., 2003), commonly referred to as the Duluth model.

To their credit, those involved with the Duluth model have helped raise awareness with respect to violence against women, created an infrastructure dedicated to helping victims/survivors, contributed to the development of the professional field, and produced a new generation of professional practitioners and researchers devoted to eliminating this significant social problem. At the same time, Mills (2008) correctly stated that a point has been reached where “the enormous gains we’ve made must give us the courage to confront our weaknesses and expand our horizons” (p. 252). Consequently, questions are being raised such as “What else can be done to improve batterer intervention?” and “Are there other ways of responding to IPV that are potentially helpful?” The purpose of this chapter, then, is to address these questions by way of an analytical discussion of the current trends affecting batterer intervention. In this discussion, a cursory summary of the two most prominent models is presented first. Next, a section reviewing outcome effectiveness
and ideological polarities highlights the emerging changes that are now influencing the family violence field. Finally, an overview of the rationale for shifting the paradigm used to approach batterer intervention is developed with an introduction to strengths-based approaches.

PROMINENT APPROACHES

The following section reviews the Duluth and cognitive-behavioral models of batterer intervention. While the psychodynamic/trauma method might also be considered prominent in some areas, we agree with Hamberger (2008b), who stated that the approach actually represents three separate treatment approaches: attachment, trauma, and shame. Thus, an outline of the psychodynamic/trauma method is not included in the present discussion.

Duluth Model of Batterer Intervention

An analytical discussion about the state of batterer intervention must start with an overview of the most prominent approaches, the first of which is the Duluth model. It was founded in 1981 in Duluth, Minnesota, as a means to (a) change the privacy and secrecy which often surrounded IPV, and instead make it public, (b) make communities safer for victims and (c) hold offenders accountable for their behavior (Pence & Paymar, 1993). The Duluth Model is regarded as a hybrid of feminist and cognitive behavioral principles (see also chapter 2) in that accountability for one’s actions, challenging and changing beliefs/attitudes, and education are central to changing the violent behavior of men who batter (e.g., Edleson & Tolman, 1992; Gondolf, 2007; Healey, Smith & O’Sullivan, 1989; Schmidt et al., 2007; Shepard & Pence, 1989; Vincent & Jouriles, 2000). The Duluth model is grounded in the belief that arrest and prosecution coupled with court-mandated intervention, primarily in the form of group work, is crucial for change. Because the Duluth model views IPV as learned behavior, treating psychological problems and/or changing personalities is not considered part of the process. Group facilitators typically avoid the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other psychiatric-type diagnoses and do not consider their work to be “therapy.” Instead, peer group formats are viewed as the best vehicle for re-learning gender sensitive, non-violent behaviors (Caesar & Hamberger, 1989; Edleson & Tolman, 1992).
Critical to the Duluth model is the belief that male-only groups are the safest and most ethical means of helping men take responsibility for changing their behaviors. Administered over a period of 6 months (or more) in weekly 1½ to 2 hour group sessions, the Duluth curriculum is a manualized educative mixture of feminist principles integrated with cognitive-behavioral interventions (e.g., Pence & Paymar, 1985, 1993). A working premise of this approach is the belief that domestic violence is a learned pattern of intimidation, coercive control, and socially sanctioned behavior against women (e.g., Pence & Paymar, 1985, 1993). Thus, the work of men-only groups is to reeducate participants in a structured manner by confronting (a) their sense of gendered entitlement and sexist attitudes towards women and (b) their minimization and denial of abusive behavior (e.g., Minnesota Program Development, Inc., 2007; Paymar, 2000; Pence & Paymar, 1993; Shepard & Pence, 1999), and challenging each man to be fully accountable and take responsibility for his behavior. As part of the Duluth approach participants sign a release-of-information form and a program contract agreement with the understanding that acts of violence and violation of court orders will be reported to the court, and that noncompliance with program rules will likely result in suspension from the group (Paymar, 2000). In this model of intervention, volunteers are treated in the same manner as those who are court-mandated and program staff may testify at revocation or review hearings regarding violations of the program contract (Minnesota Program Development, Inc., 2007; Paymar, 2000).

**CBT–Cognitive Behavioral Interventions**

While the majority of batterer intervention programs base much of their curricula and policies on the feminist cognitive behavioral principles outlined in the Duluth curriculum (e.g., Gondolf, 2002; Jackson et al., 2003), a few alternatives exist. Of those, in the last two decades, cognitive behavioral therapy (CBT) in the form of CBT based men’s groups are the most prominent (e.g., Hamberger, 1997, 2002; Jennings, 1987; Sonkin & Durphy, 1997; Wexler, 2000). In contrast to the Duluth model, a CBT approach conceptualizes IPV as a consequence of problems with the person’s thoughts, assumptions, beliefs, and behaviors (Murphy & Eckhardt, 2005). The underlying idea of those operating from a CBT paradigm is that violence is used because it is functional for the person using it. That is, the batterer uses violence against his partner to reduce
his inner tension, to achieve victim compliance, to end an uncomfortable situation, and/or to give the batterer a feeling of power and control over a situation (Sonkin, Martin & Walker, 1985). Therefore, CBT approaches to batterer intervention focus on behavioral skill building/role playing with the intent of reducing anger, conflict management, and increasing positive interaction (such as active listening and/or nonviolent assertiveness).

On the surface these groups sound promising, however it has been pointed out that some CBT labels are often misleading, as most of these groups also address emotional components such as empathy and jealousy (Babcock, Green & Robie, 2004; Dunford, 2000). Further, it is widely known that most CBT groups adhere to a combination of educational methods; they focus more on cognitive information, but less on cognitive or emotional processing (see Eckhardt & Schramm, this volume). Additionally, Babcock, Green, and Robie (2004) observed that

Most modern cognitive-behavioral groups also usually address perpetrator attitudes and values regarding women and the use of violence toward women. To the extent that CBT groups address patriarchal attitudes, and Duluth model groups address the learned and reinforced aspects of violence, any distinction between CBT and Duluth model groups becomes increasingly unclear. (p. 1026)

Eckhardt and Schram (see chapter 6) provide greater detail with respect to the underlying components of this model and examine some of this criticism in the evolving field. At the same time, it would seem the current state of batterer intervention is one of similarities across systems that have resulted in manualized singular approaches. This cross fertilization has been integrated with what has become known as the traditional BIP approach to batterer intervention.

**EMERGING CHANGES**

As the Duluth model has gained influence in the intervention field it has been held up as “one of the most successful community-based projects for violent men anywhere in the world” (Dobash, Dobash, Cavanagh & Lewis, 2000, p. 48). Consequently, for more than two decades the basic assumptions and ideals of the model (see chapter 2) have remained
constant, thus forming the foundation for the standard engagement of batterer intervention in the United States and Canada (Austin & Dankwort, 1999; Dankwort & Austin, 1999; Gondolf, 2002). While this continues to serve an important need, concerns with traditional BIP approaches have steadily grown. For the purposes of discussion, points of divergence have centered around two critical areas: (1) questions surrounding effectiveness [while space does not permit a counterpoint, it must be noted there is no consensus in the field about outcome effectiveness; for a detailed discussion, see Gondolf (2004)] and (2) ideological polarity.

The Question of Effectiveness

In recent years there appears to have been a prevailing belief that most BIP approaches are effective across all offenders regardless of background, socioeconomic status, and/or typology (Babcock & LaTaillaide, 2000); however, these ideas have not kept pace with empirical findings. For example, Labriola, Rempel, and Davis (2005) have provided a concise summary of at least seven published reviews (Davis & Taylor, 1999; Eisikovits & Edleson, 1989; Gondolf, 1991, 1995; Rosenfeld, 1992; Saunders, 1996a; Tolman & Bennett, 1990) as well as eight book chapters (Crowell & Burgess, 1996; Dobash, Dobash, Cavanagh & Lewis, 1995; Dutton, 1988, 1995; Hamberger & Hastings, 1990, 1993; Rosenbaum & O’Leary, 1986; Saunders & Azar, 1989; Tolman & Edleson, 1995) that include 35 single-site batterer program evaluations.

As a summary of these reviews, Labriola, Rempel, and Davis (2005) identified three generations of research exploring BIP effectiveness. The first generation of studies designed to explore effectiveness includes BIP evaluations that did not utilize comparison groups. Although these first generation research designs hold merit, they were not able to make definitive claims that the interventions explored (a) caused behavior change or (b) could be linked to program participation. The second generation of effectiveness research consists of quasi-experimental program evaluations. Here, offenders assigned to BIPs were compared to offenders who were not assigned to BIPs. Although these comparisons are interesting, treatment effects are inconclusive given the pre-existing differences between comparison groups. The third generation of effectiveness research identified in this process includes randomized studies. While seen as the “gold standard” of evaluation, randomized studies are controversial and difficult to carry out. Interestingly, findings
of these third generation studies indicate outcomes rarely differed when
the investigators looked at variables such as recidivism, attitudes toward
women, beliefs about violence, degree of post-group violence between
groups, and/or cognitive change (Labriola, Rempel & Davis).

In addition to the three generations of studies outlined above, a
fourth generation of research is emerging via meta-analysis, an approach
that statistically combines the results of several studies investigating
related hypotheses. Meta-analysis is important in building the case for
treatment effectiveness because findings from the aggregate of multiple
studies provide a more stable measure of treatment effect than relying
on the results of only one study (Perry, 1997). Currently, at least three
meta-analytic studies have been conducted. In the first of these studies,
Levesque and Gelles (1998) completed a meta-analysis of 17 outcome
studies and found small effect sizes ranging from $h_s = 0.18$ to $0.27$.
Likewise, Babcock, Green, and Robie (2004) found the effectiveness of
Duluth/feminist psychoeducational interventions ($k=5$) yielded small
effect size of $d = 0.35$ (95% CI = 0.15–0.55), while CBT interventions
($k=3$) yielded even smaller effect size of $d = 0.29$ (95% CI = 0.01–0.60).
Babcock, Green, and Robie considered both spontaneous violence
cessation rates (e.g., O’Leary et al., 1989) and decreased recidivism fol-
lowing involvement in the legal system (e.g., Dutton, 1987) in their dis-
cussion, noting “current interventions have a minimal impact on reducing
recidivism beyond the effect of being arrested” (Babcock, Green &
Robie, p. 1023). Finally, Feder and Wilson (2005) included 4 experi-
mental and 6 quasi-experimental outcome studies in their meta-analysis
of effect size by outcome (official vs. victim report) and by design type.
Their findings indicated modest benefits for experimental programs, yet
lower results in studies accessing general populations. Additionally, no
effect was noted when relying on victim report measures. In conclusion,
Feder and Wilson stated their findings did not provide the “confidence”
(p. 259) existing programs are effective, and in their place suggested
researchers and the criminal justice system “begin to look at other types
of interventions” (p. 258).

Summarizing batterer intervention, Babcock, Canady, Graham, and
Schart (2007) stated, “current research on intervention tells us more
about what doesn’t work than what are effective ways to stop family
violence” (p. 237). The authors go on to conclude that a woman is only
5% less likely to be reassaulted if her partner is arrested, sanctioned,
and referred to a BIP than a woman whose partner is arrested and only
sanctioned. Furthermore, with meta-analytic studies finding treatment
effects ranging from minimal (Feder & Wilson, 2005) to small (Babcock, Green & Robie, 2004), it is logical that academics and practitioners have begun to seriously consider other forms of batterer intervention/treatment.

**Ideological Polarities**

A second area of divergence with traditional BIP models centers on an ideological polarity within the field. The development of this polarity was evident over a decade ago in the work of Eisikovits and Buchbinder (1996). At the time, the authors predicted that the rise and fall of ideologies, pressure groups, and modes of intervention would grow as the field of domestic violence became more professionalized. Eisikovits and Buchbinder believed that the idea of “who owns the problem” (p. 186) would create tensions between pressure groups, claims makers, and interest groups. In a spirit of optimism, it was felt that these tensions would create opportunities to enhance interventions. Unfortunately, evidence of a convergence among professionals on behalf of understanding the complexity of domestic violence and what might be done to intervene is yet to be seen.

More recently, Dutton (2008) has referred to the polarity of thinking as the “gender analysis” (p. 20) while Hamel and Nicholls (2007) described it as the “gender camp” (p. xii). Essentially, these views have divided the field of batterer intervention into two groups. The first group represents those who ascribe to the view that (a) patriarchy, male privilege, and male acceptance of violence is, was, and continues to be the root cause of IPV, (b) that men, for the most part, are the only so-called real IPV perpetrators, and (c) operating from a different paradigm compromises safety. The second group argues that (a) patriarchy has little to do with changing behavior, (b) men and women can be both perpetrators and victims, and (c) it is entirely possible to think outside of the box (Dutton, 2007, 2008), develop innovative interventions, and not compromise safety. As will be pointed out below, these ideological polarities are currently at their height; however, a forecast of change is developing throughout the field.

**An Array of Differences**

Grounded in the view that patriarchy is tied to IPV, the first side of the ideological split can be traced to a number of feminist clinicians/authors,
including Bograd (1984, 1988), Chornesky (2000), MacKinnon and Miller (1984), Pressman (1989), Shepard and Pence (1999), and Walker (1989), to name a few. These prominent authors argued that although non-feminist models of IPV intervention attempted to remain neutral, they actually often blamed women. Many argued that non-feminist models ignored the real effects of violence, dismissed the unequal power imbalances in relationships, and were less willing to acknowledge that male domination and oppression of women existed at almost every level of society. Further, these views supported the idea that batterer intervention should focus on reducing the male batterer’s need for power and control over his female partners. Although the outcome of these arguments provided a foundation for both increasing awareness about IPV and the need for intervention, they also provided a one dimensional perspective of violence, excluding the possibility of alternative models of batterer intervention. In effect, the literature and political argument created by this philosophical perspective set the stage for BIP approaches, such as the Duluth model, to be the sole mode of change.

The nature of ideological polarities may be the result of passionate pro-feminist authors who, while meaning to draw attention to the problem of IPV, seem to both discount existing evidence and simplify the complexity of relationship violence to a single variable. For example, in responding to intimate partner homicide, Serran and Firestone (2004) suggested “the law and the patriarchal hierarchy have legitimized wife beating and control, resulting in unequal power relationships between men and women” (p. 12). Likewise, in their discussion about battering, Pence and Das Dasgupta (2006) state:

. . . historically, groups of people have established and sustained supremacy over other groups of people by the use of violence that includes ongoing and systematic patterns of intimidation, coercion, as well as other tactics of control to physically, morally, spiritually, and economically devastate them. This is the kind of violence that has been used by whites over people of color; traffickers over prostituted women; the economically powerful over the poor; slave owners over slaves; and feudal landlords over subjects. At its extreme, it is manifested as witch hunt, ethnic cleansing, genocide, slave trading, and holocaust. The analogy is easily extended to the battering of women in marriage (Mies, Bennholdt-Thomsen & Von Werlhof, 1988) and intimate relationships. It is manifested as the murder of thousands of women and their children every year in the U.S. (p. 6)
Finally, in arguing that “husband abuse” is a continuing myth which may be perceived as a backlash against women, Minaker and Snider (2006) concluded, “The invention and celebration of husband abuse makes it more difficult to deal with power imbalances between male and female partners and easier to ignore or explain away empirical evidence showing that family violence usually means wife abuse” (p. 770). The above comments reflect a narrow and misleading perspective of IPV, making it akin to ethnic cleansing and genocide, while ignoring both the complex nature of intimate partner relationships and the idea that there could be other plausible explanations. It is entirely possible that such post-Duluth writings have come to represent what has been seen as biased assimilation (Lord, Ross & Lepper, 1979) and groupthink (Dutton & Nicholls, 2005; Janis, 1982). The perception could be that strongly held beliefs about patriarchy and male violence have led writers to ignore contradictory evidence, setting the stage for social groups to sustain the status quo by also ignoring other support.

Although such activist writing has generated much attention within the field, over time divisions have developed among IPV professionals. Rather than pooling expertise and collaborating on how to better understand and treat batterer populations, it appears that sides have been drawn that leave little room for the field to advance. For example, Gelles (2007) argued that the many pro-feminist “facts” presented about why men’s violence is so common have little to do with existing evidence. In effect, Gelles argues, information has been published about the prevalence, seriousness, and risk of men’s violence that has yet to be measured or collected. He further cautions that undertaking such research has the potential to reduce “the credibility of the advocates” (p. 44). What is missing is an opportunity to create openings for dialogue around feminist ideas, not by disposing of gender, but by assimilating gender in a manner consistent with the growth of the field.

One exception stands out as a meeting ground for theory and practice. As a result of a focus group study with front line workers, McPhail, Busch, Kulkarni, and Rice (2007) proposed an integrated feminist model (IFM). The authors’ model rests on two feminist practice positions: (a) it is behavior, not the person (male/female), that should be the focus, and (b) empathy and accountability for all involved. In effect, the authors took worker practice experiences and combined them with an expanded theoretical/knowledge base of the field while keeping certain feminist principles as guides.
One final exemplar of the ongoing ideological split are the series of essays from Gondolf (2007) and Dutton and Corvo (2007), in which both engage in a lively yet tense debate about the merits of the Duluth model. Both openly criticize each other’s work, devoting a great deal of space to advancing what appears to be the objective truth of their evidence and the falsehoods of the other. Clearly, the end result seems to have eliminated much hope for collegial dialogue between the esteemed researchers about where the field is headed. Both accuse the other of falling into ideological, false positions yet neither offer constructive steps for moving toward the center. Gondolf ends by inviting the dialogue to broaden (p. 11) while in the same breathe accusing Dutton and Corvo of circumventing the field. Likewise, Dutton and Corvo suggest broader treatments may work but not without ending their essay by disdainfully asking how arrested women fit in a model (Duluth) when they are themselves are “slaves to patriarchy” (p. 8). If anything, these debates are essentially an ongoing culmination of a polarized field where ownership of the problem has become politicized to an extreme.

What has become increasingly clear is that something different is needed for the field of batterer intervention to move forward. The purpose of this discussion is not to advocate for the dismantling of what already exists. Instead, the purpose of this analysis is to (a) create a partnership and collaboration between science and practice, (b) promote reasonable, progressive thinking about effective and new program development, (c) support continued research into what works, and (d) seek to develop coordinated respect for differences (McNamee, 2004). The argument is simply for a small move forward, a shift away from “more of the same” and toward a strategy that is not risky, dangerous, or completely foreign. The purpose of this text is to encourage a paradigm shift from the current understanding of batterer intervention as the “only correct approach” to a model that is open to incorporating new ideas, ideas that integrate strengths into the equation.

A PARADIGM SHIFT

Any discussion with respect to a paradigm shift in batterer intervention is not intended to be a sweeping scientific revolution like that prescribed by Kuhn (1962). Instead small incremental changes are needed in the way professionals conceptualize IPV. A small paradigm shift will allow
the field of batterer intervention to broaden, hopefully resulting in an expanded set of new ideas and methods about what is (or could be) helpful. From this, a strengths-based paradigm is introduced below, further elaborated in chapter two, and incorporated throughout this book. A strengths-based perspective has the potential to create new variations in IPV assessment and intervention.

The move toward a paradigm shift in the professional field has been in progress for some time as articulated by a small group of authors. For example, in moving beyond the parameters of traditional feminism with respect to batterers, Grauwiler and Mills (2004) endorsed a paradigm change incorporating restorative justice with men. In their work, Grauwiler and Mills introduced the concept of Intimate Abuse Circles that address violence but also create a continuum of community support, which may or may not include a criminal justice response. Mills (2003) earlier called for social policy changes in the arrest of batterers and the response to domestic violence based on the ideas that violence is not always one sided, and treatment should focus on healing rather than shame and punishment. Likewise, Stuart (2005) suggested that the treatment of batterer populations should find ways to move from a universal singular approach to a range of interventions based on the need for a balance between (a) assessment and treatment and (b) individual and conjoint work. These ideas were summarized in a review of current “systemic” models of practice, which include various treatment options (for a review, see Hamel, 2007). Additionally, waning allegiance to the dominant model has created a host of conceptually diverse and broad treatment regimens. Beyond CBT interventions, additional models have included dialectical behavior therapy (e.g., Fruzzetti & Levensky, 2000; Waltz, 2003), feminist-cognitive behavioral therapy (Saunders, 1996a) as well as psychodynamic models of BIPs, aimed at modifying underlying behaviors that are associated with traumatic experiences and/or personality deficits by targeting attachment, dependency (Browne, Saunders & Staecker, 1997; Sonkin & Dutton, 2003) and shame (Stosny, 1995). More recently, a solution-focused model (Lee, Seebold & Uken, 2003; Milner & Jessop 2003; Milner & Singleton, 2008), and a narrative model (Augusta–Scott, 2008) have been developed. As the argument for a paradigm shift continues to develop in the batterer intervention literature, a number of issues emerge that may also be considered. The following 6 issues are addressed in this narrative below: (a) the question of heterogeneity, (b) manualization, (c) the process to outcome dilemma, (d) group confrontation, (e) creating behavior change, and (f) safety. It
is important to note that these issues are not finite ones for the field but instead represent a beginning step.

**The Question of Heterogeneity**

The question of heterogeneity represents the first argument for a paradigm shift for moving the field beyond traditional BIP approaches. Although these traditional approaches view batterers as similar, there appears to be growing consensus within the professional field that the batterer population is heterogeneous. That is, there are vast differences, both large and small, that may be found in and between men who perpetrate IPV.

The importance of heterogeneity may be traced to the clinical and empirical work with batterer typologies. Typology research attempts to narrow the vast dissimilarities between IPV offenders into workable profiles so that treatment can target identified characteristics, decrease recidivism, and find better ways to increase partner safety. The idea of typologies first developed with Elbow’s (1977) summary of four personality syndromes in wife abusers: the controller, the defender, the approval seeker, and the incorporator. Gondolf (1988) followed suit with his theory of three primary typologies: sociopathic, antisocial, and non-disordered men. Nevertheless, the idea of profiling a “batterer typology” came to fruition with Holtzworth-Munroe’s and Stuart’s (1994) documentation of three batterer typologies: family only, borderline-dysphoric, and generally violent-antisocial. Cavanaugh and Gelles (2005) recently categorized offenders into low-, medium-, and high-risk types that are further sub-divided into severity and frequency of violence, criminal history, and psychopathology. The evolution and summary of these ideas is exemplified in the recent work of Bender and Roberts (2007), which synchronizes the conceptual and empirical typology literature. In this body of work, the authors create a template for use, an informative horizontal (level of risk by offender typology) by vertical (level of risk to survivor) axis that integrates the potential impact on female partners.

The problem with the current understanding of offender “types” is that they appear to follow the risk-need-responsivity models of offender rehabilitation (Andrews & Bonta, 2003). Such models are specifically aimed at reducing and changing offender (in this case, batterer) risk factors (e.g., sexist beliefs/attitudes, power/control issues, mental illness issues, substance issues, psychopathy, and childhood maltreatment.
issues) as found with BIP work. At the same time, no consensus exists concerning which typology is the most helpful for assessment or which risk-reducing interventions fit best with which type of profile (Healey & Smith, 1998). While it is important that attention is given to batterer risk so as to reduce harm, it is not sufficient for effective treatment and long-lasting change (Yates & Ward, 2008). Further, the current typology models do not seem to acknowledge one’s wellbeing, mental health, capabilities, or competencies (Whitehead, Ward & Collie, 2007), which are seen as necessary to reduce dangerous behavior.

A second issue with heterogeneity is that over the last 20 years, innovative treatment programs that might develop from typology models have not kept pace with the large numbers of men adjudicated by the courts. As a result, most communities have continued to use a singular form of batterer intervention instead of seeking ways to build typologies into treatment. It is likely that this trend may be a function of a combination of variables including but not limited to: (a) an unwillingness to accept novel approaches that do not include patriarchy as the central cause of IPV (Dutton & Corvo, 2007); (b) a rejection on the part of jurisdictions of programming that is not based on Duluth model type principles (Gelles, 2002); (c) a sustained preference for arrest and mandated programming (beyond typologies and treatment) held by the community (e.g., Pence & Paymar, 1993); (d) a continual interest in understanding the history, roots, and dynamics associated with IPV (Lee, Seebold & Uken, 2003) to the exclusion of all other behaviors; (e) a lack of significant exposure to typology training used to identify accurate profiles (Lohr et al., 2005); and (f) a gap between the practice and research fields. Specifically, there are questions about whether empirically derived subtypes (research) will be useful in clinically-driven (practice) settings. In attempting to address some of these questions, Langhinrichsen-Rohling, Huss, and Ramsey, (2000) found that a small cohort (n = 5) of advanced clinical psychology graduate students could not reliably sort out profiles into subtypes using standardized measures and police reports. These findings suggest that individual variation could limit clinical/practical usefulness of empirical subtypes. It should be noted, though, that there are challenges beyond keeping men in offender treatment (e.g., those identified by their psychopathy) (Langhinrichsen-Rohling, Huss & Ramsey, 2000). The complexities of integrating research with the human side of therapy are challenges still being explored (such as discussed by Lambert & Ogles, 2004).
Based on the literature noted, a paradigm shift in conceptualizing what might work with batterer populations is needed. In particular, and departing from the interest in typology, others (Chang & Saunders, 2002; Dalton, 2007) acknowledged that program development should be tied to cultural competency where ethnicity, gender, and/or sexual orientation are included in the focus. Indeed, some authors are arguing that batterer programming for African American men will be negative without culturally-sensitive interventions (Bennett & Williams, 2001; Williams, 1992, 2000). The same may be said of programming for Hispanic men (Aldarondo & Mederos, 2002; Welland & Ribner, 2008). The challenge, it seems, is overcoming state standardized batterer programming while accounting for one’s diverse cultural context (Buttell & Mohr Carney, 2007; Gelles, 2002).

Indeed, a paradigm shift toward heterogeneity has the potential to make room for programming that is not reductionist or narrow in design. Heterogeneity need not simply rely on current knowledge of typologies to produce the necessary behavior change but instead should be flexible and open to integrating other parts of men’s experiences into the intervention process. Consequently, this can leave room for considering human agency (Bandura, 1977, 1997; Magyar-Moe & Lopez, 2008), the idea that men can be intentional (forming action plans to change), future-minded (goal setters), self-regulated (capable of monitoring behaviors), and self-reflective (observant of their thoughts/actions). It is entirely possible that IPV perpetrators may possess characteristics and/or exhibit behaviors that are in fact redeeming. Typologies that shift from male profiles of risk and/or psychopathology (Gondolf & White, 2001), or mental disorder (Lohr, Hamberger, Witte & Parker 2006), to profiles addressing variables as mentioned above have hardly been considered for this population. Consequently, the idea of human agency can challenge us to examine the batterer beyond current thinking that men’s abusive/violent behaviors solely revolve around narrow characteristics that include power, control, oppression, and so forth.

**Manualization of Batterer Intervention Programs**

A second argument for a paradigm shift is related to the widespread manualization of BIPs as peer-educative group work. The primary reason for the similarity across all BIPs is a result of the need to develop treatment standards. Hamberger (2001) stated these standards have
been designed to (a) ensure treatment accountability, (b) support victim safety, (c) promote offender accountability, and (d) end controversial practices with this population. The intent of standards is certainly laudable in that manualization helps set minimum standards of practice that should include practitioner/facilitator competence where the community can be confident it resembles a best practice (Hamburger, 2008a, 2008b). Further, treatment standards following a manualized process provide a systematic way of training and replication (Lambert & Ogles, 2004). On the other hand, manualization may also be what Levitt (1975) long ago referred to as “an orientation toward the product rather than the people who consume it” (p. 27). Thus, there are some limitations to the current process that may lend itself to a paradigm shift within batterer programming.

The first limitation is that manualized approaches can be narrowly construed as technical eclecticism. Coady (2007) sees technical eclecticism as (a) using knowledge about what works with clients who have similar characteristics/problems with clients who are dissimilar and (b) drawing on techniques from therapy models without necessarily subscribing to those theories. The problem with technical eclecticism is that the end results, especially in the case of batterer intervention programs, are meant to be based on a singular accepted protocol of batterer intervention. What may be missing in this manualized approach is the ability to move beyond the “dodo bird” effect (Luborsky, Singer & Luborsky, 1975; Rosenzweig, 1936; Shadish, 2002) that suggests specific approaches do not show specific differing effects when comparing treatment. Here, comparison studies on batterer treatment programs have failed to find one approach better than another (Murphy & Eckhardt, 2005; O’Leary, Heyman & Neidig, 1999; Saunders, 1996a; Witte, Parker, Lohr & Hamberger, 2007). In fact, Murphy and Eckhardt (2005) identified three specific points worth noting; (a) no specific treatment group has been more effective in reducing violence in head to head comparison, (b) recidivism rates are slightly lower on average when compared to control groups with little to no counseling (Babcock, Green & Robie, 2004), and (c) individuals with co-occurring problems (such as substance abuse) are less responsive to intervention. Thus, it is plausible that the “technical operations” associated with manualized approaches have little effect. In addition to Coady’s technical eclecticism, there are some arguments that manualized batterer intervention programming lacks the cognitive-behavioral consistency it proclaims (Dutton & Corvo, 2007) and that many BIPs do not exactly follow curricula—nor do programs
appear to be consistently applying the curriculum (e.g., Gondolf, 2002; Hamberger, 2008a, 2008b).

The second drawback is that the present manualized approach for a “one sized” population moves practice and research in the wrong direction (Duncan & Miller, 2006). Duncan and Miller argue that manuals can provide a “map of the territory” (p. 3), but that they have yet to show how specific technical operations are responsible for client change. Clearly, one of the unanswered questions with regard to manualization is transferability from research to clinical practice (Duncan & Miller, 2006). Maiuro, Hagar, Lin, and Olson (2001) called this the “woozle effect” (p. 25) or the continuous copying and replication of manualization (from county to county, from state to state), which creates an illusion of clinical fact, when in reality there is little basis for it. As a result, Hamberger (2008a) stated some standards exist having little value and poor empirical support. However, he does recommend standards be flexible and open to change as evidence to new theories and approaches gain ground. Thus, the technical “how to” approach of current manualization efforts may not represent the “best practice” approach in how to support client change with BIP groups. Following the thinking of Duncan and Miller, a critical missing piece is how to put relevance back into the relationship between the client and the facilitator/therapist. Given what is already known about the outcomes of batterer intervention programming, this could be a new link to different and potentially effective work with batterer populations.

The Process To Outcome Dilemma

An additional paradigm shift argument relates to process as a mainstay of batterer intervention effectiveness. In other words, there is an emphasis on the process (e.g., specific BIP group protocol) of intervening, where technique-driven, specific step-by step modules are central to part of the work done with changing men. Hence, the Duluth model of BIP. The problem with process as it exists in BIP-like programming is the creation of a “dummy proof” (Duncan, Miller & Sparks, 2007, p. 38) methodology. What is missing and taken less into account is the connection between facilitator and group member that might contribute to needed change.

At this point one can wonder whether current batterer intervention designed to reduce violence might be better served by considering what other process factors are known to improve outcomes. Interest in pro-
cess-to-outcome thinking of this kind is related to the very active litera-
ture that attempts to answer the question, *what do we know about what
leads to change?* To answer this question and provide an argument for a
shift in thinking about what could work better with batterer populations,
it is important to consider an area of research, to date not found in this
field: that of the common factors of change.

A common factors perspective is not the same as a one-size-fits-all
approach found in manualization. Instead, common factors seek to iden-
tify commonalities that predict good outcomes beyond a standardized
approach. Thus, focusing on common factors considers a spectrum of
possibilities related to how change occurs, instead of a singular vision,
which currently exists in the BIP field. The interest in common factors
dates back to the seminal work of Rosenzweig (1936, 1940) and Frank
(1961), and was recently articulated by Duncan (2002). Essentially, Duncan
traces the historical evolution of the common factors of change and con-
cluded there are “pantheoretical factors in operation that overshadow
any perceived or assumed differences among (intervention) approaches”
(pp. 40–41).

The pantheoretical factors of change have been summarized and
simplified to the common factors perspective. Miller, Duncan, and
Hubble (1997, 2004) centered in on four common features of outcome
research that makes for successful and predictable change. These fea-
tures are found in many other analyses of outcome studies, including
Pantheoretical summaries attribute 40% of the change variance to the
client’s extra-therapeutic factors (such as strengths, resources, coping
skills, motivations, where they live, social support, and so forth); 30% to
the client/therapist therapeutic relationship (this includes the quality
of the client’s participation in the therapeutic relationship); and 15%
to the therapist’s attitude in conveying a sense of hope to the client.
Only the remaining 15% is attributed to the technique and/or model
used in the change process.

In sum, the process associated with common factors could be
another pathway to shift batterer intervention in a different direction.
For example, if the technique or model, or in this case batterer inter-
vention programming, accounts for the variance in change as stated
above, then perhaps what leads to good outcomes might come from
what remains extra-therapeutic, the facilitator/client relationship,
and/or client hope. Wampold (2001) has long noted that the “relation-
ship accounts for dramatically more of the variability in outcomes than
does the totality of specific ingredients” (p. 158). To date, this issue is beginning to be considered in batterer intervention programming. One can see the common factors of change embedded in the IPV literature that identify individual and personal strengths (Bennett, Stoops, Call & Flett., 2007), therapeutic alliance (Brown & O’Leary, 2000), working alliance (Taft, Murphy, Musser & Remington., 2004), relationship building (Dutton, 2003), therapeutic bond (Dutton & Corvo, 2007), compassion (Stosny, 1995), and so forth. The construction of an alternative language and practice with respect to the process to outcome dilemma represents an opportunity to identify treatment contexts beyond what currently exists. Forging ahead of current batterer programming in this manner may be a small move in answering some of the questions that have to do with, for example, decreasing treatment dropout (Augusta-Scott & Dankwort, 2002), increasing men’s interest in the change process (Eckhardt & Utschig, 2007), and stepping beyond the education approach (Milner & Singleton, 2008).

**Group Confrontation**

An additional explanation for shifting paradigms can be found in the confrontational approach that guides much of the traditional batterer intervention. The idea of confrontation is viewed by these traditional models as essential to break down men’s denial, minimization, and resistance (Pence & Paymar, 1993). In some ways, confrontation has been portrayed as akin to “gender shaming” (Dutton & Corvo, 2007, p. 660) and as taking an adversarial stance in relation to men (based on the belied sex-role conditioning as a function of IPV) (Dutton, 2003), ideas that have yet to demonstrate a relationship that promotes change.

The notion of challenging and confronting men’s behavior in practice has long been considered the “tour de force” of batterer intervention, to the extent that Milner (2004) labeled it a “mantra” (p. 84). Milner also suggests that there is a circular nature to this kind of thinking. That is, the more a BIP professional challenges past behavior that the client denies, the more likely the professional will predispose men to deny and deceive, thus confirming the untruthfulness of the client’s behavior. Further, Milner makes the point that such an approach leads to problem-focused thinking and a problem-focused conversational stance. The difficulty is that the information at hand can become seen as “the only focal point” of a person’s circumstances. Thus, one becomes more vulnerable to generalizing, labeling, and/or constructing male behavior as
one of dysfunction. The problem with this vulnerability is that it can lead to the BIP professional evaluating the situation inaccurately, thereby excluding some or all information that does not conform or fit with the intent of the assessment.

Clearly, Milner’s ideas are not unique, as others have articulated similar objections to the importance of challenging and confrontation. Dominelli (1992) believed confrontation supported male stereotyping of women needing men, whereas Senior (1992) drew attention to the masculinity and power of the word “confrontation” in the hands of male professionals with male clients. Similarly, Edleson (1996) and Murphy and Baxter (1997) suggested confrontation can come to represent coercive behavior modeling, and Wexler (2000) recommended one avoid confronting resistance altogether. Likewise, Mankowski, Haaken, and Silvergild (2002) described confrontation as a “law and order approach” (p. 174), having the potential to mirror the coercion and power-and-control found in abusive relationships. Finally, in a recent essay, Milner & Singleton (2008) wrote that confrontation can force the therapeutic relationship into an adversarial position because of the push to help offenders see the errors of their ways.

One final reason for shifting away from a confrontation approach may stem from the changes in the field of positive psychology and its view of broadening the human experience—that is, finding a balance between what is wrong and what is right. In the last decade, positive psychology has attempted to change mainstream psychology’s fixation on psychopathology (or what is wrong), mental illness, and the medicalization of behaviors and instead focus on positive human qualities (or what’s right), such as one’s strengths, virtues, wellbeing, and happiness (e.g., Aspinwall & Staudinger, 2003; Joseph & Linley, 2005, 2008; Keyes & Haidt, 2003; Peterson & Seligman, 2004; Seligman, Steen & Nansook, 2005; Seligman, 1999, 2003; Snyder & Lopez, 2007).

The emergence of something positive (e.g., human qualities) should not be seen as just the absence of something negative; if that were the case, changing one’s behavior would only need to include removing the negative (Duckworth, Steen & Seligman, 2005). Instead, the authors argue that the emergence of positives states such as emotions or good feelings are seen as a separate psychological process (neurological and cognitive) having its own course of action (see the chapter on Broaden-and-Build Theory). Put another way, ending one’s violence and taking responsibility is an accomplishment of self that is more likely to occur through other means/actions that do not include
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confrontation. Thus, programming that might harness attributes such as wellbeing and personal strengths provides an opportunity for bolstering existing BIP curricula and/or interventions. As the field evolves, it may reach the point where professionals working with batterer populations can address nonviolent behavior through strengths and/or competency based interventions with the same urgency found in the function of confrontation.

Creating Behavior Change

The introduction of a transtheoretical model (TTM; Prochaska & DiClemente, 1984) in the addiction literature has been shown to be an alternative perspective for addressing change in batterer populations, thus providing a continuing rationale for a shift in paradigms. A transtheoretical approach relies on five distinct but interrelated processes to explain how behaviors change. These processes are seen to build on one another from beginning to end with individuals utilizing different processes of change depending on which specific stage of change they are in at the time of intervention. The processes of precontemplation, contemplation, preparation, action, and maintenance have been slowly adapted in the batterer intervention literature.

A number of authors (Begun et al., 2003; Eckhardt, Babcock & Homack, 2004; Eckhardt, Holtzworth-Munroe, Norlander, Sibley & Cahill, 2008; Levesque, Gelles & Velicer, 2000; Levesque, Velicer, Castle & Greene, 2008; Scott & Wolfe, 2003; Simmons, Lehmann & Cobb, 2008) have generally come to similar conclusions about what is involved with changing behavior. Murphy and Eckhardt (2005) summarized these conclusions into two main threads. The first states that batterers have widely ranging attitudes about the need for change (Murphy & Eckhardt, 2005). Thus, working with the respective stages of change represents a focus for developing interventions that are aimed at self-appraising behaviors and self-motivated changes. The second thread states that there are two distinct batterer “self presentation styles” (Murphy & Eckhardt, 2005, p. 146). Early-stage men do not identify any problem behavior, generally deny any wrongdoing, and tend to blame their partners or the judicial system for their misfortunes. Conversely, later-stage clients acknowledge what they have done, and convey guilt or accept responsibility for their behavior.

Considering a TTM within batterer intervention programming has significant advantages for shifting the paradigm toward strengths. While introducing their tool for measuring resistance based on TTM principles,
Levesque, Velicer, Castle, and Greene (2008) highlight three key components inherent to the TTM that are useful for facilitating change: decisional balance, processes of change, and self-efficacy. Decisional balance is the process in which clients consider the pros and cons associated with given behaviors (Janis & Mann, 1977; Velicer, DiClemente, Prochaska & Brandenberg, 1985). Processes of change include cognitive, affective, and behavioral activities that assist progress through the stages of change (Prochaska, Velicer, DiClemente & Fava, 1988; Prochaska, DeClemente & Norcross, 1992). Self-efficacy is the client’s inner belief that he can (a) make changes in his life, (b) sustain these changes, and (c) resist the natural temptation to slip back into previous behavior once change has occurred (Bandura, 1977; Velicer, DiClemente, Rossi & Prochaska, 1990). By understanding change through these TTM constructs, shifting the paradigm for batterer intervention is a bit easier to understand.

Of particular relevance in this shifting paradigm are four important TTM concepts. First, rather than employing an umbrella approach, TTM indicates that interventions can (and should) be tailored for the individual and his particular stage of change. Second, the TTM model contends that batterer intervention should not be thought of as an “all or nothing” approach. Instead, considering the idea that batterers gradually move through stages of change in a manner that can be aided by both the content of the material and the approach used by group facilitators, the TTM strategy is likely to reduce resistance, facilitate progress, and improve engagement with the ultimate effect of producing behavior change. Third, an organizing assumption of integrating a TTM approach is the belief that most clients have the potential to change. Translating this into practice lies in the manner of how one engages with the batterer population in working toward nonviolent behavior. Fourth, a TTM model of intervention is a template (or map) for change and it should be evident that the development of good professional relationships is a key strategy in facilitating these changes. In sum, the most effective manner for creating behavior change is a fluid process that is dependent on the stage the client is in at time of intervention. For a BIP to be effective, this process must be understood, respected, and incorporated.

SAFETY

All batterer intervention practices placed the safety of women and children at the core of their work with men. Nevertheless, the safety of all family members does not preclude the possibility that models of
practice can vary, nor does it rule out the idea that men can also be in charge of addressing their own safety behaviors. Therefore, the final line of reasoning toward a paradigm shift within the field of batterer intervention programming lies in the argument that the safety of the victim/survivor will not be compromised by moving beyond traditional batterer intervention models.

The question of safety in practice has historically been a stumbling block for considering alternative models of intervention (see, for example, Bograd, 1984; Minaker & Snider, 2006); however, safety focused reasons for shifting to a new direction are certainly relevant. First and foremost, the discussion of safety has become a universal part of the lexicon found in relationship violence literature. Compared to a decade ago, it is now virtually impossible to participate in professional discussions without acknowledging the importance of partner/child safety. Further, within the area of batterer intervention, the priority given to safety is a critical focus of virtually every working professional associated with this issue (e.g., nurses, criminal justice employees, child care workers, police officers, family violence professionals, etc.). Likewise, in almost every jurisdiction in North America it is common to find coordinated community responses where safety is emphasized at every level of professional involvement. The field is in a position where safety is always part of the discussion; it is never ignored or minimized. Thus, expanding the intervention context of batterer intervention can and will continue this focus.

Second, the field of family violence has made enormous advances in identifying the threats to safety via instruments and survey tools that recognize markers of possible harm. Currently, general level risk tools have been developed that capture a model of predictive variables that lead to future risk (Murphy & Eckhardt, 2005). Some of these tools include the Historical, Clinical, Risk-20 (HCR-20) (Douglas & Webster, 1999), the Violence Risk Appraisal Guide (VRAG) (Harris, Rice & Quinsey, 1993), and the Danger Assessment Instrument (DAI) (Campbell, 1995). A second, more current level of risk tools relates to capturing the frequency, intensity, and variability of abusive behaviors. Here, a list of paper and pencil tools includes but is not limited to the Conflict Tactics Scale (CTS2) (Straus, Hamby, Boney-McCoy & Sugerman, 1996); the Severity of Violence against Women Scales (Marshall, 1992), the Abusive Behavior Inventory (Shepard & Campbell, 1992), the Measure of Wife Abuse (Rodenburg & Fantuzzo, 1993), the Psychological Maltreatment of Women Inventory (Tolman, 1989), and the Checklist of Controlling Behaviors (Lehmann, Simmons & Pillai, 2007). Although
not scientifically fail-proof, these tools allow the practitioner to move in a direction guided by safety issues.

Third and last, a paradigm shift that involves safety recognizes a man’s potential contribution to his own safekeeping. Although program focuses on the safety of women and children, there is little if any discussion about “male safety” in this process. If IPV can be conceptualized on a high- to low-risk continuum, men can and should be able to demonstrate any number of behaviors that parallel a high to low personal safety factor. For example, B. Moore’s focus on skill building in which the client demonstrates specific behavior on a proactive, rather than a reactive, continuum is one response toward keeping men safe from resorting to violence (personal communication, June 7, 2008). Similarly, an interest in integrating the alliance building literature within batterer intervention has the potential to increase men’s nonviolent behavior. In this vein, proactive safety nets occur because of engagement in which men define and agree on goals and intervention tasks that will connect to new behavior (Miller, Duncan & Hubble, 1997). These ideas assume men can be active participants in designing strategies around personal accountability and responsibility.

MOVING BEYOND

As outlined in our analytic discussion, some answers to the questions “what else?” and “is there more?” have been considered. At this point the batterer intervention field can begin to move in a new and thoughtful direction, one that advances, contributes to, and constructively changes what currently exists. To this end, the remainder of this text moves the field to strengths-based BIP approaches. Conceptually, strengths-based BIPs are alternative methods of approaching intervention with batterer populations, the environments they live in, and/or their current circumstances. More so, the approaches considered in this text are an attempt to “mobilize strengths (talents, knowledge, capacities, resources) in the service of achieving their (the client’s) goals and visions” (Saleebey, 2006, p. 1). Grounded in the helping profession’s changing paradigm of focusing on how people achieve health and well-being, and not simply an effort to thwart problems and illness (e.g., Linley & Joseph, 2004; Saleebey, 2006), strengths-based approaches place a greater emphasis on finding what is right, effective, and commendable about individuals who have been violent toward their partners.
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The shift toward a paradigm of strength building takes into account heterogeneity, individualization of approaches, and a focus on the outcome. Including a strengths perspective involves the notion of finding a balance between the very real risks men pose, but also finding “what else,” the idea that competencies and resources exist, but need to be discovered and/or accessed. Last, shifting the paradigm to a strengths perspective is intended to reduce the idea of “polar thinking” (Eisikovits & Buchbinder, 1996, p. 187). In the place of such thinking, it is proposed that the field of batterer intervention can move closer to the middle, allowing for an expansion of ideas and new forms of practice that will be helpful in ending partner violence.

REFERENCES


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Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies: Is it true that ‘everyone has won and all must have prizes’? *Archives of General Psychiatry*, 32, 995–1008.


